



Fostering Emotional Intelligence in Hospital Medicine Education

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Abstract

Emotional intelligence (EI) is our ability to identify, logically reason, and manage our emotions rather than act impulsively based on our feelings about a situation. Research indicates emotional intelligence positively influences patient satisfaction and clinical outcomes. Each trainee has a unique approach to learning. Hospital medicine doctors must be vigilant in tailoring their teaching methods according to the trainees' knowledge, learning ability, and goals. This article explores the critical role of emotional intelligence in hospital medicine education, highlighting its impact on teaching effectiveness, communication improvement, knowledge sharing, and overall clinical performance.

"The function of education is to teach one to think intensively and to think critically. Intelligence plus character – that is the goal of true education."

- Martin Luther King Jr.

Emotional intelligence (EI) is our ability to identify, logically reason, and manage our emotions rather than act impulsively based on our feelings about a situation.¹ There are four competencies of emotional intelligence: (self-awareness, self-management, social awareness, and relationship management). EI has long been recognized as a critical component for individual and organizational success. In addition, EI can promote a culture of professionalism by improving interpersonal communications and enabling constructive conflict resolution. Emerging evidence shows that enhancing EI is significantly important in medicine.² Department chairs shared their experiences of the derailment of leaders and high turnover due to the absence of emotional intelligence.^{1,3} Proficiency in EI is required to build consensus among multidisciplinary stakeholders and effect change in attitudes and behaviors to result in improved patient safety and clinical outcomes.² EI has been reported to be linked to higher job satisfaction, higher rates of recovery from stress, and lower rates of burnout.⁴ A systematic review highlighted that emotional intelligence is vital to physicians throughout their careers.^{1,5} Credible and efficient physicians need medical expertise and EI to coordinate patient care, effectively lead teams, and engender behavior changes in patients, colleagues, and trainees. It's important to note that in 2014, the Joint Commission identified human factors as the most common underlying cause of sentinel events.²

Most internal medicine departments reported hospitalists serving as teaching attending physicians and holding educational administrative positions.⁶ A study found

that medical students and residents considered hospitalists more effective teachers compared to other subspecialists.⁷ They also highly value the education that hospitalists provide and enjoy being part of their teams.⁶ This study highlighted that hospitalists acting as inpatient teaching attending physicians successfully reduced the length of stay (LOS) and resource utilization while enhancing resident education at community-based teaching hospitals.⁸ Hospitalist educators serve as the foundational 'brain architecture,' imprinting their approaches to teaching, patient care, and interactions with families onto medical students and residents, often without conscious awareness.

Four crucial factors for fostering emotional intelligence in hospital medicine education include:

I. SELF-AWARENESS

"Knowing yourself is the beginning of all wisdom." - Aristotle

Self-awareness is the foundation of emotional intelligence, the art of knowing and accepting ourselves, even the parts that are hard to see or understand.^{1,9,10} It is a crucial way of developing friendly relationships with our authentic selves. Self-aware individuals are more fulfilled and confident. Educators' self-awareness is critically important as they set the tone for overall learning environments. A self-aware clinician-educator is mindful of emotional triggers, biases, and strengths.¹ We cannot always control other people's emotions, actions, and words; however, we can take responsibility for our own emotions, actions, and words. Taking a brief, deliberate pause for self-reflection hones our self-awareness.^{9,10} For example, after giving a lecture, an educator should take 2 min-

utes to identify two to three aspects that were well-received by the trainees and two to three aspects that did not receive the expected response. Learning from seasoned clinician-educators with the best interest in mind can provide new perspectives for early-career hospital medicine educators. Consider attending regional and national conferences to gain further knowledge on how to enhance your teaching skills. During these conferences, interact with colleagues to learn about new interactive learning tools. For instance, how to use various features of polling systems to make lectures interactive.

2. ACTIVE OBSERVATION

“To acquire knowledge, one must study, but to acquire wisdom, one must observe.” - Marilyn vos Savant

The attending physicians responsible for teaching are tasked with evaluating and providing feedback to trainees. One significant reason why feedback may not be effective is that attending physicians, particularly new ones, often forget to observe trainees, making it challenging to offer specific and useful feedback. To address this issue, encourage residents or interns to lead bedside rounds for their patients. Before these rounds, discuss the patients’ assessment and plan for the day, which the resident or intern can then share with the patient and family at the bedside. After the bedside rounds, provide specific feedback on what went well and identify areas that need attention and improvement. Allocate time to visit during on-call hours to observe a medical student, intern, or resident taking a patient’s history and conducting a physical exam. Even if you can’t witness the entire encounter, observing even a part of a history and physical exam on a new patient can provide valuable insights into your trainees’ skills. Be intentional in observing trainees and take notes on their bedside manners, case presentation, and clinical reasoning. Active observations require attentive listening to intern or resident dialogues with patients, families, and teams. Over time, accumulating a series of small observations will enable you to offer a substantial amount of useful feedback to hone trainees’ clinical skills.

3. FEEDBACK

“We all need people who will give us feedback. That’s how we improve.” - Bill Gates

Trainees need feedback to build and hone their clinical skills. You may recall the attending physician who provided eye-opening feedback, empowering you to grow tremendously. Ask trainees to share two to three goals before starting the rotation; this is useful for understanding their priorities and challenges, equipping the attending to

provide valuable feedback at the end of the rotation. To offer specific, useful feedback, active observation along with attentive listening to medical students, interns, and residents is vital. Document your trainees’ actions just as you would for your patients; this ensures you have a record of their strengths and areas for improvement. Providing specific feedback demonstrates that you were attentive and invested in their progress. Great attending physicians remember the ground rule to address concerns in private and offer compliments in public. Before sharing your feedback, ask trainees for their perspectives on two to three things they did well during this rotation and two to three things they need to work on to improve. If you provide negative feedback to any student, make sure to also discuss one to two action items to overcome that challenge. Feedback in hospital medicine is a two-way street, with trainees providing valuable insights to attending physicians. This reciprocal process offers a 360-degree overview, helping educators discern effective teaching methods and areas for modification.

4. EMPATHY

“People don’t care how much you know until they know how much you care.” - Theodore Roosevelt

Every trainee is different. For example, some trainees will ask questions and share their input spontaneously; on the other hand, some trainees will not speak at all until they are asked questions specifically. To be an effective medical educator to trainees of different personalities, hospital doctors need to use empathy to understand trainees’ goals, and challenges. Use “*biographic rounding*” at the beginning of each rotation, where trainees share crucial information such as preferred names, training background, reasons for choosing medicine, and future career path. Getting to know trainees is often overlooked, yet it is a fundamental teaching element. It has the greatest influence on your teaching by breaking down the perceived barriers between attending physicians and trainees. As Dale Carnegie said, “A person’s name is, to that person, the sweetest, most important sound in any language.” Addressing trainees by their preferred names makes them seen, heard, valued, and included. For adult learning, feeling included is critically important. When trainees feel included, they’re comfortable being open—answering questions, asking questions, talking, and participating during rounds. Our words matter, and the way hospital doctors talk to our trainees matters as it becomes their inner voice. It shapes their mindset, vocabulary, and the way they will treat their trainees in a few years. For didactic sessions, 10–15-minute didactic segments with interactive activities or small-group discussions are well-received by the trainees compared to 45-minute-long educational sessions.² It is quite easy to forget what it’s like to be a medical student or resident

after becoming an attending physician. Vulnerability is a superpower of trustworthy teachers. Sharing your learning challenges to specific topics, like acid-based disorders and effective tips that worked for you to learn and grow, will create psychological safety among trainees. Residents may struggle with efficiency due to their limited experience in making critical judgment calls. Expecting them to match the efficiency of attending physicians without guidance is impractical. To enhance their efficiency, it's crucial to provide targeted teaching by identifying areas where they might be spending excessive time, such as teaching them to formulating focused assessments and plans.

CONCLUSION

Hospitalists play a crucial role in shaping the future of both physicians and patients. By utilizing Emotional Intelligence assessments, we can pinpoint and address areas for improvement, ensuring that hospitalist educators are

well-equipped to meet the needs of adult learners in an ever-changing educational landscape. Cultivating essential emotional intelligence skills empowers physicians as respected educators, fostering a curious and harmonious learning environment.

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Disclosures/Conflicts of Interest

The author declares that there are no conflicts of interest.

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