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Do support groups mitigate the effects of imposter syndrome?

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Do Support Groups Mitigate The Effects Of Imposter Syndrome?

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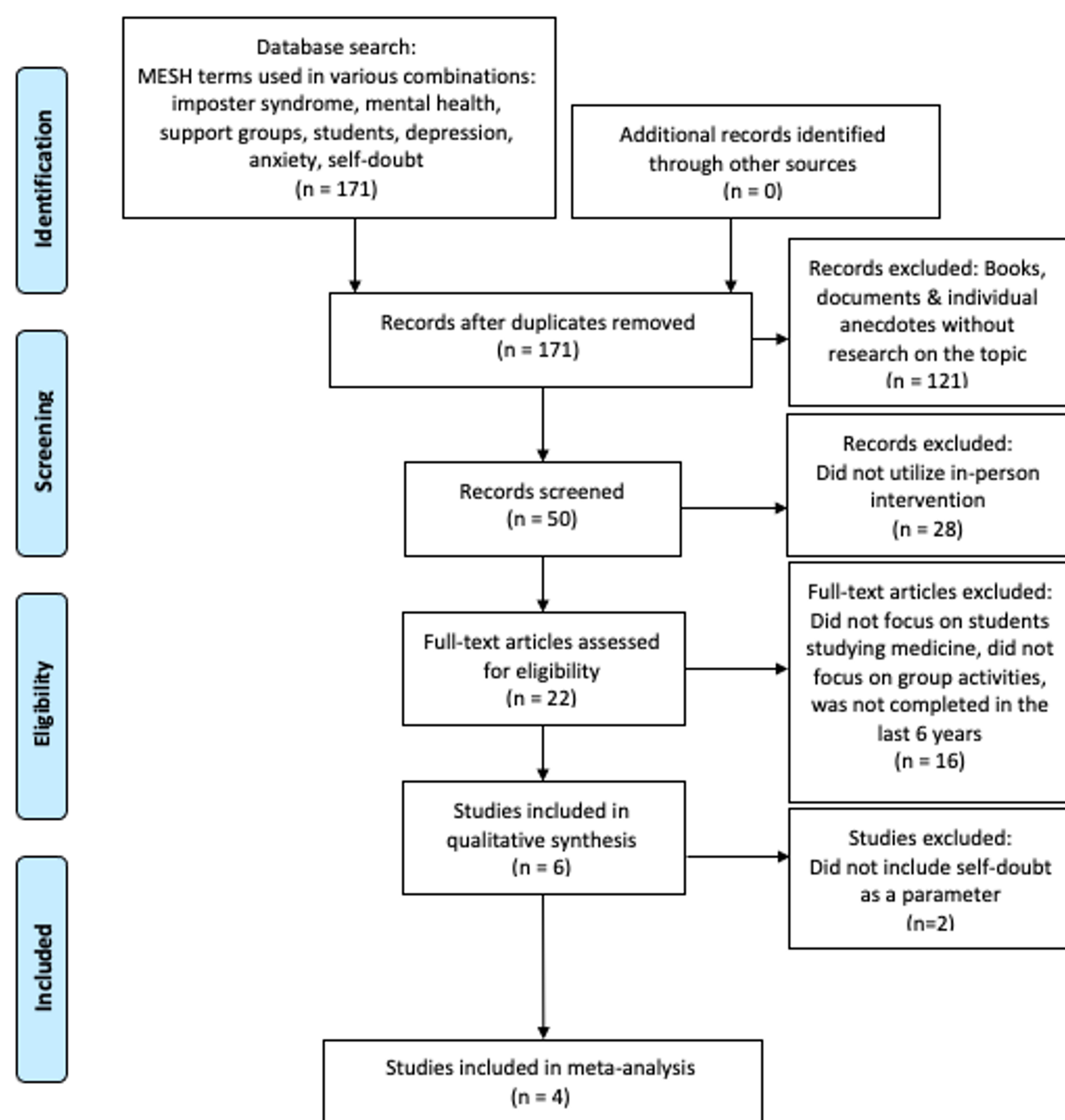**James Madison University, Harrisonburg ,VA**

INTRODUCTION

Imposter syndrome has become a more recognized condition affecting advanced medical professionals and students studying medicine. It is defined as the persistent inability to believe that one's success is deserved or has been legitimately achieved as a result of one's own efforts or skills. This syndrome may be accompanied by depression, anxiety and rumination, and can have implications on their social interactions and future relationships. Coping strategies for facing thoughts associated with imposter phenomenon include talking to mentors, recognizing your own expertise, realizing no one is perfect, and reframing one's thought process surrounding their achievements.
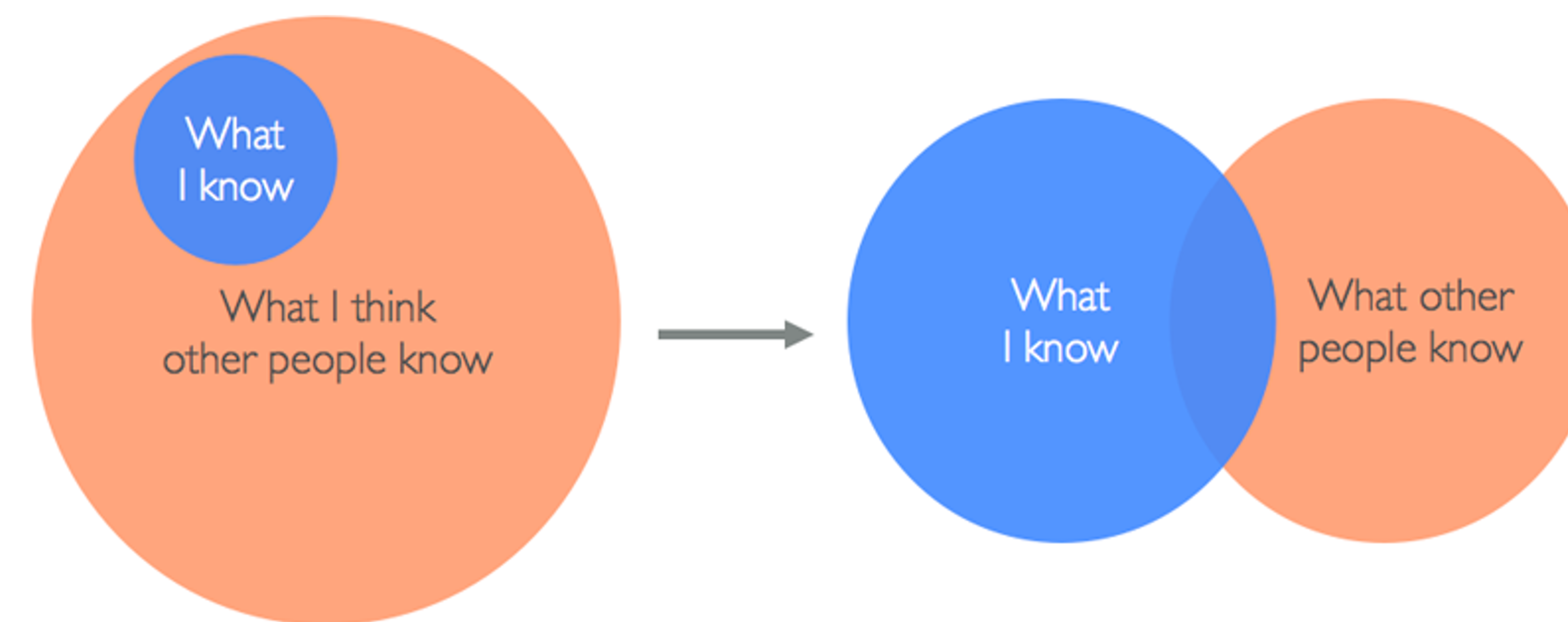
CLINICAL QUESTION

Graduate students 22-40 years-old in medicine-based programs, do support group activities as compared to no use of support groups mitigate the symptoms of imposter syndrome?

METHODS

RESULTS

	Baumann et. al.	**Riveria et. al.**	**Salana et. al.**	**Moir et. al.**
Participants	21	92	938	275
Occupation	Internal medicine residents form all 3 years	Medical residents, fellows, staff, faculty members, program & department leadership	First year medical students	Second & third year medical students
Support group length	30-45 minutes	75 minutes	Self-paced	Variable
Outcome Measures	Post-session Survey (scale), Free response	Post-session Survey (scale), Free response	Pre-Survey, Post-personal feedback	PHQ-9, GAD-7, LASA, RS, PCL, MSLQ
Overall results	17 participants felt the intervention was effective	83 felt the workshop was a valuable use of their time & will use what they learned in the future	731 did not definitively support their well-being prior to intervention, *Some students experienced greater sense of calm & control*	Improvements in mental health w. intervention did not reach statistical significance

Detailed Results

Baumann et. al.	**Riveria et. al.**	**Salana et. al.**	**Moir et. al.**
96% felt comfortable recognizing imposter syndrome in themselves. 81% of residents felt comfortable discussing imposter syndrome with their colleagues, but only 52% felt comfortable recognizing imposter syndrome in their colleagues. 62% knew the appropriate next steps after identifying imposter syndrome in themselves or in a colleague. 81% felt that the imposter syndrome wellness session was an effective intervention to promote resident wellness.	92% felt the workshop met its learning objectives. 90% felt the workshop was a value use of their time. 89% of participants felt the supplemental handouts were useful. 90% said they would apply information learned at the workshop in the future.	Students indicated through personal feedback in email and verbal communications with the selective director that they experience a greater sense of control and calm with the coping mechanisms they have gained through the Well-being selective.	Of the 402 remaining students eligible to be a participant in the non-intervention or intervention groups, 275 (68%) volunteered and participated in the study, At baseline, the mean PHQ-9 score was slightly higher in the intervention group compared with the nonintervention group.

DISCUSSION

Overall, the results of each study are in support of the use of small groups to diminish imposter syndrome and improve psychological wellness, however there are several weaknesses seen throughout the studies: subjective measures, timing of measurements, & sample size.

All support group curriculums were implemented without interfering with other aspects of the students' academic programs, and thereby produced easy accessibility for participation in the study, as well as implementation for future studies.

CONCLUSIONS

Peer support groups have the potential to mitigate the effects of imposter syndrome, but the current evidence is mostly subjective. To provide more definitive evidence, future studies need to use more objective measures. Data collection for future studies should include multiple time frames to better assess the success of the small group intervention. Surveys should be provided before and after support group sessions to generate a comparison of results. The cost and time given to implementing support groups is minimal compared to the benefit that can come from their use, and medicine-based programs should be encouraged to incorporate them into their curriculum.

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