

## LETTER TO THE EDITOR

## Authors' Response to Letter About “Impostor Phenomenon Among Family Medicine Residency Program Directors: A CERA Study”

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### TO THE EDITOR:

We appreciated the letter in response to our article on impostor phenomenon (IP) among family medicine residency program directors (PDs).<sup>1</sup> There needs to be a better understanding of impostorism and its potential role in professional identity formation, in which faculty members mature into their roles. We agree that there is a strong need to better understand this process among people who self-identify as underrepresented minorities in medicine (URiM). Since submitting the current article, we completed a follow-up CERA survey of the STFM general membership in early 2023. We included a streamlined five-question version of the Leary Impostorism Scale (LIS-5) and added questions about adequacy of mentorship, quality of professional integration, and opportunities for professional advancement. It should be noted that items asking about professional advancement were in relation to gender or race/ethnicity-based discrimination.

Our initial review of the new data suggests that faculty with more years since highest earned degree had significantly lower LIS-5 scores than faculty with fewer years. Faculty with less than 10 years since completion of highest degree had a significantly higher median LIS-5 score than faculty with 10 to 20 years of experience and were even higher still than faculty with more than 20 years of experience. These findings seem to

support the idea of an “ameliorating effect” of experience on impostorism.

In our follow-up CERA survey, we did not find higher LIS-5 scores among people who identify as URiM; however, we did find perceptions of inadequate mentoring, poor collegial integration, and fewer opportunities for advancement based on race/ethnicity; we will continue to explore these findings. We feel that the CERA general membership survey provides more representative demographic information than the program director survey and includes particular questions about self-identifying as URiM using the Association of American Medical Colleges definition.<sup>2</sup>

It is important to note that we regard the term IP as a specific condition, originally defined by Clance and colleagues, which was unique to professional women who maintained persistent feelings of inadequacy despite feedback to the contrary.<sup>3</sup> The term “impostorism” is applied to a wider group of individuals who experience the same feeling of being an impostor but may be modifiable or improved with feedback and/or experience.<sup>4</sup> The lay term of “imposter syndrome” may more closely align with impostorism than with the original concept of IP.

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