

I Second that Emotion: A Case Based Approach to Teaching Residents

Emotional Intelligence and Conflict Resolution

Hannah Ravreby MD, Bizath Taqui MD, Ji Hoon Baang MD, Charles Nicolais MD, Marissa Blum MD

Department of Medicine, Lewis Katz School of Medicine at Temple University, Philadelphia, PA

Background

There is increasing evidence that high Emotional Intelligence (EI) is associated with wellness, strong doctor-patient relationships, job performance, leadership abilities and team building skills amongst physicians (1). Studies also demonstrate that EI skills can be taught (2). Each of the ACGME core competencies has some relationship to EI skills, as do the six focus areas of the clinical learning environment initiative. However, EI awareness and teaching are not widespread in medical education. At our institution we noticed that interns and PGY2's who struggled with EI awareness were less likely to successfully manage conflicts they were confronted with in the context of their new role as senior resident.



Description of our Innovation

What: A case-based approach to teaching Emotional Intelligence and Conflict Resolution skills integrated into our 'how to be a PGY3 orientation.'

How: Residents were oriented to the logistics of several new roles they will take on in their PGY3 year. Residents then utilized tools to determine their EI scores and conflict resolution styles. With the help of our Chief Resident, we described scenarios that our trainees would encounter for the first time in their role as third years. These included acting as the medicine admitter who distributes patients to teams and serving as the "house chief" who oversees all overnight residents on the inpatient floors. Through a faculty moderated discussion, residents explored how EI and conflict resolution techniques could be applied to help manage each scenario.

Why:

To increase resident's awareness of emotional intelligence and its relevance in enhancing conflict resolution skills.

To better prepare residents for the new leadership roles they will assume in their PGY3 year.



Example Cases

Case 1:

You are the house chief distributing patients to teams on a busy night. You have given every team multiple admissions. You call your fellow 3rd year resident on call that night to give her another admission and are met with a groan. She states she is still digging through the complicated history on her other two admissions and doesn't think it's fair to give her a 3rd one so soon. She feels like you are targeting her because the other resident on call is a brand new 2nd year. She asks you to go over all of the admissions you are giving out to make sure you are being fair.

Case 2:

You are just finishing an overnight house chief shift when you receive a call from one of the teaching attendings. They ask you about a patient who had been persistently hypoxic overnight and now on a non-rebreather with a CTA ordered. The attending wants to know if you heard about or evaluated the patient as there is no documentation in the chart. You sheepishly admit that you had not heard anything or seen the patient. This is the second time the night float intern hadn't notified you when a patient became sick. The following evening you sit down with the intern to give them feedback. You ask to be kept in the loop with complex patients. The intern becomes defensive and tells you all of his decisions have been justified and he doesn't think he needs to contact you unless he really doesn't know what to do.

Feedback Through Direct Comments

"Helpful for R3's. The cases were pertinent"

"The cases were the best and most important part of the day"

"Excellent. I really liked this session."

"This made me think about solutions to problems I'll face next year"

Lessons Learned

- Activities that develop EI awareness and conflict resolution skills can be easily integrated into upper year orientation.
- Our millennial trainees appreciated practical examples and an interactive, learner centered approach.
- Chief residents are particularly adept when creating cases that are most relevant to our residents and address the types of situations they will be faced with in their new leadership roles
- Having the opportunity to practice EI and conflict resolution skills in situations that residents will face during their upcoming year left residents feeling more prepared to assume their new leadership positions.

Reference

- (1) Satterfield, J, Swenson, S, Rabow, M. "Emotional Intelligence in Internal Medicine Residents: Educational Implications for clinical Performance and Burnout." Ann Behave Sci Med Educ. 2009: 12(2):65-68.
- (2) Johnson, J, Theodore, S. "Teaching Residents About Emotional Intelligence and Its Impact on Leadership." Acad Psychiatry (2014) 38:510-513