

Negotiating With Confidence And As If Your Life Depended On It... And Getting Over Imposter Syndrome!

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Failure Is The Condiment
That Gives Success Its
Flavor...

Truman Capote

Educational Objectives

- Understand the background data on negotiations
- Recognize the factors that contribute to negotiation outcomes
- Deploy strategies that lead to successful negotiations
- Review data germane to women in medicine including imposter syndrome, compensation, and advancement
- Define specific obstacles to achieving equity at the micro and macro level
- Describe potential actionable interventions to work towards achieving equity at the micro and macro levels, not just for women, but for all underrepresented groups in healthcare

Definitions

- “High-achieving individuals who, despite their objective successes, fail to internalize their accomplishments and have persistent self-doubt and fear of being exposed as a fraud or impostor.”
- “An inability to internalize success and the tendency to attribute success to external causes such as luck, error or knowing the appropriate individuals.”
- “A form of inaccurate self-assessment that afflicts those who despite their earned degrees, scholastic honors, high achievement on standardized tests, praise and professional recognition from colleagues and respected authorities do not experience an internal sense of success.”
- “Pervasive psychological experience of a perceived intellectual and professional fraudulence.”

Kolligian et al. *Journal of personality assessment*. 1991; 56(2):08-326.; Gottlieb et al. *Medical education*. 2020; 54(2):116-124.; LaDonna et al. *Academic Medicine*. 2018; 93(5):763-768.; Mak et al. *Frontiers in psychology*. 2019;10.

Prevalence of Impostor Phenomenon

- **Initially-** Only high achieving women
- **Current:** Both- women and men; Different populations and cultures
- **Estimation:** 44% of Internal Medicine residents feel like an impostor ; 70% of people will experience Impostor Phenomenon at least once
- **Particularly vulnerable:** Medical professionals, including trainees
- **International Medical Graduates:** Affected more
- **Minority Groups:** Also affected more

Topping et al. *Academic Psychology Bulletin*. 1985.; Sturges et al. *The Journal of Physician Assistant Education*. 2018. 29(2):126-128.; Bernard et al. *Cultural Diversity and Ethnic Minority Psychology*. 2018. 24(1): 51.; Chae et al. *Journal of personality assessment*. 1995. 65(3): 468-485.; Cokley et al. *Journal of multicultural counseling and development*. 2013. 41(2): 82-95.

Culture of Silence in Medicine and Impostor Phenomenon

- Systemic/Structural Flaws In The Medical profession
 - Does not prepare physicians to handle mistakes
 - Does not support physicians to share their insecurities
 - Learning and workplace culture in medicine is does not provide good psychological safety
 - Promotes silence which ultimately leads to feelings of inadequacy, suffering in silence, fear, and worries about judgment of competence

Bravata et al. *Journal of General Internal Medicine*. 2019; 1-24.; Benbassat et al. *Advances in Health Sciences Education*. 2013. 18(3); 527-536.

Medicine and Impostor Phenomenon

- Increasing evidence of Impostor Phenomenon during both training and medical practice
- Why is this important to recognize now?
 - Pervasive self-doubt
 - Anxiety
 - Burnout
 - Depression
 - Suicide
 - Decreased empathy towards patients
 - Increased substance use and
 - Increased frequencies of medical error

Bravata et al. *Journal of General Internal Medicine*. 2019; 1-24.

Gottlieb et al. *Medical education*. 2020; 54(2):116-124.

Appreciative Inquiry Exercise

- Think about a past negotiation experience
- What happened during the process?
- How did you decide to negotiate and make a final decision?
- Were you “gaslight” during the negotiation?

Appreciative Inquiry Framing Questions

- How confident in your negotiation skills did you feel upon entering the negotiation?
- Did you conduct a valuation analysis and if not, how would you perform this?
- Do you recognize your and the other party's negotiation style?
- How was the stage set/what were the circumstances for the negotiation?
- Did you feel like you could truly engage the other party?
- Did you revisit the negotiation in the future?
- Did you use tenacity, thanks, informational asymmetry, and follow through?
- Learn how to deflect gaslighting

What Is Principled Negotiation?

- Concept where the approach to the negotiation focuses on the **interests of the parties** and emphasizes conflict management and conflict resolution
- “Win-win” or a mutually shared outcome

- Fisher and Ury, “Getting To Yes”

4 Central Guidelines Of Principled Negotiation

- Separate people from the issue of the negotiation
- Focus on the negotiating parties' interests
- Generate different options for mutual gain
- Base the outcome from a principled negotiation session on objective criteria

Assess- Confidence Gap and Valuation

- Men overestimate their abilities and performance and women underestimate both
- Men apply for jobs when they meet 60% of qualifications, women when they meet 100%
- Men initiate salary negotiations 4X more often than women and
- When women do negotiate, they ask for 30% less money than men

- **The Confidence Code, Katty Kay and Claire Shipman**

Valuation- It's Not A Zero Sum Game

- Chance favors a prepared mind
- Are there **benchmarks** you can access from your institution, physician/academic organizations, published resources- MGMA, Glassdoor?
- Entry **position compensation** (not just about the \$) is critical and can set someone back for their lifetime- women MBAs were 800% less likely to negotiate their first salary than their male counterparts
- Undervaluation/Under Recognition=Missed Opportunities
- **Women feel more discomfort in negotiation and believe if they get more, others get less**

Be JEDI- How Gender Traits And Bias Inform Style

- Gender bias is real- male-associated traits violate gender norms for women
- Overcoming self-promotion fears- praise accomplishments of others, the “value story” you bring to the equation, taking credit gracefully, and amplify others-and ask that in return
- Be assertive and confident, ask “what else should I know/ask?”, “what does success/ideal candidate look like?”, “If you had to make a decision now, why wouldn’t you hire me?”

Set The Stage

- Start with why you would love to be part/continue to be part of the organization
- **Highlight your skills/successes** and how you are excited to bring this to your organization
- **Suggest** ways you might take on more responsibility
- How to ensure your compensation is equitable and matches your skills and responsibilities? How do you gracefully ask this question?
- **Practice** your negotiation with a trusted colleague(s)

Engage In Principled Negotiation

- Plan ahead - what do you want? What are the consequences of non-negotiation, what is attainable, what is the other party's position?
- Standards of fairness
- Interests for a win-win
- Relationships are respected
- Creative problem solving
- Dynamic process
- **Don't give into ambushes** and practice saying- "I will need to think about that, let's talk more soon"

Revisit/Memorialize Discussions

- Negotiation is a process, frequently with time anchors
- Verbal and written summaries are vital
- After important discussions, make it a rule to send an email to summarize your understanding of the discussion, and ask for follow up from the other party
- Be the boss
- When negotiating with an outside organization and with all personal matters, **use your personal contact information**

Tenacity And Thanks

- The Art of Negotiation is a dynamic, learning process
- Words matter- assure best intent, communicate verbally
- The **devil is in the details**- get a lawyer,? understand your contract/terms (**clinical obligations, support, ramp up, malpractice, noncompete, terms for releasing early, vacation/leaves/CME, other supports, moving expenses, signing bonus, total compensation**)
- Dealing with questions about your compensation and how to
- Gracefully ask others
- Should you get a lawyer?
- Always Ink It- after meetings, send a summary of your understanding of the conclusions

Gender Stumbling Blocks

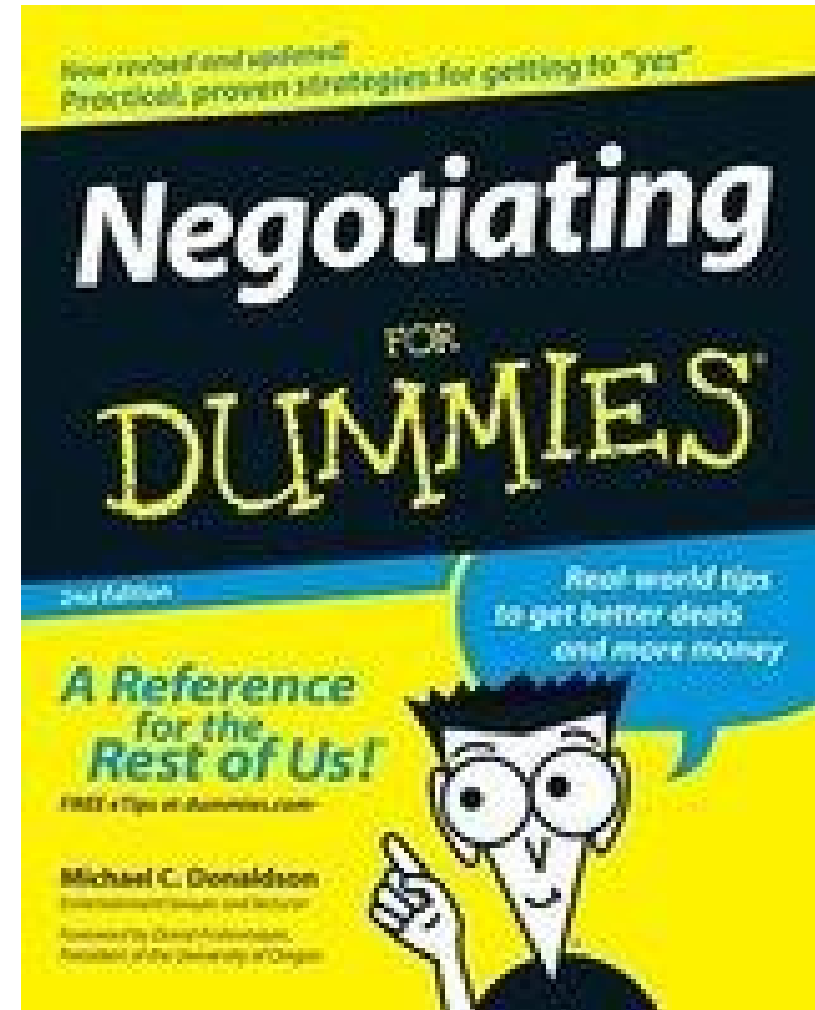
- Women underestimate their worth
- Need to be liked and take disagreements personally
- Fold too readily
- Forget that silence can be golden
- Out of the traditional important issue loops
- Give into ambushes
- Give into gaslighting

Negotiation-Summary

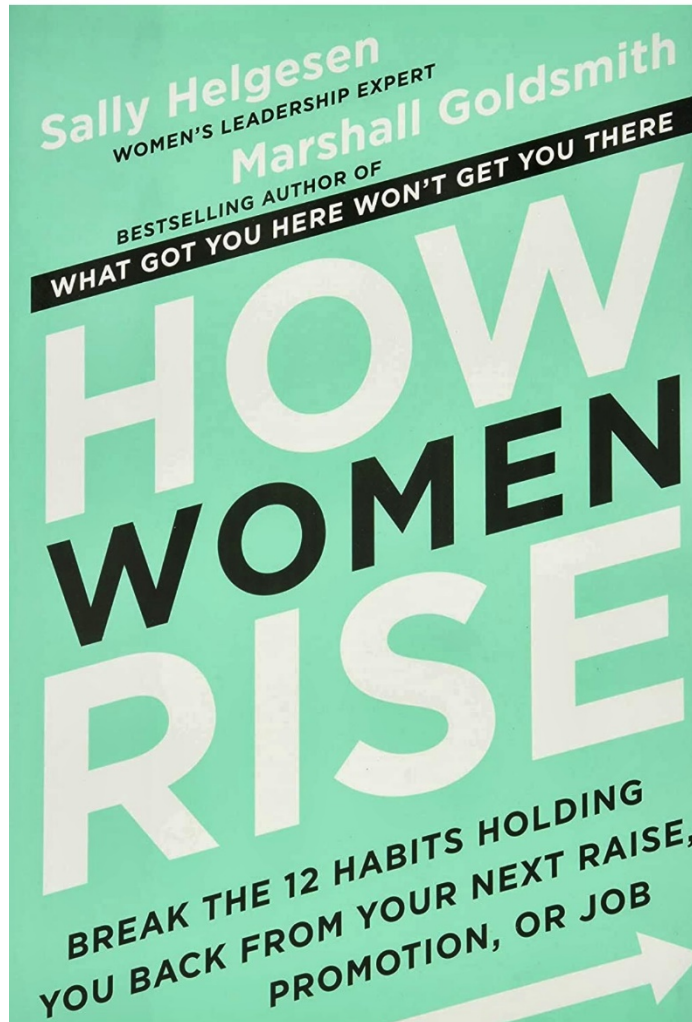
- Confidence is vital to being a skilled negotiator
- Non-negotiation costs you now and later
- Negotiation is expected
- Recognize principled negotiation skills
- Don't hesitate to leverage gender-associated traits

Negotiation For Dummies

- 30s: say yes to most things
- 40s: say yes but align these with your defined goals
- 50s: begin to say no to most things
- 60s: only say yes to things that are your passion



12 Habits That Keep Women from Reaching Their Goals



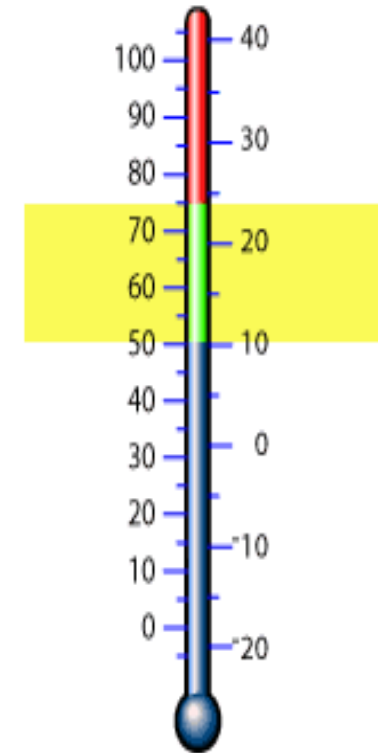
- Reluctance to claim your achievements
- Expecting others to spontaneously notice/reward your contributions
- Overvaluing expertise
- Building rather than leveraging relationships
- Failing to enlist allies from day #1
- Putting your job before your career
- The perfection trap
- The disease to please
- Minimizing
- Too much
- Ruminating
- Letting your radar distract you

Let Us Never Negotiate Out
Of Fear. But Never Let Us
Fear To Negotiate.

John F. Kennedy

The Passion Thermometer

- Is it **LOW** on the thermometer? Say NO, in 3 parts:
 - “I’m flattered/honored to be asked; I need a day or 2 to consider whether I can give it the effort that you and I would want.”
 - Reflect
 - Respond: “Much as I would like to do it, I cannot give it the time to produce the quality you and I would want. So I have to say no, but I would like to suggest [names of those who could use it to help their careers].”
- Is it **MODERATE** on the thermometer? Say NO! These are the hard ones. But if you say yes, you are locked in when an opportunity in your high passion area comes up.
- Is it **HIGH** on the thermometer? Say YES, and you can qualify
- it with getting more help, collaboration, co-chair effort, etc.



What We Know...

- Women (and URiM/UREG) are recruited, evaluated, advanced, promoted, mentored, sponsored and compensated differently than those in majority power holding groups (UME, GME, practicing physicians, and patient satisfaction data)
- Data around women conference introductions, speaking time, interruptions, appropriation of comments/contributions of women is quite concerning
- Despite NASEM requirements that AAMC affiliated hospitals/healthcare orgs maintain a clearly written bill of rights and responsibilities communicating a zero-tolerance policy for sexual harassment towards HCPs, 0/55 contained NASEM recommended specific language against patient perpetuated sexual harassment or abuse (Vigilanti et al, JAMA Network Open, 9/20)
- Emerging data around increasing prevalence of personal attacks and sexual harassment of physicians on Social Media(SoMe), with women reporting significantly more online sexual harassment than men 16.4 vs. 1.5% (Pendergrast et al, JAMA Network Open 1/21)

So How Do We Get To A Better Place? GME Example from Duke

- Evaluation of Women and UREG Representation in a General Cardiology Fellowship After a Systematic Recruitment Initiative, Rymer et al, JAMA Network Open, 1/21
- Multipronged initiative 2015-19 that started with a CV Fellowship Diversity and Inclusivity TF which drafted recommendations including fellowship recruiting committee reorg, changes to fellowship applicant screening process, interview day, applicant ranking process, and post match interventions
- 5 Domains- Diversity as a priority, seeking out candidates, implementing inclusive recruitment practices, investing in trainee success, building the pathway/pipeline
- Post intervention, 25% increase in applications, interviewed applicants went from 20% to 35% women, 14% to 20% UREG
- Matriculated fellows (5 yr mean) went from 27% to 54% women, 6% to 33% UREG, and overall women and/or UREG, 28% to 67% with no significant changes nationally during intervention period

Top Ten Catalyzers To Get To A JEDI Healthcare Environment And Become An Antiracist Organization

- Perform foundational work- review your organization's mission, vision, and goals with a JEDI and anti-racist lens, modify accordingly, discuss and publicize the elevator story widely
- Review your policies and procedures for governance of your organization to remove explicit and implicit bias in all recruitment, retention, appointment, promotion, leadership, educational, and advancement processes
- Ensure that your organization has JEDI, anti-harassment and discrimination policies (including those for patients/family members/visitors) and accessible mechanisms for activation of processes to enforce these policies. Get granular
- Establish a body for ensuring a JEDI/ anti-racist in your organization that is empowered, has teeth in education and enforcement, can actively intervene in a rapid response fashion with individual , group and allyship training, as well as have oversight with all governance and other germane policies relevant to establishing and maintaining a JEDI/Anti-racist environment
- Review the allocation and prioritization of financial and other critical supporting resources to ensure that allocations prioritize creating/sustaining/augmenting a JEDI/anti-racist environment

Top Ten Catalyzers To Get To A JEDI Healthcare Environment And Become An Antiracist Organization

- Institute deliberate practice in transparent data collection and review to assess your organization's cultural environment, with a focus on safety, quality, JEDI and anti-racist principles, get specific and granular and avoid broad statements about harassment and discrimination
- Review and actively track total compensation, recruitment, appointment, advancement, awards and leadership positions and benchmark to rank and file of your organization and patient characteristics (if applicable)
- Transparently publicize your organization's data regarding your review of data in total compensation, recruitment, appointment, advancement and leadership in your organization
- Educate all in the organization regarding the benefits of a JEDI/anti-racist environment in terms of human and financial outcomes, safety and quality. Start with your organization's Board
- Review all local, regional, national licensing, accreditation, certification JEDI/anti-racist standards and ensure that your organization is adhering to them (eg AAMC, ACGME, Joint Commission, state/local licensing boards and health departments)


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**There is always light, if
only we're brave
enough to see it. If
only we're brave
enough to be it.**

Amanda Gorman

The youngest inaugural poet in US history



 USA TODAY

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