

A surgeon meddling in popular psychology...*dangerous business*

- What are the practical components of emotional intelligence ?
- Can it influence outcomes and productivity in both industry and medicine ?
- Can these insights be meaningfully applied to your life and career ?

Emotional Competence

- Enhanced personal performance and social interactions
- Based on self-assessment and empathy
- Can be learned with behavioral modeling

....a different way of being smart

(Goleman)

- **using insight into feelings to make good decisions**
- **remaining hopeful and optimistic despite setbacks**
- **managing moods and controlling impulses**
- **knowing what people around you are feeling**
- **persuading and leading others**

Elements of Emotional Intelligence

(after Goleman, Mayer et al)

- **Self awareness**
 - accurate self-assessment
 - self-confidence
- **Self regulation**
 - emotional control
 - trustworthiness
 - adaptability
 - initiative
- **Social awareness**
 - empathy
 - service orientation
 - organizational insight
- **Relationship management**
 - developing others' talents
 - communication
 - conflict management
 - teamwork

Cognitive and Emotional Competencies

“Stars” vs Average Performers

(Goleman, Harvard Business Review, 1998)

- Cognitive advantages 27 % more frequent in high performers
- Emotional advantages 53 % more frequent in high performers

Cognitive and Emotional Competencies

“Stars” vs Average Performers

- Studying 2000 supervisors and executives, 14 of 16 distinguishing traits for success were emotional not cognitive (Boyatzis, 1982)
- Defining job competencies at 286 organizations, 18 of 21 competencies which characterized high performers were emotionally based (Spencer and Spencer, 1993)
- 36 % of variance in advancement attributed to EQ in comparison to 27 % IQ and 16 % managerial competence (Dulewicz and Higgs, 1998)

Are skills synergistic ?

(McClelland, 1998)

- At certain levels of competence (“critical mass”), disproportionate benefits are observed
- “tipping point” is observed when
 - strength in one area of all four clusters
 - competence in six or more specific skills

Objective Measures in Industry

(Boyzatzis, 1999)

- **Additional profit in financial services when executives demonstrated enhanced competencies**

– self management	+ 390 %
– relation management	+ 110 %
– self-awareness	+ 78 %

Self-assessment skills in business models

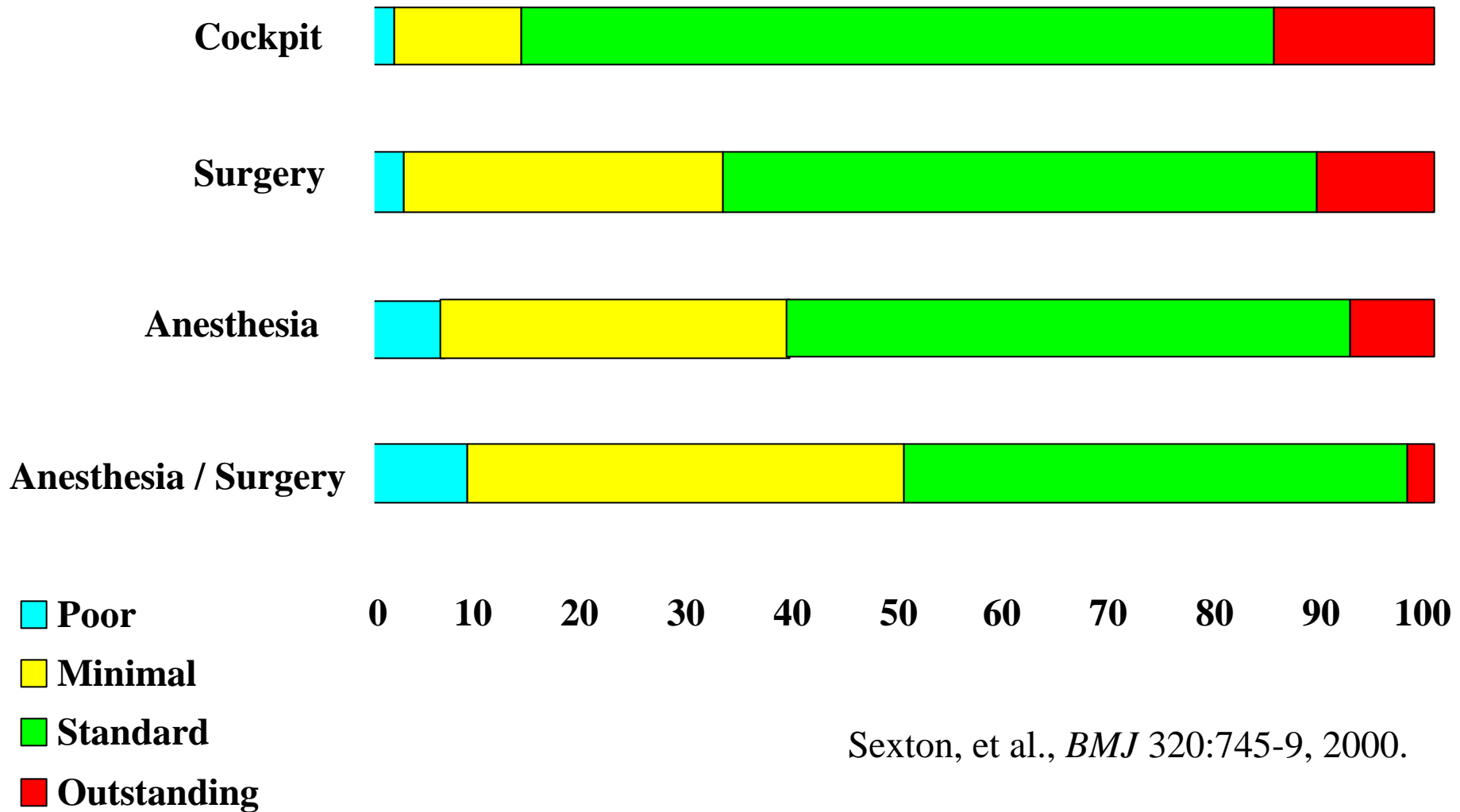
(Sala 2001 ; Kelley 1998)

- As a group, higher level managers tend to *overestimate* their skills relating to emotional intelligence
- Peer reviews and 360 degree assessments offer higher correlations

Emotional Competencies in Medicine

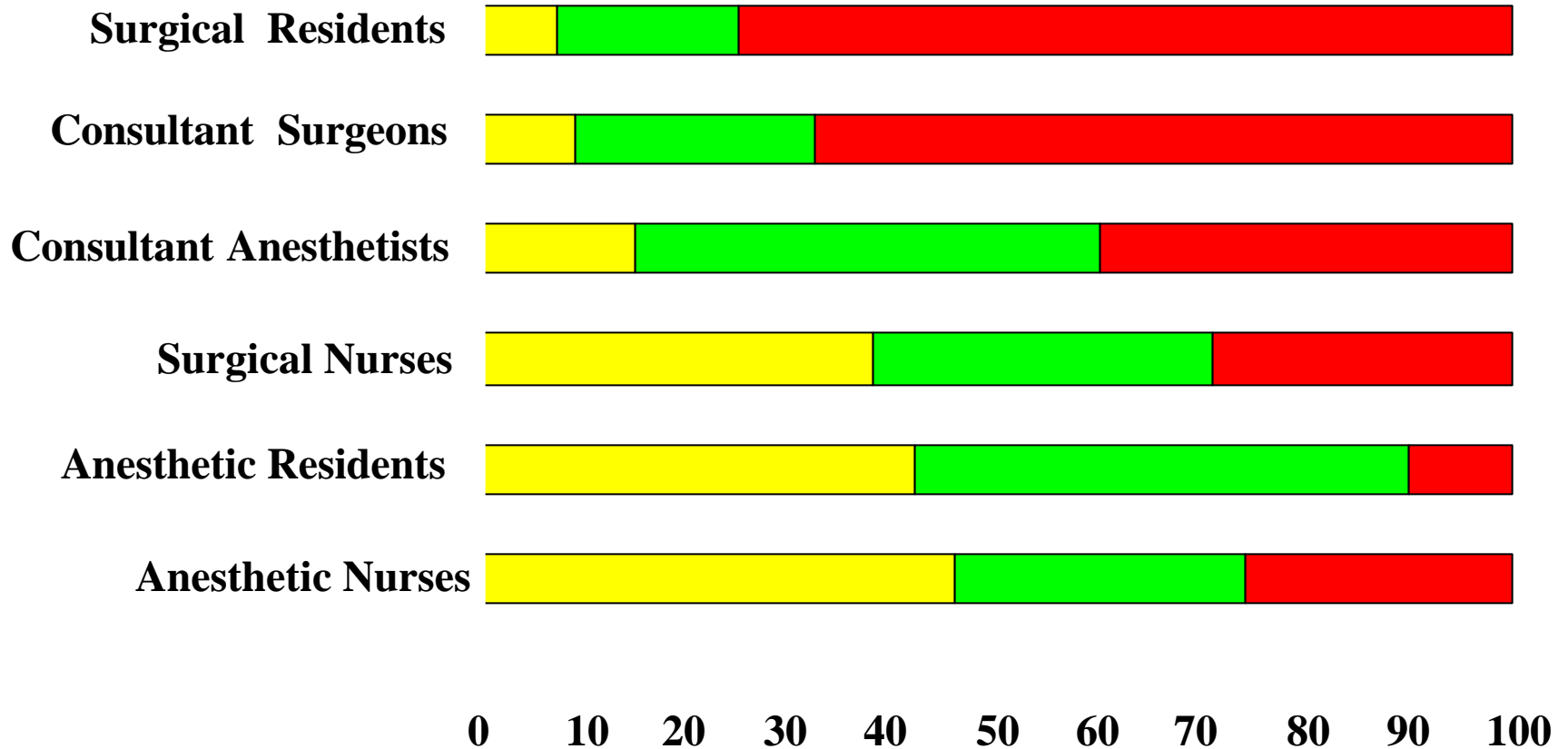
- Influence of “human factors” on outcomes and medical errors
- Contribution to the quality of patient interactions and malpractice risk
- Opportunity to enhance academic performance and physician management

Trained Observers' Ratings of Teamwork



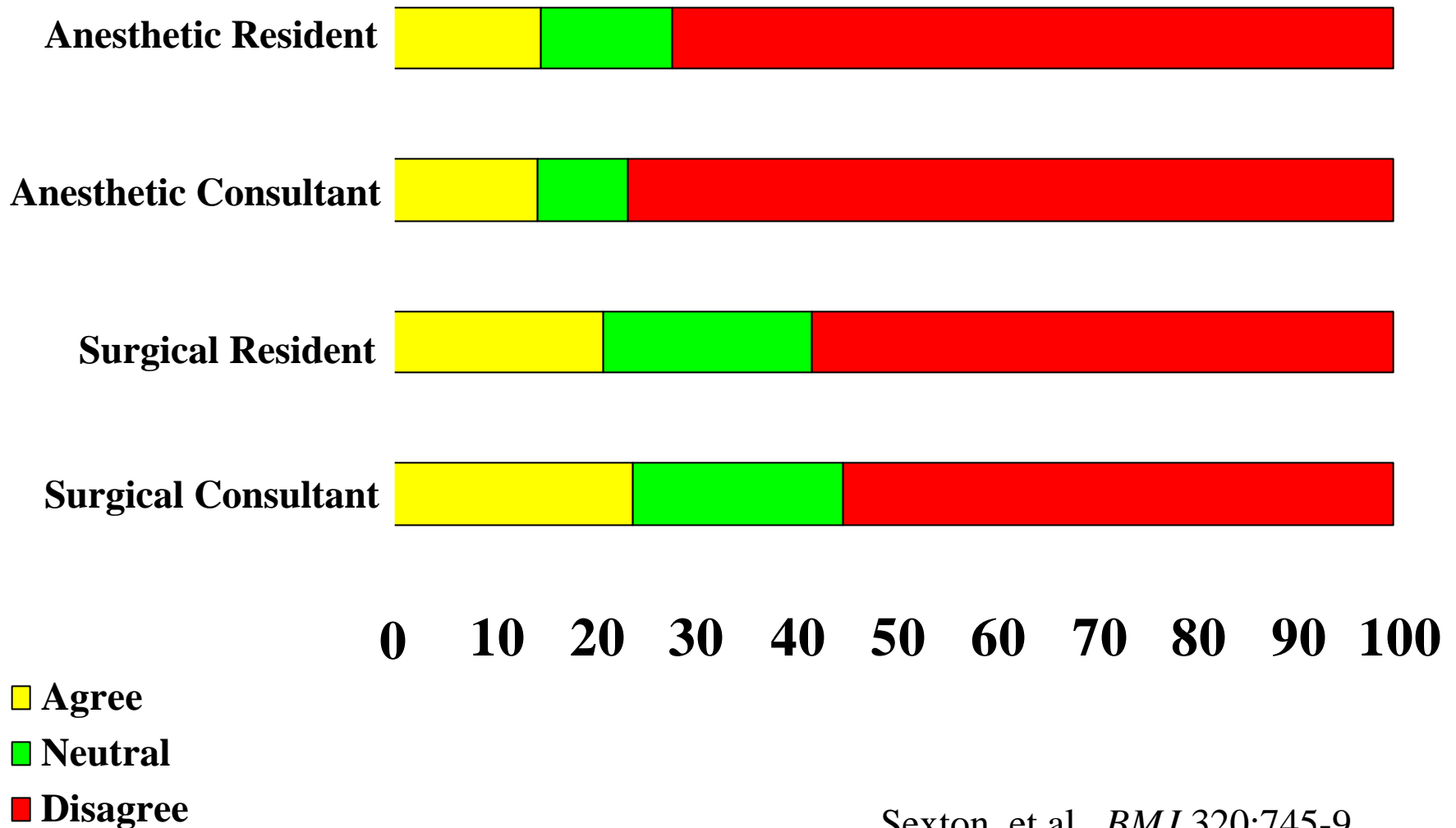
Sexton, et al., *BMJ* 320:745-9, 2000.

Rating of Teamwork with Consultant Surgeons



Low
Adequate
High

Junior team members should not question the decisions made by senior team members



Sexton, et al., *BMJ* 320:745-9, 2000.

Role of Human Factors in Pediatric Cardiac Surgery

(Jane Carthey, Great Ormand Street)

- Review of high and low volume surgeons performing arterial switch procedures
- Defined and identified major and minor events
- Observed and recorded incidences of events and the effects on outcomes

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Major

- hemodynamic instability
- damage to neo-aortic valve
- omission of pacing wires

Minor

- scheduling problem
- problems with availability of instruments
- distracting phone calls
- conflict with anesthesia

Characteristics of Operating Rooms Experiencing Good Outcomes

- Confident in each others abilities
- Anticipating success
- Focussed on sequential steps
- Adaptive to changing situation
- Balancing passion and technical precision

Characteristics of Operating Rooms Experiencing Bad Outcomes

- Tension between physicians
- Unsure of abilities
- Focussed on final outcome
- Inflexible and mechanical
- Easily distracted

Quantitating surgeons' interactions with patients

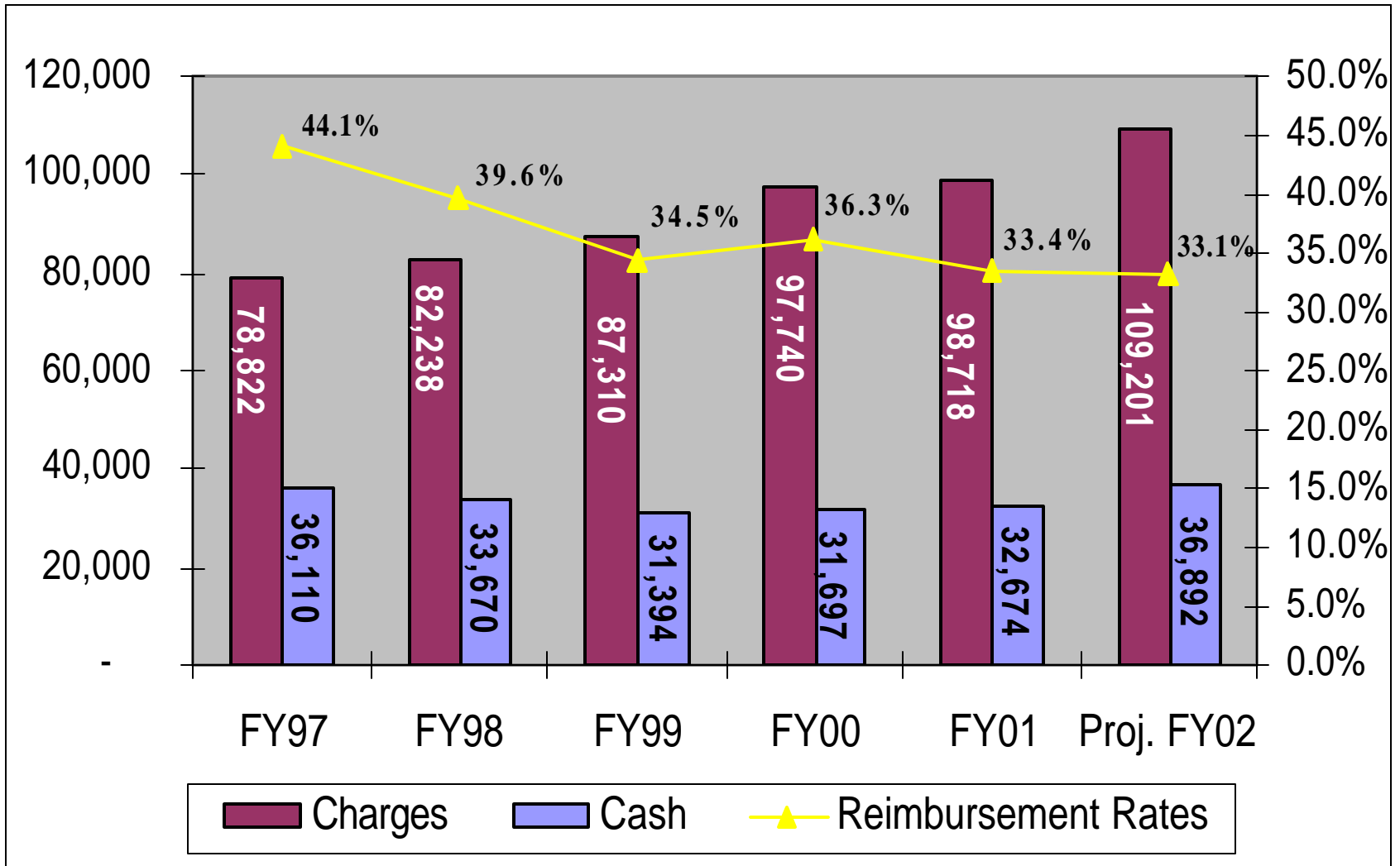
(Levinson et al)

- **Assessment of routine office visits**
(*Surgery* 1999;125:126)
 - biomedical focus, little social conversation
 - positive but little empathy expressed
- **Blinded review of surgeons' voice tone**
(*Surgery* 2002;132 : 5)
 - correlation of speaking characteristics with previous malpractice claims
 - dominance 2.7 odds ratio
 - concern 0.5 odds ratio

University of Chicago
Department of Surgery
1992 - 2002

- **Shared vision - shared values**
- **Stability and depth**
- **Collegial and non-hierarchical structure**

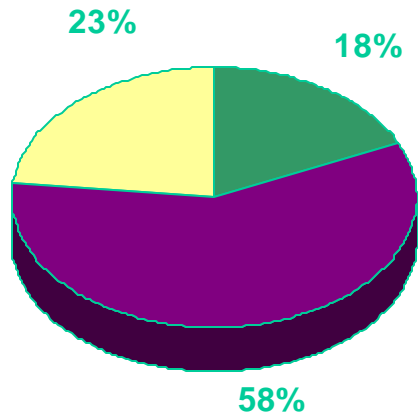
Charges vs. Collections (in 000's) & Reimbursement Rates



Support and Resources

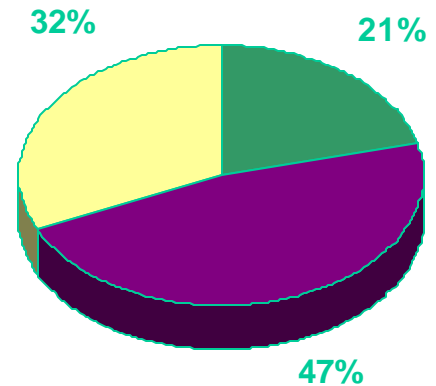
I get the support and resources I need to do my job.

Attending



■ Agree ■ Disagree ■ Neutral

Resident

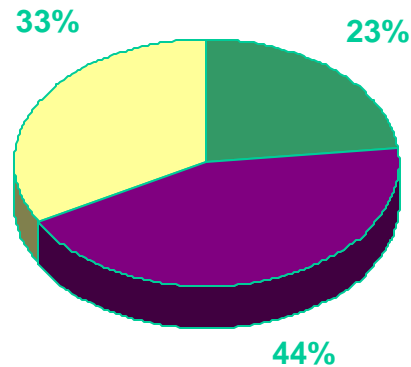


■ Agree ■ Disagree ■ Neutral

Assistance from Hospital Staff

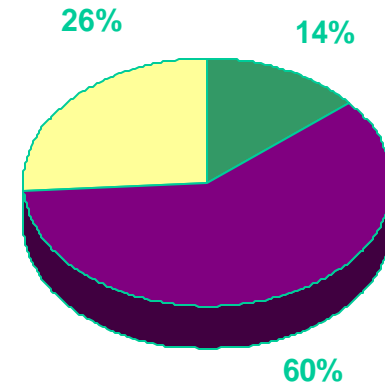
Other hospital personnel (non-physicians) are ready and prepared when I need their assistance.

Attending

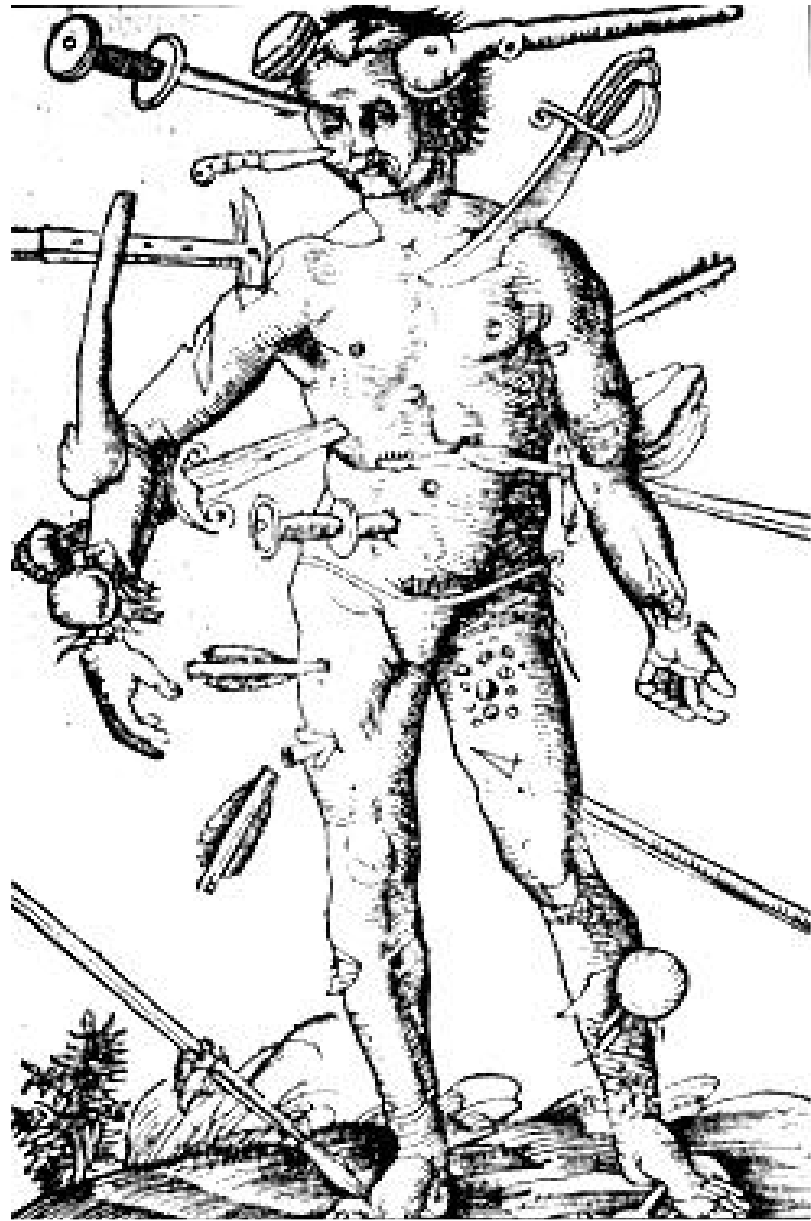


■ Agree ■ Disagree ■ Neutral

Resident



■ Agree ■ Disagree ■ Neutral



“ I haven’t read it.....

I don’t understand it.....

but I **know** I don’t like it ”

Surgical section chief, in a town near you

Faculty Interviews, Spring 2002

Professor Harry Davis

Graduate School of Business

“The glass is half-full”

- Committed to mission
- Relish local autonomy
- Greatest rewards in academic activities, program expansion and faculty development

Faculty Interviews, Spring 2002

Professor Harry Davis

Graduate School of Business

“The glass is half-empty”

- Common enemies
- Culture of expendability
- “Shattered dreams”

Applying emotional competencies

- **Anticipate adversity...it is inevitable**
 - learn to enjoy the ride.....turbulence and all
- **Accept responsibility**
 - barriers are often self imposed
 - cannot control behavior of others’*can* control your reaction
- **See things through others’ eyes....empathetic identification**
 - not “how would you feel”....rather “how do they feel”

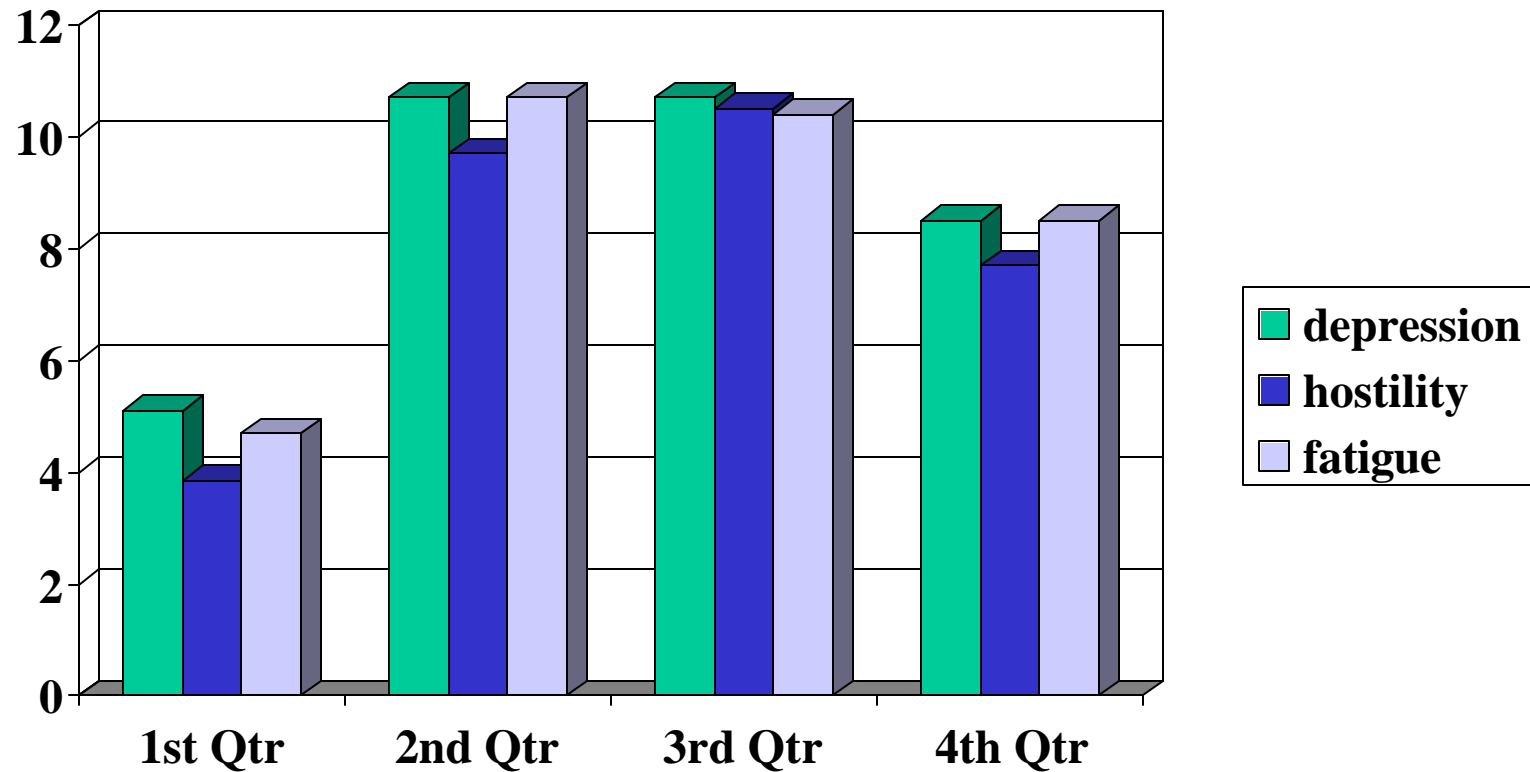
Anticipate adversity
malpractice increases
declining reimbursement

Accept responsibility
reduction in medical student applicants for general
surgery

See things through others' eyes
stressors on faculty and residents

Variations of mood during internship

(Bellini et al, *JAMA* 2002)



One surgeon's take on emotional intelligence

(after Salovey and Mayer, 1990)

- Identifying emotions
- Understanding emotions and transitions
- Managing emotions
- Using emotions to guide *actions*

Can we improve our emotional competencies?

- When are you most “in the present” and how can you maximize those times ?
- Do the same things make you angry repeatedly?
- How do you react to disappointments and serious setbacks ?

Crucibles of Leadership

Bennis and Thomas, HBR, Sept 2002

- Surveyed 43 leaders in business and public sector of all ages and eras
- Majority identified intense, unplanned and often traumatic experiences
 - led to deep self-reflection
 - refined their values
 - transformed them as a person

“ How many cares one loses
when one decides not to be
something but to be *someone* ”

Gabrielle “Coco” Chanel

Some personal characteristics which facilitate positive interactions

- Authenticity
- Accountability
- Truthfulness
- Curiosity
- Appreciation
- Optimism