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Editorial

Tackling impostor syndrome: A multidisciplinary approach[☆]

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ABSTRACT

What is Imposter Syndrome, whom does it affect, and when, and why is it important to recognize? In this multidisciplinary article, the phenomenon is defined and discussed by a psychiatrist, followed by strategic advice by a radiologist, interventional radiologist and radiation oncologist.

1. Introduction: Dr. Arleo

Back in 2005–2006, when I was a junior radiology resident taking night call in the Emergency Department (ED) in the days before 24/7 attending coverage, I first learned of Impostor Syndrome from my mother, a clinical psychologist. In a panicked call from the ED late one night, in which I doubted my abilities despite all evidence from residency that I was competent, my mother helped me to calm down with a “name it to tame it” strategy. “You’re defining and experiencing Impostor Syndrome,” she explained, sharing that although it is not an official diagnosis in the Diagnostic and Statistical Manual (DSM), “psychologists and others acknowledge that it is a very real and specific form of intellectual self-doubt [which] occurs among high achievers who are unable to internalize and accept their success...by definition, most people with impostor feelings suffer in silence”.¹ Furthermore, the syndrome has long been documented as having a propensity to affect high-achieving women.² Thus, part of the motivation for this article is to explicitly write about the phenomenon so that it is not a silent topic for women in radiology and radiation oncology, and their male colleagues.

Fast forward 15 years: In February 2020, I officially became a full Professor of Radiology. By March, COVID-19 was an international pandemic with wide-spread shelter-in-place orders. By April, I was working remotely as the radiologist for several multi-disciplinary breast cancer tumor boards weekly. One morning in May when I logged on, I noticed for the first time that my division chief was present as well. I panicked and texted her, “It’s making me nervous to see you on this conference – did you get feedback they don’t like how I’m doing? Please LMK so I can do better if that’s the case!” I literally could *not* think of another explanation for why she was attending. A few minutes later she replied: “Not at all!!! Dr. A had mentioned wanting to discuss some data she had so I thought I should tune in.” As I sighed with relief, I made the self-diagnosis: Impostor Syndrome. Still.

The radiology literature about Impostor Syndrome is sparse. A most

notable recent piece is by Wang and Lightfoote in JACR in 2018, a candid piece revealing of vulnerability for which the authors are to be applauded.³ More recently, at RSNA 2019, in my capacity as President of the American Association for Women in Radiology (AAWR) that year, I organized a panel entitled Tackling Impostor Syndrome. During this riveting panel, a female psychiatrist, radiologist, interventional radiologist and radiation oncologist shared their unique inspiring stories and strategies for tackling the issue. Before too much time passes, and because of concerns that “imposter syndrome flares under the latest pandemic related stressors”,⁴ the purpose of this article is to share their multidisciplinary advice in writing so that it may be reference for all those affected by this phenomenon now and in the future. Something similar has been done in the psychology literature, with a collection of short personal stories at various stages of their careers with various types of academic positions,⁵ but not to our knowledge in radiology. Moreover, as imposter syndrome can degrade how radiologists, radiation oncologists and others feel about their self-worth professionally, impostor syndrome may degrade the high quality of care we try to provide, damage our professional workforce in the process, and thus needs to be established as an issue so that it can be addressed.

2. A psychiatrist’s perspective: Dr. Wagner-Schulman

What is Imposter Syndrome and why is it important to recognize? As a psychiatrist, I have seen many physician colleagues suffer from the complications of unrecognized and untreated Impostor Syndrome. Impostor syndrome, a feeling of inadequacy and self-doubt despite external evidence of success and competence, can lead to burnout, depression, and anxiety when untreated. Many professionals experience Impostor Syndrome and physicians are not immune and may be ‘set up’ to experience Impostor Syndrome based on the culture and expectations of medicine. Several recent articles about Impostor Syndrome in medicine highlight the ways that the culture of medicine, a culture that

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values confidence and perfection, contributes to physicians feeling like Imposters.⁶⁻⁸ This culture prevents physicians from admitting to knowledge gaps and/or asking for assistance, as asking for and receiving help is internalized as sign of failure and incompetence, confirming fears of being an imposter.⁶⁻⁸ Because of these tendencies, physicians suffering from Imposter Syndrome often over prepare and work longer hours to make up for their self-perceived failures, leading to neglect of self-care and avoidance of opportunities.⁹ Indeed, avoiding opportunities can lead to a feedback loop of feeling inadequate and has impacts on diversity in leadership, fueling the prevalence of Impostor Syndrome amongst women and minorities in medicine. Mullangi and Jahsi highlighted the impact of Impostor Syndrome on women and minorities and implored medicine to increase diversity amongst physicians, especially physician leaders as a preventative treatment for Impostor Syndrome.⁷ As physicians, we recognize this intervention, increasing diversity amongst our leadership, as a primary prevention intervention – the most effective population-based intervention for preventing and treating disease.

Recognition of a syndrome is the first step in being able to treat a syndrome, and Imposter Syndrome is no different. One must recognize they are suffering from Imposter Syndrome before they can address the symptoms. When recognized early, Imposter Syndrome treatment includes cognitive behavioral therapy strategies including acknowledging and recognizing one's thoughts and fears as distorted; using concrete evidence of achievements such as board certification and positive feedback from colleagues as proof of the distortion; acknowledging that perfection is unrealistic; and seeing help-seeking as a sign of strength not weakness.^{8,9} Formal psychotherapy and other psychiatric treatment are recommended when Impostor Syndrome becomes overwhelming leading to persistent severe anxiety or even depression.

3. A diagnostic radiology perspective: Dr. McGinty

I happened to be in the middle of a clinical shift conversing with a colleague when the email pinged my computer. I had been promoted to Associate Professor of Clinical Radiology! The timing was excellent as the colleague was none other than Dr. Elizabeth Arleo and I would not have made it through the promotions process without her. I was thrilled to share my news and thank her for her invaluable mentorship. I have significant administrative responsibilities both at my home institution as well as nationally. I negotiate contracts worth millions of dollars and am comfortable sitting in meetings with senior leaders. But the academic promotions process unleashed a case of Imposter Syndrome that was paralyzing. The paperwork sat on my desk for a year. The promotions process is admittedly confusing and opaque, but my overwhelming fear was that I wasn't worthy of even being considered. What got me through this was encouragement and detailed feedback and coaching from mentors like Elizabeth who had already been promoted. I'm an enthusiastic mentor myself but one is never too senior to also be a mentee. What also helped was my Chair's commitment to diversity in academic leadership and his reassurance that I was qualified. Lastly, I realized that if I wasn't willing to put myself "in the arena",¹⁰ I couldn't authentically tell my mentees to do the same. Imposter Syndrome is real, it can impede one's career progress, and the antidote lies with mentoring, leadership and the courage to be "brave not perfect".¹¹

4. An interventional radiology (IR) perspective: Dr. Salazar

Being a part of a male-dominated subspecialty¹² made me realize that I had Imposter Syndrome (IS). In my second year as an IR faculty, and the only Hispanic physician in my group, I was offered the opportunity of a major leadership responsibility within my Department. Immediately, I thought to myself: "but I have no experience!" and I almost gave up all together on the prospect of taking that position. Fortunately, I had strong mentorship and sponsorship, both needed to succeed in a leadership role and decided to embark on that journey.

However, in retrospect, if it wasn't for that sponsorship, I would have never had this opportunity that basically promoted my whole career to where I am now – and that realization made me more aware of IS. This is important, as Want et al. has described that "there is a strong and positive correlation between the impostor phenomenon and self-handicapping."¹³

How is Imposter Syndrome perpetuated? While there are many contributors to IS,¹⁴ lack of diversity in the workplace may enhance feelings of IS.¹⁵ Supreme Court Justice Sonia Sotomayor described in her memoir that at Princeton, she felt like she did not belong.¹⁶ As such, in our profession, the lack of role models that reflect your gender, race/ethnicity and sometimes values as well may be a major reason for you not to imagine yourself as a leader. Therefore, diversity in leadership roles is critical for us to be able to tackle IS at a systemic level.

On an individual level, based on information collected from different sources¹⁶ and in preparation for our 2019 RSNA AAWR panel, I came up with this approach: the five "R"s. Here is how to tackle Impostor Syndrome in five steps (Table 1):

1. Recognize it first: Acknowledging that you are experiencing IS is the first step towards managing it. Reconcile your feelings by asking the following questions: What is prompting the IS? How does it make me feel? Why is this happening now?
2. Rational thinking: Collect evidence from your achievements and understand the rationale behind being invited to be a panelist/key-note speaker or to be offered a position of leadership, for example. You may think you are not qualified and/or that there are other physicians more qualified than you. Think to yourself: I am invited to give this talk – I have worked for 10 years in this field of expertise, there were other obvious candidates that are as qualified as me, however, the scientific committee choose me. Another approach is to ask a mentor or someone who genuinely cares about your career if you are ready and qualified for the challenges that a specific leadership position brings.
3. Reframe: Understand what a specific opportunity means to your career and your values. In the case of a presentation, think about what values/experiences you bring to the audience. In the case of leadership position, understand what is preventing you from pursuing that role. Imagine yourself in that position and how you feel about it.
4. Ready: Now that you have reframed your thinking, let go of the negative feelings and focus on the prize. As mentioned by Jessica Bennett in her book "Feminist Fight Club", many female leaders overprepare to avoid feeling like an imposter.¹⁷
5. Repeat if recurrent: Unfortunately, Impostor Syndrome is likely to repeat itself, particularly when you are faced with challenges, so be ready to repeat the 5 "R"s whenever you need it.

5. A radiation oncology perspective: Dr. Mayr

Radiation oncology functions at the intersection of oncology,

Table 1
The "5 Rs" for tackling impostor syndrome.

1. Recognize it	Ask yourself: What is prompting these feelings of Impostor Syndrome? How does it make me feel? Why is this happening now?
2. Rational thinking	Collect objective facts and achievements that speak to your qualifications and quell self-doubt.
3. Reframe	Decide to have a positive mental attitude towards the situation in question in terms of why you are there or were selected.
4. Ready	Now that you have reframed your thinking, let go of negative feelings and prepare (ideally without over preparing) to focus on the issue or prize at hand.
5. Repeat if recurrent	Impostor Syndrome may repeat itself, particularly when faced with challenges - so be ready to repeat the 5 "R"s whenever you need them.

imaging and nearly every surgical and medical specialty, from urology, otolaryngology, GI medicine to pediatrics. Similar to radiology, radiation oncology is both a resource- and revenue-intense specialty. Such a multifaceted intersection is characterized by multiple stakeholders, intense discussions, controversies and competing agendas that often play out in decision-making administrative meetings. Imposter Syndrome affects radiation oncologists in similar ways as any medical specialty, as so well-described by my co-authors; and it is particularly prevalent in junior colleagues, women and minorities.

As a simple example to illustrate potential drivers of Imposter Syndrome within the administrative environment of medicine, I recall sitting in one such a meeting. One of my more junior colleagues made an important point towards managing the problem we discussed. I expected interest and dialog to ensue – but on the contrary, others in the meeting paused, then moved on to a completely different subject and left her statement isolated, unacknowledged and unanswered. She remained silent, and not until I brought her point back “on the table” and actively solicited responses, did a discussion occur. These group dynamics may be familiar to many, and I am no exception for being at the receiving end of such lack of acknowledgement.

I have seen this type of passive dismissal frequently in radiation oncology, not only in clinical patient care conferences but also more blatantly in administrative meetings. Such lack of helpful feedback, as described by LaDonna et al.¹⁸ or even of a simple response undermines confidence. It frequently remains subtle and goes unnoticed. Over time, for those at the receiving end, this chronic lack of acknowledgement and endorsement will erode confidence and fuel a self-fulfilling cycle that is well-suited to generate and deepen Imposter Syndrome. Ultimately those, whose contributions are not acknowledged or credited, are less likely to establish a record of accomplishment and leadership experience that would advance the careers they deserve. However, the causes of Imposter Syndrome may not lie so much within ourselves as a personal challenge or character trait, but outside of us in our professional environment.⁷ While much attention has been directed towards the personal coping and adjustment strategies of those who suffer from Imposter Syndrome, there has been much less focus on the systemic external drivers of Imposter Syndrome in the work environment.

The key to change is heightened awareness of Imposter Syndrome, and persistent intervention and innovation – particularly amongst and by our more senior colleagues, administrators and mentors with the career development of their junior colleagues, so they can recognize when unhelpful dynamics occur and help manage them skillfully. This awareness will also help those, who feel like imposters, understand that the described group dynamics are an externally imposed framework that has nothing to do with their own abilities, qualifications or the value of their thoughts and concepts. In my observation, the phenomenon of negation versus endorsement of ideas is commonly independent without any apparent correlation with the merit of the contribution.

Mentors and sponsors, who advise behind the scenes and stand up for their colleagues out in the open, are invaluable and indispensable to impart true change. Consciously intervening provides a venue and voice to particularly junior and/or minority colleagues and trainees, and opens the door to proper recognition of their contributions. Finally, this type of mentorship will serve to promote a more fair and unbiased

process of deliberation, collaboration and decision-making that will ultimately benefit all.

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