



Imposter Syndrome and Perfectionism: A Prescription for Exhaustion

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I'd finally done it. Finally reached that goal—I was an *attending*.

I had mastered undergrad and graduated with honors and dual majors. I'd successfully completed medical school on time while also learning how to be a new parent. I'd been tough and resilient through residency, elected as Chief Resident and been given the opportunity to learn leadership skills from some of our top minds. I had completed two fellowships—Adult Cardiothoracic Anesthesiology & Anesthesiology Critical Care Medicine, and I was triple Board Certified. I'd worked so hard for over a decade, and I'd finally reached that momentous goal of finally becoming an attending.

But on my first day I stood in the operating room with propofol in hand getting ready to anesthetize my very first patient—a completely healthy elective laparoscopic cholecystectomy. And all I could think was—*Am I really ready!?*

I'd heard about Imposter Syndrome before, but never really felt it until that moment. Despite my credentials, the efforts of my teachers and mentors, all of the studying, the 24-h calls, emergent intubations and running codes (sometimes in parking garages), and years of practice I had devoted to keeping the very sickest of patients alive, here I was hesitating and questioning all of it. I felt that I had to be absolutely, 100%, perfect in every single way. Otherwise, I would be discovered as inadequate.

The propofol eventually found its way into the IV, and my first patient did great. But that feeling of uncertainty and the need for absolute perfectionism persisted. I would stay late, way after my patients were safely settled in the PACU. I would persevere on pre-operative workups, debating whether I really needed to call the

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surgical attending if I had a question or concern about a patient, or if this would be interpreted as incompetence.

My first few months attending in the ICU were even worse. I had never taken home call before, so leaving the hospital when I was solely responsible for upwards of 17 critically ill patients felt horrifying. Not wanting to seem ‘weak’ by asking where the call rooms were, I slept in my car a few times. I was always convinced that at any moment I would receive The Call that something was going terribly wrong.

Then, there were the non-clinical expectations of my job and I rapidly realized I had no idea what I was doing. I had entered academic medicine because I enjoy teaching, and I liked the idea of staying at a tertiary care hospital with excellent access to continuing education and innovative medicine. But suddenly I found myself with the title of Assistant Professor with no formal training in education. As comprehensive as my clinical training had been to that point, I felt completely unprepared for the non-clinical roles to which I was now assigned. Had I not lucked out and joined a practice with exceptional mentorship on this front, I imagine I would have simply drowned under the weight of uncertainty.

Then, just as I was starting to get the hang of it, a global pandemic broke out. I delivered my second child and returned to the hospital in a new world of respirators, shortages, and COVID-19 patients with fulminant respiratory failure who were video-conferencing their loved ones as they prepared to die alone in isolation. I also had my family and a newborn at home to protect, so in addition to the old stressors I now added “*don’t bring a deadly disease home*” on the daily to-do list. This equated to spending all day in an N95 mask, not taking it off from entering the hospital to going home at the end of the day. I had a decontamination station set up in my car. Hard-earned breastmilk was handled with sterile technique at all possible points of contact. I showered before interacting with anyone at home. And I had hand sanitizer. So much hand sanitizer.

Despite the tragedy the COVID-19 pandemic has produced, there have been some positive sequelae. For one, my own sanity. As I sat in Zoom meetings with my critical care team, hospital leadership, national emergency webinars, or simply in conversations with my colleagues, there was a consistent theme—“*We don’t know everything, and that’s OK. We will learn.*” I wasn’t alone.

The uncertainty of fighting a new disease swept us all into a new wave of transparency, where our actions and decisions were guided from a place of beneficence and non-maleficence, rather than evidence-based guidelines and black and white protocols. We looked to each other for anecdotal insight as we awaited large-scale data to guide our management, and we learned that we must give each other grace for showing up and doing our best.

I understood, finally, that I didn’t need to be perfect at all times. The effort of perfectionism was leading to exhaustion. While there are certainly moments in our day that demand perfection—inducing critically ill patients safely, intubating a difficult airway without causing harm, etc.—there are many moments when we need to embrace that “good enough” is sometimes even better. Maybe those emails don’t need to be re-written and scoured for syntax errors for 20 min, when a 20 s quick

reply will do. Seeking out career development opportunities created to help faculty (particularly junior faculty) navigate the complexities of academia saves time, energy, and worry that are entirely unnecessary. Not knowing an answer isn't necessarily a sign of weakness so long as you ask the follow-up questions. Ask your colleagues how a protocol was developed, ask about a surgical technique that you are unfamiliar with, and for my sake ask where the call rooms are before sleeping in your car.

None of us is the very first person to practice medicine. This has all been done, thousands of times before us. We don't all need to be "Alex the Adventurer" pioneering new paths which have already been thoroughly trodden. I spent so much time and energy worrying. I was not only exhausting myself, but I was doing a severe disservice to both my patients and my family. It would be a loss, not only to myself and my family, but to the efforts devoted by my teachers and mentors if I burnt out after only a few years.

We all probably experience Imposter Syndrome at various points of our lives. Being a good doctor (or parent, partner, friend, etc.) doesn't require us to be perfect at every moment. What's more important is to recognize our strengths and weaknesses and ask for help rather than struggling through unnecessarily in silence. I'm still working on all these things. My husband will be the first to say I still do more than a little perseverating. But I've also learned to recognize when this is helpful, and when this leads to unnecessary sleepless nights.