and is an effective educator and scholar who actively contributes to the body of research and health care policy. Laying the groundwork for these skills as early as possible will ensure that we are training the good doctors we need for the future of the profession.

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Reference


On Overcoming Imposter Syndrome

To the Editor: During medical school, as we navigate the vast knowledge we are expected to absorb and begin to develop clinical skills, we may experience “impostor syndrome”—the fear of being exposed as a fraud as expectations and responsibility increase. Becoming a physician, however, involves incremental progress toward competence and mastery. We should recognize and celebrate our progress along the way rather than focusing on our perceived shortcomings.

I distinctly remember my first medical school interview. After traveling four hours in a car and changing in a McDonald’s bathroom, I sat anxiously in my suit as other interviewees gathered around me in the lobby. I was nervous about making a good impression, so I tried to focus on chatting with the people around me to distract myself. When our first session began, we were asked to diagnose a patient as a group. I was paralyzed in my seat. Others were scrambling over each other in an attempt to make a contribution and impress the professors. I, however, could not reflect on the moments when we are not imposters. Instead, we relentlessly focus on what is next or where gaps in our knowledge exist. But for every moment when we feel inadequate, there is another moment when we realize a previous challenge is now mundane.

I believe that this is one of the greatest sources of sanity in medical school. In an atmosphere where you are surrounded with pressure and often self-doubt, it is restorative to remember just how normal your abnormal life has become.

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Identity Capital and Identifying Learners at Risk for Marginalization

To the Editor: During medical school, my fellow students have expressed concern about how their identity might affect an evaluator’s perception of them or their performance. Recently, these stories—narratives about identity and implicit bias—have drawn my mind to the construct of professional identity formation (PIF),1 and to emerging frameworks for describing mistreatment, including the characterization of incident- and environment-based forms.2 At a time when identity—and the effect of structuralized “-isms”—is in sharp focus, the interplay between learner identity, PIF, and marginalization should be examined.

Identity capital bridges these constructs. In models of identity capital, individuals use tangible assets (e.g., character strengths) to negotiate their entrance into an in-group.3 In general, learners from underrepresented groups have fewer tangible assets—my colleagues’ concerns likely result from intuiting that this is the state of affairs—and must rely more heavily on their intangible assets.4 These learners are thus at particular risk for marginalization. However, it seems plausible that assets’ relative value may be affected by environmental factors, such as institutional culture, faculty and housestaff composition, and the degree to which in-group members strive to avoid learner favoritism based on tangible assets. Thus risk factors for marginalization might differ in subtle ways by institution, specialty, or even team, and modifiable environmental factors likely exist.

How, then, do we identify learners who are at risk for marginalization and improve institutional inclusivity? Psychometric testing of constructs that account for the interplay between individual and environment, similar to psychological sense of school membership,4 may represent one method for risk stratification, and could generate data useful for promoting institutional reform. Curriculum for learners and educators about PIF and identity capital might also improve the status quo. While the solution is unclear, our collective duty is not: We must ensure that these issues remain center stage in the discourse on reframing medical education and supporting identity formation.

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