Emotional Intelligence (EQ) & Medical Education

How Does EQ fit into the Paradigm of the Competencies?

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Objectives

• Define and Describe Emotional Intelligence.
• Apply the EQ concepts of self awareness and social awareness which drive our actions and influence the physician-patient relationship to enhance communication.
• Apply the EQ concepts of self management and relationship management to the competencies of communication, systems based practice, patient care and professionalism.

Daniel Goleman

What is EQ?

• One of the hottest buzzwords in corporate America
• A fuzzy notion that continues to be defined
• Since the 1930’s those who studied intelligence realized that there were non-intellective abilities that helped predict success.
• The term “Emotional Intelligence” was coined in 1990 Salovey and Mayer
• Daniel Goleman based his 1995 book, Emotional Intelligence, on this work.

But, What IS EQ?

• One attempt toward a definition was made by Salovey and Mayer (1990) who defined EI as “the ability to monitor one’s own and others' feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions.” [10]
EQ = Success?

- “the fundamentals of EI – self awareness, self management, social awareness, and the ability to manage relationships – translate into on-the-job success.”

This is not new!
Tao Te Ching (China 6th Century B.C.)

- 知人者智,
- 自知者明。
- 賽人者有力,
- 自勝者強。

EQ=new words for old wisdom?

Tao Te Ching

- Knowing others is intelligence,
- Knowing yourself is true wisdom.
- Mastering others is strength
- Mastering yourself is true power

Emotional Intelligence

- Social Awareness
- Self Awareness
- Social (relationship) management
- Self management

Four Keys to EQ

- Self Awareness
- Social Awareness
- Self Management
- Social (relationship) management

Self Awareness

- Emotional Self-awareness
  - Ability to understand your emotion
  - Recognize impact of emotions on performance
- Accurate self-assessment
  - Know limitations and strengths
  - Exhibit sense of humor about themselves
  - Welcome constructive criticism and feedback
- Self Confidence
  - Strong and positive sense of self worth
Social Awareness

- Empathy
  - Attuned to emotional signals
  - Understand other’s perspective
- Organizational awareness
  - Understand political forces, guiding values and unspoken rules of an organization
- Service Orientation
  - Foster a climate of service.
  - Monitor customer or client satisfaction

Self-Management

- Self Control
  - Manage and channel impulses; stays calm
- Transparency
  - Openness to others: admit mistakes or faults
- Adaptability
  - Juggle multiple demands without losing focus or energy
- Achievement
  - Drive to meet an internal standard of excellence
- Initiative
  - Seize opportunities—create them—rather than wait
- Optimism
  - See glass half full—expect best in others

Social Management

- Influence
- Inspire
- Develop Others
- Communication
- Change Catalyst
- Conflict Management
- Build Bonds
- Teamwork and Collaboration

Self-Monitoring

Emotional Self Awareness
- Accurate Self Assessment
- Self Confidence

Self Management
- Self Control
- Transparency
- Adaptability
- Achievement
- Optimism

Relationship Management
- Influence
- Visionary Leadership
- Developing Others
- Communication
- Change Catalyst
- Conflict Management
- Building Bonds
- Teamwork and Collaboration

Teaching Emotional Intelligence and Skills
EQ can be learned

• “While our emotional intelligence determines our potential for learning the fundamentals … our emotional competence show how much of that potential we have mastered….
  • “An underlying EI ability is necessary, though not sufficient, to manifest a given competency or job skill.”
  • Goleman, EQ pg xi-xvi

Levels of Awareness

1. Unconscious incompetence: ignorance
2. Conscious incompetence: acceptance
3. Conscious competence: skills
4. Unconscious competence: habit

EQ and the Competencies

• How does EQ fit into the paradigm of the competencies
  • Paradigm: The subway
  • Paradigm of the competencies brings EQ into the formal curriculum for medical education.
  – Old paradigm: we teach them the hard science of medicine
  – New paradigm: we teach them how to be compassionate physicians

EQ meets Medical Education

**Competencies**
- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

**EQ Fundamentals**
- Self Awareness
- Social Awareness
- Self Management
- Relationship Management

![The Continuum of Professional Development Authority and Decision Making versus Supervision](chart.png)
Level of Skills: Dreyfus model

<table>
<thead>
<tr>
<th>Level of Awareness</th>
<th>Dreyfus Level</th>
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</thead>
<tbody>
<tr>
<td>Unconscious incompetence</td>
<td>Novice</td>
</tr>
<tr>
<td>Conscious incompetence</td>
<td>Advanced Beginner</td>
</tr>
<tr>
<td>Conscious competence</td>
<td>Competent</td>
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<td></td>
<td>Proficient</td>
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<td></td>
<td>Expert</td>
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<tr>
<td>Unconscious competence</td>
<td>Master</td>
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</tbody>
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Impact of the levels of awareness

- When the student is ready, the teacher appears...
- Unconscious incompetence is a state of innocent ignorance: “I don’t know that I don’t know.”
- When asked why s/he misbehaved, a child will often answer: “I don’t know.” – This may be a true statement.
Implications of the Levels of Awareness

1. Unconscious incompetence: ignorance
   • Teach EQ basics and provide a frame for later skills
2. Conscious incompetence: acceptance
   • Teach basic EQ skills related to the competencies
3. Conscious competence: skills
   • Provide monitored experiences -- use skills
4. Unconscious competence: habit
   • Life Long learning

Interpersonal and Communication Skills

• Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates
  – Communicating with patients and families
  – Communicating with team members
  – Scholarly Communication

Interpersonal and Communication Skills

• Some resident physicians have significant difficulty accurately assessing how well they communicate with patients
• Physician trainees rarely get feedback regarding interpersonal skills.
• Standardized patients and faculty observers may provide insight.

Patient Care

• Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
  – Gathering information
    • Building relationships with patients and families
  – Synthesis
  – Partnering with patients/families
    • Gaining trust

Practice-based Learning and Improvement

• Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
  – Life-long learning
  – Evidence based medicine
  – Quality improvement
  – Teaching skills

Professionalism

• Residents must demonstrate professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
  – Professional behavior
  – Ethical principles
  – Cultural competence
Systems-Based Practice

- Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal health care
  - Health care delivery system
  - Cost effective practice
  - Patient safety and advocacy
  - Systems causes of error

We Already Have TOO Much to Teach!

- Do we really have to think about this touchy-feely mumbo jumbo?
  - Let alone Teach it...
- What does this have to do with our REAL jobs – to teach medicine (Medical Knowledge)?

AMA News: August, 2008

Hospitals told to squelch disruptive behaviors

AMA News: Dec 1, 2008

Disruptive behavior standard draws fire

Inappropriate Behaviors per the Joint Commission

- Often manifested by Health Care Providers in Positions of Power
- Physical Threats
- Verbal Outbursts
- Refusing to perform assigned tasks
- Uncooperative attitudes
  - Reluctance to answer questions, return calls
  - Condescending language
  - Impatience
Joint Commission “Culture of Safety”

• “Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients.”
  – Patient care, Practice-based Learning and Improvement, Systems-Based Practice

• “All intimidating and disruptive behaviors are unprofessional and should not be tolerated.”
  – Professionalism, Interpersonal and Communication Skills

Unconscious incompetence

• Rather than be angry or dismissive of another’s inability to explain their behavior:
  – Supply vocabulary for understanding and discussion
  – Model appropriate behavior
  – Provide practice scenarios

Conscious Incompetence

• What does this have to do with me?
• What does the touchy feely stuff have to do with real life medical decisions?
• I have more important things to deal with than this stuff!
• OK, I understand the concepts; but how can I use them in my day to day life?
  – The student is ready! Is the Teacher?

Conscious Competence

• This occurs when we get “buy in.”
  – Terms are understood
  – People are ready to use their skills in daily interactions
  – It still requires conscious effort to use skills and may sometimes feel unnatural
    – Encouragement
    – Modeling

Unconscious competence

• At this point the skills have become habit.
• There is no longer conscious thought regarding actions, but EQ skills have become unconscious.
• The trick is: How do we get to this point?
  – ?
Men and women are not prisoners of fate, but only prisoners of their own minds.

- Franklin D. Roosevelt

Remember the 4 “S’s”

Self Awareness
Social Awareness
Self Management
Social (Relationship) Management

Teaching moments

- Previous personal experience
- Scenarios
  - Verbal
  - Photographic
  - Video/movie
  - Standardized Patient
  - Observation with patients and with staff

Reflections

- Residents must be aware not only of their effect on others, but of their internal messaging.
  - Portfolios
  - Case Presentations
    - In case presentation of a newly diagnosed cancer, part of the discussion can focus on how to inform the patient and family.
For More Information

• www.eiconsortium.org

Questions?

Primary References


References