DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

Episode 48 Could You Have the Imposter Syndrome?
with guest Dr. Diane Shannon

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor's Crossing Carpe Diem podcast. Have you ever felt that it was a fluke, you became a doctor and you're waiting for someone to discover you're not really qualified? Do you often compare yourself to other physicians and fall short? Do you question your own decision-making with patients doubting that you know enough?

If so, you may have a bit of imposter syndrome. Many physicians, both men and women suffer from imposter syndrome. It can be mild to severe. It can be a hidden component of burnout and may even cause the physician to leave medicine.

Our lovely guest today, Dr. Diane Shannon is a physician who ended up leaving medicine due to burnout, which in large part was fueled by imposter syndrome. After leaving medicine, Dr. Shannon had a successful medical writing career for 20 years and co-authored the great book, "Preventing Physician Burnout: Curing the Chaos and Returning Joy to the Practice of Medicine".

She now has a coaching practice where she helps positions in their careers. And this includes addressing the imposter syndrome. Diane is here to help us understand this common syndrome and how it impacted her career, as well as share five recommendations for overcoming this challenge.

I personally see a lot of the imposter syndrome with my own clients and I can speak from experience when I say "You are not stuck with it". There is a way out, and this podcast is all about the steps you can take to free yourself from imposter syndrome. It is with great delight that I welcome Dr. Diane Shannon to the podcast. Hi, Diane. How are you?

DS: Hi, Heather. I'm great. How are you?

HF: Wonderful. Wonderful. I am thrilled that you wanted to do this topic with me because it is a devil. We need to root it out because it does a lot of harm.

DS: We sure do. And this can really sidetrack careers. It can lead to burnout. It can also just make the daily experience of going to work or making any decision so difficult, like a mantle that you're carrying around all the time.

HF: It is. And the thing about it as it tends to get worse over time. So, it's not like you have a little bit of it and it's just sort of like a little nuisance. It really gets stronger and stronger and stronger when it's not addressed.

DS: Right.

HF: So, you're here to help us and I'd love it if you take us back to the time when you were in medical school and residency and how it started manifesting for you.

DS: Right. I think for me, so much of it was comparing myself and imagining that the other person knew more than I did. No matter who that was. "Of course, they know more than I do. I should know more. I should be able to answer this question". And there was no sense that we are beginning and we are learning something. It was "No, I have to know it all right now or else".

Really comparing myself, judging, feeling like it's a fluke that I was admitted because I came from a certain state, which was underrepresented. Literally that's what I thought. I was underrepresented. And that's why I got in. And so, it really led me to judge the knowledge I did have.

One of the things they can do is make the individual work even harder to try to get that knowledge and information, but then they still don't believe they have enough. And so, it's this constant overworking, or self-sabotage where you think, "Oh, well, I shouldn't bother to apply for that. Or I'm going to turn down that opportunity I was just invited to do because I don't think I can do it. And I'm sure there is somebody else who's more qualified than I am".

HF: Did you have it when you were in college or high school?

DS: I would say a little bit perhaps. I saw myself as smart enough, but I would say, “Oh, but those other people are smarter than I am”. I wasn't valedictorian. So therefore, I was just so-so which was not true. But I think really in medical school is when it took off and most in residency, I have to say. I think that was probably the time I suffered the most.

There is this kind of sense of comparison and there's always this like looking at other people's outsides and what they project and imagining they have it all together. They're doing fine, I'm the only one who's doubting myself or doesn't have the information or doesn't know how to do this particular technique yet. A lot of looking outside and comparing and thinking, “I know what those persons insides are, what their thoughts are”, when actually, I don't. They might be feeling just as insecure as me.

HF: How did it end up affecting how you functioned as a resident?

DS: I would say I doubted myself. I felt like I should be doing so much more work than I am. Meaning go home post-call and read all the journal articles that just came out. I should be working even harder than I am. And also, it led me to not be aware of my strengths. Not recognizing my ability to connect with patients or my ability to show them respect, those kinds of more emotional intelligence strengths that I wasn't appreciating them. And those are so incredibly important for physicians. I was looking at those who could quote those articles that I hadn't quite read post-call.

HF: It's funny you say that because it's exactly what I hear clients telling me. They'll say, “Oh, there's this physician in my practice. And he can quote the latest statistics on these articles and I can't do that”. And then I always ask them, “Well, how is your patient rapport? What do they say about how you treat them?” And so, you're absolutely right. It's discounting your own style of being a physician and looking at one example and using that as who you need to be.

DS: Right. And it's so easy if you're experiencing imposter syndrome to look around and pick, let's say 10 different people who all have a particular trait that is strong and thinking you should have all of those and that there's something wrong with you if you don't have all 10.

HF: Did you get any feedback when you were a resident that validated this imposter syndrome?

DS: No, actually the opposite. And I remember one of the things that did help me in residency was there was a faculty member who was a nephrologist, who was an incredible instructor. And he won the faculty member of the year in my main hospital I was training every year. And he gave me the best evaluation after the rotation I did with him. And at first, I looked at it and I thought, “Oh, this can't be true. He can't really think that I'm an excellent resident”.

HF: What does he know?

DS: Exactly. I had to stop myself and I said, “Diane, you respect him. And look at all these other people that respect his opinion. He wouldn't have written this if he didn't believe it”.

HF: Right. You tried to give yourself some concrete validation there. You went through residency. It sounds like you did well. And then you went out into practice. What happened there?

DS: It was really stressful. And I think that period of time, those first couple years post-training are stressful periods. You're learning so much. You may have seen a few examples of something, but then suddenly you're out. And there's more that you didn't get to see during training. And you have to kind of handle that and all the pieces that come with starting a practice, whatever that looks like, whether you're self-employed or

not, it was very stressful. And I think the self-doubt and the thinking that way really hampered me in a lot of ways. And it was definitely a part of what fostered my burnout.

The other piece that I'll mention that is in some ways connected, but in some ways separate, is I was really honestly worried about my patients' safety. I was in training and practice before there was very much attention to patient safety, which came out in 2001.

And there were so many workarounds that we had to use to try to make the system work that I just had this feeling it was going to fall apart. There would be a lab result that never made it back to the chart, or someone would come in with paper charts, there was this huge amount to go through to try to understand the previous admission. What if you miss something?

A lot of that, the lack of reliability in the system and the patient safety issues also fed into some of my stress and the burnout. I think the imposter syndrome fueled even more because I was thinking, “Well, I can't master all these things. I can't keep my patients safe”. But it wasn't really my job to do all of that. It was my job to do the best job I could, which was enough. But with imposter syndrome, you judge yourself and you feel that it's never enough.

HF: What ended up being the deciding factor for your leaving?

DS: Honestly, it wasn't rational. I mean, it was a rational thing. I spent a long time thinking about it, but it just came down to, “I can't do this anymore. I cannot continue”. And what I wish had happened is I wish I'd known more of the options. I wish burnout had been talked about back then, so that I could have had the option to recover and remain in practice. But that wasn't anything that was on the horizon at that point. And so, really in self-protection, I transitioned out into medical writing.

HF: Did you have any help from a therapist or a coach?

DS: I did not know anything about coaching. I wish I had. I did have a therapist who was helping with depression. And that I think helped a bit with imposter syndrome, but it didn't really get to the core of it I would say.

HF: Did she mention the term imposter syndrome?

DS: No.

HF: So, you left and you didn't even really know that this was at play for you?

DS: Right.

HF: Yeah, I see. And it is a travesty because you practiced for three years.

DS: Yeah.

HF: And knowing what you know now, do you feel like you could have stayed longer?

DS: Definitely.

HF: Yeah. Before we go into these five steps, I wanted to mention the Enneagram. As you know I love the Enneagram because it's a personality assessment, but some people think it's to put you in a box. Actually, we've already put ourselves in a box and the Enneagram helps us see our gifts, but also how certain limiting behaviors and thoughts are keeping us in a box.

And as I've mentioned before, type six is one of the most common types for physicians. Well, hello? They happen to be the type that's most at risk for the imposter syndrome. And one of the reasons is because they are very good at strategic thinking. Like “what if”

thinking. What could go wrong? What could happen? But when that gets carried away, it becomes catastrophe thinking.

They also look outside themselves for external validation. So, when this is at play, they become more doubting. They lose confidence and trust in self. But at their higher levels, they have this Rock of Gibraltar trust. They really own their own gifts and strengths. Though it's not like if you're a six, you're stuck with it at all. I use this to help you say, "Okay, this is a thought pattern. And there's a way out of it".

And on your Enneagram, your highest score was a six, but you also had a very, very high type one, which is the perfectionist. And they have a very strong inner critic. You also had a high type four, which is the individualist, and they very much look outside and compare themselves to other people.

I think you got a heavy dose of some types that can make this more challenging, but they also have their gifts. Before we actually launch into these (5 steps), can you just give us a definition of the imposter syndrome?

DS: Sure. It's actually not a classification. It's not a disease.

HF: Diagnosis. It's not a diagnosis.

DS: Exactly. It's not a diagnosis. You're not going to find it in a DSM-V. It is a cluster of thoughts, feelings, and behaviors. And the person experiencing it will often feel like a fraud, feel like they shouldn't be there. They don't have the training or the expertise. And they're worried about being exposed. Like if they actually take this position or take on this project, they will be exposed as not having what they need to do it. So being incompetent, and that's a constant fear.

Also, the sense of downplaying what you do well. And when you do get positive feedback, either not being able to take it in or taking it in very quickly and then moving onto something else. And it really affects a lot of high-achieving professionals. Some people will say, "Well, physicians can't experience imposter syndrome. They're so well-trained". No, that's actually not the case. That is something that highly trained educated professionals do experience.

And it can result in the overwork that I mentioned before, like trying to make up for that. The self-sabotage, where you don't go for opportunities, or you turn down opportunities that might advance your career or result in career satisfaction. And it can lead to frustration, low self-esteem and also some depression and burnout. There are definite costs to not addressing imposter syndrome.

HF: Yes. And I liked that you point out that it happens to lots of high achieving people. And the way out of it, it's not to achieve more, that doesn't work. I've seen lots of physicians with really long CVs, Johns Hopkins, Harvard top of the top. And they have imposter syndrome. Tom Hanks has imposter syndrome. He's a type six on the Enneagram. Sheryl Sandberg, Maya Angelou, Tina Fey. It happens because we're just human beings. So, it's not like once you achieve a certain amount of success, you're not going to have it. It's changing that relationship to yourself.

DS: And Heather, one of the reasons I became so interested in imposter syndrome is that so many of the physicians who come to me for coaching, it turned out this was a major factor in what they were experiencing. They were having that dread getting up in the morning or they were just doubting themselves or finding it really hard to make decisions.

And it has come up more than I expected. And that's why I really wanted to make sure that I could provide this support and help and direct people so that they can move through imposter syndrome and have those voices turn down the volume a bit so that

they're not carrying around the misery and the mantle that go along with imposter syndrome.

HF: Yeah, exactly. I had no idea this was going to be something physicians had. If you'd given me multiple choices before I started coaching as to what are going to be the issues, I never would have checked this one - imposter syndrome.

All right. So, let's begin with **step number one,** which is to observe your thoughts, get some separation from them.

DS: Right. It is so helpful to begin to get that space. When a thought comes up, if we're not aware, we will just run with it. We will act on that thought and we will carry that around with us. Whereas if we have just a little bit of separation and we can begin to question and know that that is a thought, it's not the truth, it's not who I am. It's not a fixed thing. Then we can begin to kind of dismantle this a little bit.

HF: Right. And I think it's a good practice to even record them. I think you mentioned that before about writing them down, keeping tabs, you could even check how often you have this recurring thought, because that is starting to separate you from those thoughts. You're not them, they're over there. And what we can be aware of, we can help.

DS: Exactly.

HF: And it's such a common thing when you are pre-call to start having those thoughts of, "Oh my God, I'm going to be on call in 12 hours. What's going to come in? Can I handle it? How bad is it going to be? And already it's like pre-traumatic stress is going on. How would you recommend they change those thoughts?

DS: I think replacing them with a positive one is the way to go. Where is a time that you felt really confident about your abilities or something that you did, or an interaction with a patient and bringing that to the forefront of your mind, instead of going down that rabbit hole of what might happen or those insecure thoughts.

HF: Right. And just reminding them that they've been on call many times and they've handled it fine. They go through their algorithms. They can get help if they need it. And just doing that sort of reality check of what's the truth. All right. So that was step number one. **Step number two is work with your critic.**

DS: Right. I do this as a writing exercise. It's a way of identifying that voice a little bit more. And sometimes I'll have folks who have given name to that voice, the critical voice in the head. What is it saying? Who is it? Can you personify it a little bit? And then to begin to recognize that these voices that we have often, they are trying to protect us. They're trying to do something positive for us, but they're doing it in a backwards way.

I think about the example of, for me, it was public speaking and I'd have this critic come up and said, "Oh, nobody wants to hear you. And you don't have the credentials to speak to this audience". And when I really investigated that, I realized if that voice continued, it would keep me from ever being humiliated in public as a speaker.

It had this potential to protect me, but it was doing it in a backwards way. And so, by recognizing that, and then finding some other ways to get that protection or that security about speaking in public, that I was able to move through that.
That's another piece, it's really how I help clients to look at how might this be trying to protect you or trying to do something positive, but maybe it's doing it in a way that's actually not effective.

HF: Right. I like trying to understand the critic instead of just hating it, because it is just scared. It's almost like a scared kid, even though it can feel very powerful. And so, in

some ways it doesn't need our hate, it needs our love. Say “I get it, you're scared. Don't worry. You're not alone. I'm here with you. I'm going to be on call with you”.

DS: Yes.

HF: Just calm it down. All right. So, after working with your critic, **step number three is to do a reality check.** This is one of my favorites.

DS: Right. And that's again, looking at your track record. Have you been interacting with patients? What kind of feedback do you get on your performance reviews? And there's a caveat here, right? Someone with imposter syndrome may see the one negative comment that came back.

Trying to put that in perspective and really say, “Okay, how am I doing?” Just like I mentioned with this faculty member, when I was a resident, look at the feedback I got, this is someone I trust. Well, look at the reality of the situation and how you're doing.

HF: I love this one because when I do work with clients, when we start having them connect with that part of themselves that does know the truth of who they are, they lock into this mindset of, “Yeah, I am smart. I have done a lot of hard things. I don't have this string of failure, like a bunch of tin cans strung behind me, clanking around. There's not this history of failure. There's not a bunch of people complaining about me. I haven't been called in with my performance being challenged”.

And so, you start looking at the evidence. Would the evidence that the critic has hold up in court, could you really be accused of this? And you look in your hand and there's like crumbs. There is no significant evidence. You almost have to laugh at this because when we can laugh at it, it releases some tension and we can get a little more distance. Like seriously, the evidence is so minuscule.

DS: Exactly. That is a great way of thinking of it and really getting a little bit more distance there. With the reality check as a way of getting that distance.

HF: Yes. It just came to my mind like we are so evidence-based in medicine. If there is no evidence, I'm not going to do this. Well, where's the evidence for the imposter syndrome? Show it to me.

Reality check was number three. **Number four is mindfulness or some kind of mental fitness practice.**

DS: This I find really helpful with clients where they're starting to have those thoughts. If they can observe them, get a little separation and then do a short mindfulness practice. And Heather, I am not someone who can sit for 60 minutes or even 20 minutes and meditate. That has just never been my thing.

What I find though is that if I do a short mindfulness practice, like three to five minutes, something I can easily fit in. And this is what I encourage my clients to do. And then during the day, short bursts, like 10 to 20 seconds during the day to interrupt some of that monkey mind.

And what I love about this practice is it can be varied. It can be noticing your breath. It can be listening to a sound. It can be eating something mindfully, all of these different physical sensations we can tap into to get out of our mind just for a moment. And it really comes down our nervous system and helps us to get back in touch with that wise grounded part of ourselves. The part that knows that we do a good job.

HF: Yes, Diane, I love this. I love it. I am so in your camp, you don't have to sit for 20 minutes on the meditation cushion. I like to think of this training as reps. Every time you bring yourself back into presence in the body, you're lifting a weight. That muscle being present is getting stronger. So, it's not about once every blue moon sitting for 40

minutes. If five times a day, for one minute, you can bring yourself out of that mind stream, that muscle is starting to bulge.

I'm going to link to my podcast episode (#7) where I talk about the short technique you can do "See one, hear one, feel one". And it is based on our "See one, do one, teach one" where you notice something that you see, you notice what you hear and then something that you feel. It takes literally five seconds and you can do it at any time. And that will keep strengthening that muscle of bringing you back to your body and out of the mind. So, you're not out of your mind. Do you like the Headspace app? I know a lot of my clients use that Headspace app for meditation.

DS: I actually don't use that app. There's a different app that I use. And I also help my clients to do this without an app. They might want to have a reminder in their calendar just every once in a while, "Oh yeah, there's this thing I want to remember to do". But I don't have them use a particular app.

HF: Yeah. And I love it that there's different ways to approach this and you get to choose what works best for you. Number four was mindfulness practice from mental fitness practice. **So, this brings us to our fifth and final step, which is to access help.**

DS: Right. And I think the steps we've gone over are great and they can make a difference. If someone finds that they need a little more support or want to dive in deeper, it can be really helpful to work with a coach like you or me, or there are other coaches out there. There are therapists as well that can help with this.

There are groups that are focused on imposter syndrome and moving through it and addressing it. And there's also the workbook that I like to use with my clients. Its authors are Lisa Orbé-Austin and Richard Orbé-Austin. And it's called "Own Your Greatness: Overcome Impostor Syndrome, Beat Self-Doubt, and Succeed in Life". They did not pay me to say that. I love this workbook. And I found that my clients really like it too. It has

worked through a number of exercises. And as we go over the exercises, people get more and more insight, and then they are able to replace those negative thoughts with positive ones.

HF: I think that is an excellent workbook. I will make sure to link to it in the show notes. And also, the TEDX talk that Lisa Orbé did, because I think it's a really good one on imposter syndrome. So, tell us how folks can get in touch with you, Diane.

DS: Yes. The best way is through my website or emailing me. My website is dianeshannon.com and my email, diane@dianeshannon.com. And I would love to connect with folks. I'm also on LinkedIn, easy to find there.

HF: Well, I will give all your contact information in the show notes. And I think Diane is a great physician to reach out to. And I think it's really helpful if you're struggling with imposter syndrome to have someone help you who's gone through it herself.

We have talked about many things. I just want to review those steps. **The first one is to observe your thoughts and get some separation from them. Second is to work with the inner critic. Three is to do a reality check. Four is a mindfulness practice and five is to access some help.** Are there any thoughts that you'd like to leave us with for having gone through this whole experience that you did?

DS: Well, I'll leave you with this. I absolutely love working with clients who are working through imposter syndrome, because on the other side of it, they have so much freedom and gratitude for how things have changed for them. It makes such a huge difference to have this weight taken off your everyday life experience and to really be able to tap into your gifts and move forward in your career and have that life satisfaction and career satisfaction that you deserve.

HF: Yeah, it's so true. And it's not in your DNA. Some people wonder, "Well, was I just born with this?" No, you are not born with it. Diane can help you, and don't stay stuck with it because it is transformative as Diane says to move beyond it. And just because you may have had it for a long time, it doesn't mean it's going to take a long time to let go of it. It can happen fairly quickly. The truth is powerful. The truth of you. Let it shine and you will be flying high as you're meant to be. All right. Well, Diane, thank you so much for joining us.

DS: Thank you so much Heather, for having me.

HF: All the best with your practice and your endeavors and let's keep in touch.

DS: Great, will do.

HF: All right, guys. This has been a really fun episode because I just know how transformative this help can be. And I don't want to see any of you suffer. So, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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