

Building emotional intelligence in medical trainees

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Medical schools around the world are working to help students develop resilience to not only make them better physicians but also healthier individuals. At Cardiff University in the United Kingdom, they are accomplishing this with a new program that focuses on building emotional intelligence.

At the International Conference on Physician Health™ in Boston, Debbie Cohen, MD, OBE, an occupation health physician and director of student support at the Centre for Psychosocial and Disability Research at Cardiff University in the United Kingdom, explained the theory behind Cardiff's emotional intelligence development program and how it works.

"We have to provide structures to both manage and support our learners," Dr. Cohen said. "That is becoming a priority. And within that ... we have to have both systems to provide the health and well-being for our learners."

"What an opportunity to think about how we might change those structures," she said. "It's a challenge, because what we're talking about is changing behavior."

Dr. Cohen outlines two ways of thinking:

You can either teach people by telling them what to do and give them interventions like put your personal things aside, get enough sleep and make sure you get enough exercise, she said. "Or, you can try and bring about change, and that's about guiding them.... Guide them to understand more about their emotions to enable better use of their own inherent skills and learn when and how to use skills and strategies to support well-being."

Making valuable change takes time, importance and practice, Dr. Cohen said. "It's what you do every day and how you do it."

How does resilience fit into the equation?

“Emotional intelligence is about how you perceive your emotions,” she said. “It’s how you integrate them into what’s going on and how you manage it. What are the impacts?”

In order to accomplish emotional intelligence four things need to happen, Dr. Cohen said. You need to accurately perceive emotions, integrate them with cognition, understand the emotional causes and consequences and manage those emotions for personal adjustment.

“We have to be careful about this,” she said. “Because if you want to build emotional intelligence you have to talk about cognitive empathy, and that’s different than sympathy.”

Cognitive empathy, she said, is about understanding your patient’s experiences while keeping a certain affective distance. While sympathy involves sharing in the patient’s suffering.

“The problem that we see is if you have too much sympathy maybe that’s when we wind up in emotional exhaustion,” she said. “We shift the way we’re functioning from empathy to sympathy and that’s what drains us.”

At Cardiff, Dr. Cohen and her colleagues are implementing a new method of training future physicians where they guide them to understand both their personal values and their professional values. The problem, she said, is when those personal values conflict with those professional values.

What they’re doing at Cardiff

To build emotional intelligence and help trainees develop strategies, they use a series of guided observation and reflection tasks over a period of time. Tasks that ask students and doctors to spend five minutes every day completing a task that trains them to become aware of how they communicate and what the effect of their communication is on the other person, while they are actually communicating.

Then they are asked to write a reflective piece on their experiences and share it online.

Third-year medical students have a 10 week block of self-observation and reflection where they complete workshops and observation tasks. The first workshop teaches them how to do self-observations, communicate well and to understand their personal values while listening and communicating with colleagues and patients. The tasks include:

- **Listening to others.** In this task students are asked to reflect on their own pattern of listening and then answer the question, how do your personal and professional values influence your actions?

- **Discussing and asking questions.** Students are asked to investigate, do you try to really listen to find out what their ideas are or are you more concerned about getting the other person to listen to your opinions and ideas? Or do you do a bit of both depending on the situation?
- **Understanding and managing emotions.** Students are asked to discover what irritates, frustrates or annoys them and when those emotions occur. They are also asked what happens to the other person and your communication when you are experiencing those emotions?

In the second workshop, the students investigate what they have found out about themselves and their emotions while listening and communicating with their colleagues and patients in the first workshop, including what comes next. Three major themes emerged from their qualitative responses:

- Recognizing negativity and its destructive influence on work morale and taking steps to turn it around to the positive.
- Recognizing insecurity, tiredness and vulnerability and acknowledging it rather than ignoring and fearing it as they had before, and taking steps to take care of themselves.
- Getting perspective on what goes on around them—not reacting automatically, but rather taking a step back and acting from awareness.

Dr. Cohen shared one student’s response: “I have noticed over the last few weeks that my feelings of anger and irritation have greatly reduced ... I find that I have a lot more patience for both patients and colleagues. I feel I am more empathetic to others [and] I try to see it from their perspective before evoking a reaction. ... If I am in a situation which has evoked these emotions [anger and irritation] the way I handle them and deal with them has also changed for the better.”

This program has been in the pilot phase for three months and Cardiff is rolling it out on a larger scale this week.