

# **Virtual Mentor**

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## **MEDICAL EDUCATION**

### **Fostering Emotional Intelligence in Medical Training: The SELECT Program**

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Physicians' emotional intelligence (EI)—how they manage themselves (i.e., emotions and behavior) and their relationships—has significant influence on team-based care. It can support empathy and improved communication between team members and promote shared decision-making, conflict management, and improved transitions between care settings. Furthermore, physician leaders are working in rapidly evolving systems and must respond to increasing and changing demands. EI correlates significantly and positively with job performance beyond that which can be explained by cognitive ability and other personality factors [1]. Top-performing leaders are distinguished by their ability to manage their emotions and effectively share their visions and influence others [2]. Emotionally intelligent leaders are more effective in fostering cooperation and initiating and leading organizational change [3, 4]. Cultivating EI and habits of mind can build resilience and altruism, support well-being, and nurture professional relationships.

With this in mind, the University of South Florida (USF) Morsani College of Medicine in Tampa and Lehigh Valley Health Network (LVHN) in Allentown, Pennsylvania, established a partnership to create a new program to train health care leaders. The program is entitled SELECT, an acronym for Scholarly Excellence, Leadership Experiences, Collaborative Training. Students complete all the general competencies and also receive training in leadership development, patient-centered care, health systems, teamwork, and care quality and safety. Students complete the first 2 years at USF and the last 2 years at LVHN, where they apply leadership, teamwork, and quality and safety competencies during their clinical training.

#### **Choosing a Leadership Model**

In developing SELECT, we reviewed the literature, consulted with health care leaders and experts, and considered measurement instruments. There are multiple definitions of EI with associated theoretical models and measures. The ability model of EI defines EI as a set of four interrelated abilities or traits: accurately perceiving emotions; using emotions to influence thoughts; understanding emotions; and managing emotions (e.g., anger). Behavioral EI models incorporate abilities and characteristics [5-7].

We use Goleman's behavioral EI model, which has four domains of competency: (1) self-awareness—recognizing one's own feelings, values, strengths, limitations, and motivations; (2) self-management—emotional self-control, adaptability, initiative, optimism; (3) social awareness—empathy, organizational awareness, and orientation

to service; (4) relationship management—fluence with others, management of conflicts, teamwork, and collaboration. Self-awareness serves as the foundation for self-management and social awareness, and all three serve as the foundation for relationship management [8]. We elected to build our leadership training on a behavioral model of emotional intelligence (EI) because it is competency-based, is developmentally appropriate for novice professionals who are early in their training and not in formal leadership roles, and enhances other competencies and skills germane to medical education and practice.

We also elected to use a validated instrument to formally assess EI at multiple points during the students' medical education. We chose the Emotional and Social Competence Inventory (ESCI), a validated survey instrument developed by Richard Boyatzis, Daniel Goleman, and the Hay Group based on Goleman's model of EI [9]. We use the ESCI to measure students' emotional and social competencies and provide feedback to raise their awareness of developmental needs and opportunities. The leadership curriculum is co-created and team taught with our colleagues from the TELEOS Leadership Institute.

### **Emotional Intelligence in the Admissions Process**

The aim of the SELECT program is to train leaders, and we seek to recruit students with interest in leadership and some evidence of EI. We use a holistic review process for the initial review of all applicants including their experiences, attributes, and academic achievement. To assess EI during the interview visit, we use a 90-minute behavioral event interview (BEI). The BEI is a semi-structured interview method based on the critical incident interview [10] in which trained interviewers ask a sequence of questions to explore specific salient events from the candidate's life [11, 12]. The questions are designed to probe so deeply that the student cannot rely upon rehearsed answers and superficial descriptions of an event. Overall, we have seen high congruence between the ratings of the two interviewers. Students are offered admission to the SELECT program based on these ratings. We have admitted two cohorts of students to the SELECT program and are interviewing for the class of 2017.

### **Overview of SELECT Leadership Training**

At the start of medical school, students begin the longitudinal leadership curriculum with an intensive 5-day immersion course that introduces EI concepts and competencies through small-group experiential learning activities, debriefing, journaling, and peer coaching. Students meet with two physician faculty member coaches who will coach them individually and in cohorts throughout the 4 years on their personal, professional development plans.

*Curriculum.* Each year, students receive incremental exposure to skills of self-awareness and self-management in clinical work, crucial conversations (high-stakes, emotionally charged discussions between two or more people in which opinions differ), conflict management, mindfulness, leadership and learning styles, power and influence, and team dynamics. In year 2 there is added emphasis on high-functioning

interprofessional teams, a peer coaching practicum, and a health care leader interview and shadowing experience. The curriculum expands to include change management, quality improvement, and project management in years 3 and 4. The teaching methods include learning modules, self-directed learning exercises and reading, individual and small group assignments, and health care leader shadowing.

*Evaluation.* Early in the first year, and again at the end of the second year, students complete the Emotional and Social Competency Inventory (ESCI) administered by certified coaches. Students receive feedback on how their peers, faculty, and administrative team members perceive their application of EI competencies. Other assessment strategies for leadership and EI training include project presentations, reflective writing, measurement of achievement of professional and personal development benchmarks and milestones, and performance on simulated and small-group exercises.

### **Lessons for EI in Medical Education**

We recommend that medical schools interested in fostering EI in their students develop faculty advocates and create a solid EI knowledge base and a vision for short-term and long-term success. First—find champions: identify emotionally intelligent faculty and practitioners with good communication skills, self-management skills, and healthy relationships. Second—build a strong knowledge base: engage knowledgeable experts to teach EI concepts, competencies, and strategies to participants. Third, create a vision for success—how will you roll out and sustain your initiative? There are a variety of curricular and co-curricular approaches to consider. Consider offering curriculum innovation grants, planning a retreat for students and faculty, or hosting a faculty development activity. Engage and involve students and faculty in deciding which courses, programs or activities you will use to bring your EI initiative to life.

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### **Further Reading**

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