

Introduction to: EMOTIONAL INTELLIGENCE & CONFLICT!!!

Dotun Ogunyemi, MD

Disclosure

- I have no conflicts

Objectives

- At the conclusion of the session:
- Become aware of EQ styles
- Be able to assess EQ styles in daily living
- Practice using effective strategies to resolve potential conflicts

PRE TEST 1

- When we talk to people our body language accounts for what percentage of how we are heard?
 - a) 35%
 - b) 45%
 - c) 55%
 - d) 65%
 - e) 75%

PRE TEST 2

- Which of the following is the least commonly used conflict style amongst health care providers?
 - a) Competing
 - b) Collaborating
 - c) Compromising
 - d) Accommodating
 - e) Avoiding

PRE TEST 3

Which of the communication style allows you to always “Get it Right”?

- a) Bold
- b) Expressive
- c) Sympathetic
- d) Technical
- e) Avoiding

PRE TEST 4

Which emotional intelligence concept allows us to give tough love?

- Self awareness
- Self management
- Social awareness
- Relationship management
- Motivation

PRE TEST 5

The trigger model of emotional intelligence includes all EXCEPT


- Trigger event
- Emotional reaction
- Self talk
- Compliance
- Emotional high jacking

PRE TEST 6

- Which of the DISC traits is accepting and people focused yet assertive and bold?
 - a) Dominance
 - b) Influence
 - c) Steadiness
 - d) Compliance
 - e) Competing

Explore your Emotions

- How are you feeling NOW?
- How do you think others are feeling NOW?
- What are your expectations?
 - How would you feel if your expectations are not met?

- 
- **IQ** is your ability to learn & is fixed
 - **EQ**: is a flexible skill & can be learned
 - **Personality** is a result of your preferences & is stable



Emotional Intelligence

- Your ability to recognize and understand your emotions, and your skill in using this awareness to manage yourself and your relationship with others

Emotional Intelligence

	What I see	What I do
Personal competence	Self-awareness	Self-Management
Social competence	Social Awareness	Relationship management

Emotional Intelligence

- **Self-awareness** – the ability to accurately perceive your own emotions **in the moment** and understand your tendencies across situations.
- **Self-management** – ability to control one's emotional reaction & impulses to situations & people; **adapt** to changing circumstances while directing your behavior positively.
- **Social awareness** – the ability to sense & accurately **pick-up** emotions in other people and understand what is really going on in the moment.
- **Relationship management** – the ability to use your awareness of your emotions and those of others to manage **interactions successfully**.



- What do they say about you?

Do you roar or do you meow?
What do you see in the mirror?



See the whole picture
When you deal with other:
One observation may not tell the whole story



- What is above the surface

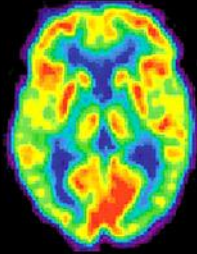
- What is the below the surface

IQ or EQ?

- Academic performance
- Empathy for patients
- Professional success
- Personal success
- Leadership effectiveness
- Teaching effectiveness

- **EQ requires effective communication between the rational & emotional centers of the brain**
90% of high performers have high EQ
Those with high EQ make more money
Emotional high jacking !!!!!

Amygdala and emotions



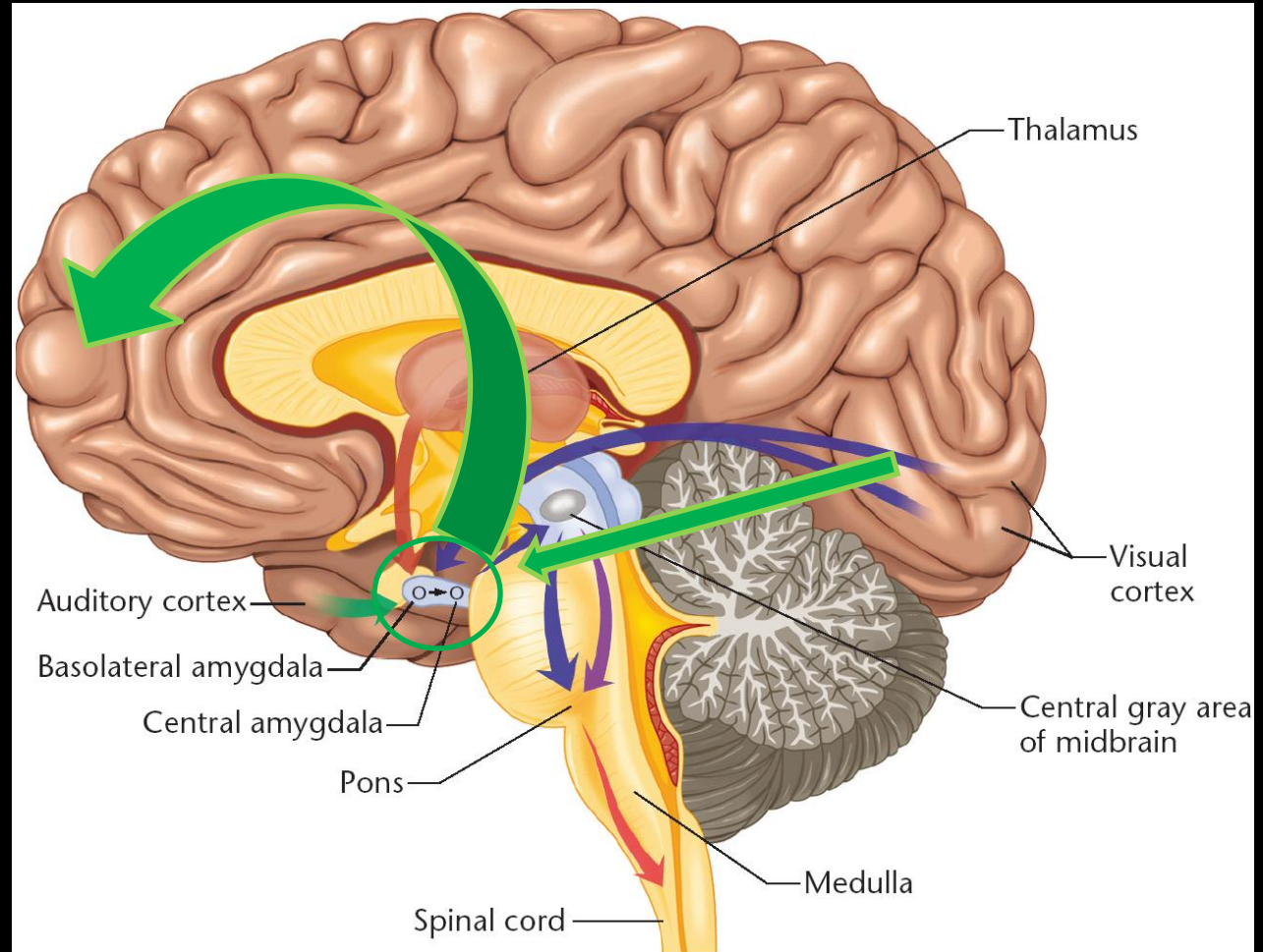
Amygdala hijack



HPA Axis



Stress hormones





EMOTIONAL INTELLIGENCE

combines the

RATIONAL brain

&

LIMBIC system

How Emotion Affects Our Actions

Trigger Event

Emotional Reaction

Acting without thinking

Self Talk




Negative Impact on...

- Relationships
- Results
- Commitment & Teamwork

Positive Impact on...

- Relationships
- Results
- Commitment & Teamwork

- 
- **Patient Care**
 - **Medical Knowledge**
 - **Practice-based Learning and Improvement**
 - **Interpersonal and Communication Skills**
 - **Professionalism**
 - **Systems-based Practice**



- Residents (physicians in training) are **required** to communicate effectively, and show compassion and responsiveness to patient needs (ACGME, 2007)

Self-Awareness

- The ability to accurately perceive your own emotions **in the moment** & understand your tendencies across situations.
- Can I accurately identify my emotions & tendencies to people & situations as I feel them?
- Self awareness allows you to:
 - Understand your reaction
 - Take back control of what happens to you
 - Handle stress sooner and better
 - Make better choices

What Self-Awareness Looks Like

Pam Vice Chair of Urology Self awareness score = 86

- What people who work with her say:
- Pam has clear long-term goals, & doesn't make sacrifices for short-term gains. Pam is 'up-front' and doesn't play 'mind games' with people."
- "Pam manages her emotions; they don't manage her. She accepts difficult news with a brief frown, & moves quickly to find solutions

What Self-Awareness Looks Like

- Kathy, executive chief resident OB/GYN: Self-awareness score=90
- What people who work with her say:
- **“Kathy always remains calm & collected—even when she must be frustrated or angry. She knows how to be firm & still kind at the same time.”**
- **“During challenging situations, Kathy is very aware of her tone & makes an effort to keep a level voice. “**
- **“People here trust her.”**

What a Lack of Self-Awareness Looks Like

- Jan, Residency Program Director OBGYN: Self-awareness score=69
- What people who work with her say:
- “Jan’s stress & sense of urgency are projected on to residents & coordinators. She is unaware that her behavior affects others. She needs to be aware of her tone because she sometimes comes across as defensive or aggressive.”
- “She can come across as being very demanding, but she does not mean to.”

What a Lack of Self-Awareness Looks Like

- Rob., Vice Chair OBGYN: Self-awareness score=67
- What people who work with him say:
- **“Rob is very much in his ‘own little world.’ His personality can be overwhelming, he doesn’t notice when others are annoyed, frustrated, or overwhelmed by him.”**
- **“Rob’s passion sometimes gets in the way. When he gets excited, he talks over you, & it is hard to get a word edge wise. He doesn’t mean to, he is just excited about what he does.”**

Self-Management

- Ability to control one's emotional reaction & impulses to situations & people; **adapt** to changing circumstances while directing your behavior positively.
- Can I manage my emotions and behavior to a positive outcome?
- **Self management allows you to:**
 - Adapt and handle change
 - Take responsibility for contribution to a situation
 - Prevent making a bad situation worse
 - Take back control of difficult moments
 - Take initiative

What Self-Management Looks Like

- Ken; Chair OBGYN; Self-management score = 93
- What people who work with him say:
- **“Ken actively listens & responds with knowledge & wisdom during heated, emotionally charged meetings.”**
- **“Ken is great one-on-one. He communicates well, thinks on his feet & reacts well to crisis. His ability to separate emotion from logic makes him a good tactical chair. I wish there were many more of him.”**

What Self-Management Looks Like

- Dan, Chief of Obstetrics : Self-management score = 91
- What people who work with him say:
- **“Dan handles stressful & confrontational situations well. He is able to work with residents & nurses who are ‘difficult’. He deals politely & pleasantly with them, even though he has reason to be upset.”**
- **“Dan never speaks negatively about anyone. A lot of talking behind peoples’ back happens around here; he doesn't give into the temptation, even when he feels strongly about an issue.”**

What a Lack of Self-Management Looks Like

- Joe, Chief resident, OBGYN Self-management score = 59
- What people who work with him say:
- **“When something goes wrong, Joe responds too quickly or disjointedly. He means well but panics when he is stressed. His reactions trickle down onto his team.”**
- **“Joe lets his emotions rule his behavior. Many times situations resolve themselves or aren't as urgent, but before you know it, he's heightened the intensity with a flurry of messages.”**

What a Lack of Self-Management Looks Like

- Ann, UROGYN Division Director, Self-management score=61
- What people who work with her say:
- **“Ann needs not be so honest! She radiates stress & as a leader, it impacts her team negatively.”**
- **“Ann is focused & driven to personally succeed that she takes on too much. She has a demanding workload but she needs to hold her emotions back when dealing with faculty & residents.”**

Emotional Intelligence's Four Abilities and Their Associated Skills

Quadrant 1: Self-awareness

- Emotional self-awareness
- Accurate self-assessment
- Self-confidence

Quadrant 3: Social awareness

- Empathy
- Organizational awareness
- Service orientation

Quadrant 2: Self-management

- Emotional self-control
- Transparency
- Adaptability
- Achievement orientation
- Initiative
- Optimism

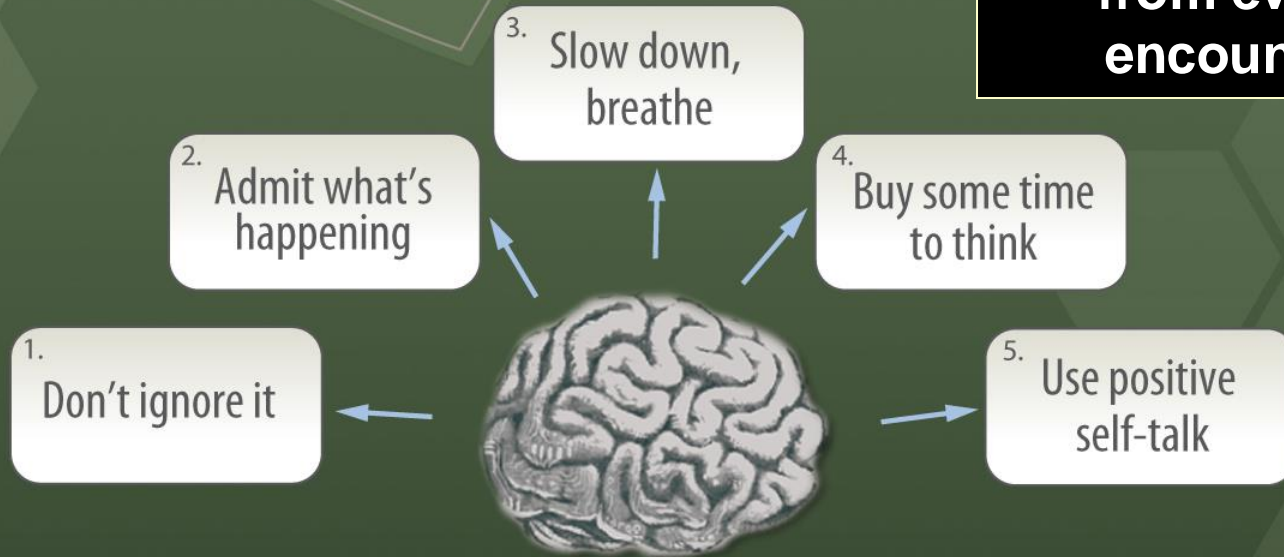
Quadrant 4: Relationship management

- Developing others
- Inspirational leadership
- Influence
- Teamwork and collaboration
- Change catalyst
- Conflict resolution

Self Management Strategies

Smile & laugh more

Learn a lesson from every encounter




Emotional Reaction

My Actions

Accept that change is just round the corner


Create an emotion vs. reason list



Review your EQ
profile.

Give us one strength.

Give us one thing to
improve on.



VIDEO CLIPS
tell us about the EQ of the
characters

MOVIE CLIPS

- Movie Title: A league of their own (clips 1&2)
 - There is no crying in baseball
- EQ skill: Self-Management
- Characters: Jimmy Dugan (Tom Hanks),
Evelyn Garner (Bitty Schran)
- Portrays: An emotional hijack & anger with a negative impact on the team. Shows how small improvements in EQ can make a big difference. Clip shows how to practice EQ skills.

MOVIE CLIPS

- Movie Title: Ray
- EQ skill: Self Awareness & Self-Management
- Characters: Young Ray (C. J Sanders)
Ray's mother (Sharon Warren)
- Portrays: Leaning into discomfort. Ray learns to get up and help himself on a leash of protection.

Movie Title:	ADAPTATION
EQ Skill:	POOR SELF MANAGEMENT
Characters:	Charlie (Nicholas Cage), Valerie (Tilda Swinton)
Portrays:	Negative self talk is your enemy

- **SELF MANAGEMENT:** using the awareness of your emotions to help you choose the most appropriate response to wide variety of situations and people. It involves being adaptable, handling stress and avoiding “snap” decisions
- **REFLECTIONS:**
- How did Charlie show that he lacked self management?
- If you were Charlie’s’ mentor how would you give him feedback?
- What could he do to save the situation?

Movie Title: **JERRY MAGUIRE** (feedback)
EQ Skill: **SOCIAL-AWARENESS**
Characters: Jerry Maguire (Tom Cruise)
Rod Tidwell (Cuba Gooding, Jr)
Portrays: **Can you handle the truth?**

- **SOCIAL AWARENESS:** Ability to accurately pick up the emotions of other people and get what is really going on.
- **REFLECTIONS:**
- How difficult it is to give feedback effectively?
- Difference between feedback and destructive criticism.
- Timing of feedback
- Being open to feedback
- Remaining friends and giving feedback



BREAK



GROUP EXERCISE

**1: CONFLICT!!!! WHAT
COMES TO MIND?**

**2: What are SOURCES of
Conflict?**

Sources of Conflict

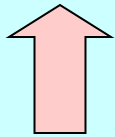
- **Interpersonal Friction**
- **Competition for Resources**
- **Differences inherent in:**
 - **Tasks**
 - **People**
 - **Attitudes**
 - **Beliefs**
 - **Goals**
 - **Organizational Practices**

REACTIONS!!!!

- Reaction brings an Action that brings a Reaction

■ ACTION → CONSEQUENCE

■ ACTION ~~→~~ CONSEQUENCE



■ BELIEF!!!!!!!!!!

Definition of **INSANITY!**

**Doing more of the
SAME & expecting
DIFFERENT results**

Conflict is good

- Conflicts are inevitable and can be seen as good thing
- A confrontation between differences that if worked through can be built on
- Occurrences that punctuate a long term relationship and help clarify it.
- Allows diversity to stimulate growth & improve relationship

Basic Stages of a Relationship

- **Infatuation**
- **Attraction**
- **Intimacy**
- **Conflict!!!**
- **Deeper Intimacy**

PRIMAL RESPONSE

■ FIGHT

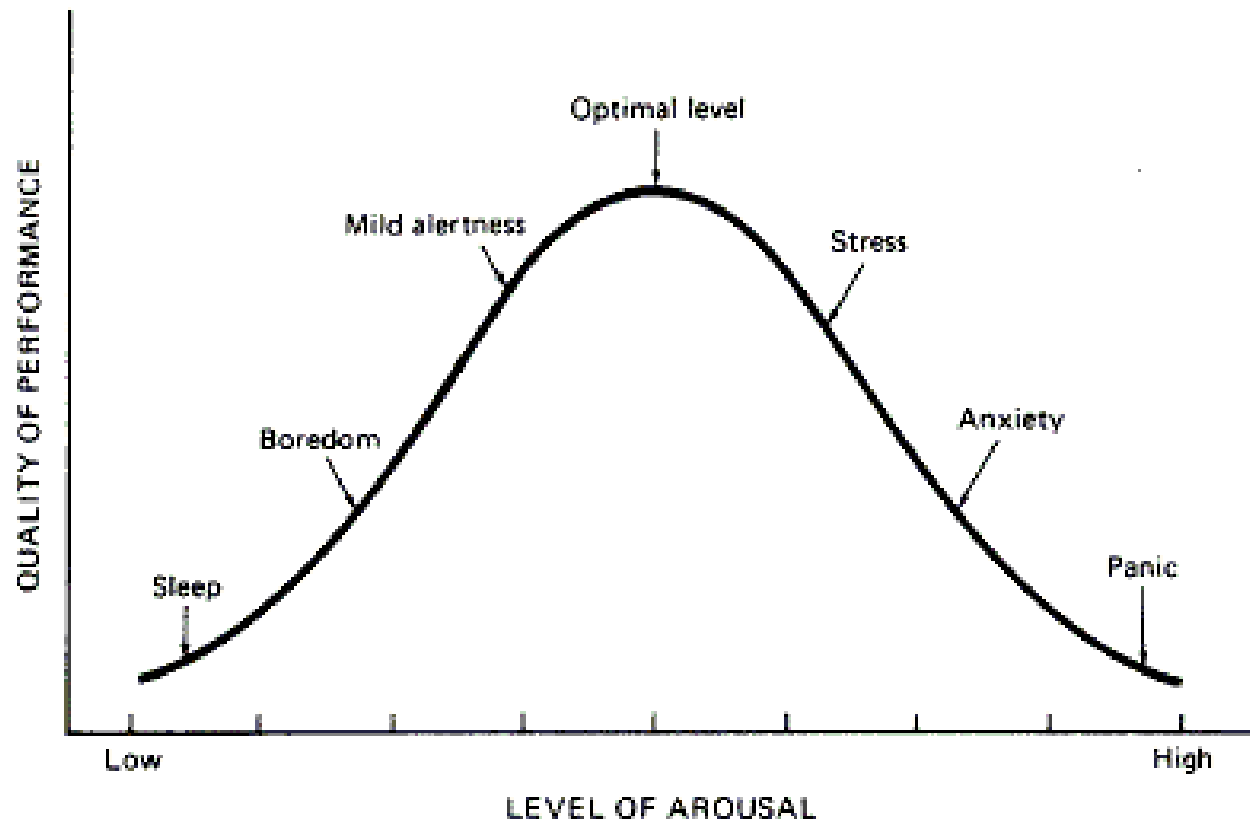
■ or

■ FLIGHT

Fight-or-Flight response

- **Amygdala**
- **Hippocampus**
- **Hypothalamic-pituitary-adrenal axis (HPA axis)**
- **Sympathetic nervous system (SNS)**
 - pupils dilate
 - heart rate increases
 - respiratory system
 - ..
- **We want to “get away from the conflict” or we are ready to “take on anyone who comes our way.”**

Arousal Curve



THOMAS KILNMAN CONFLICT MODE INSTRUMENT TKI

- In 1974, Kenneth W. Thomas and Ralph H. Kilmann introduced their Thomas-Kilmann Conflict Mode Instrument
- Over five million copies published, making it the best known of the commercial conflict style inventories

DIMENSIONS of our RESPONSE to CONFLICT

- Two Basic Dimensions
- Assertiveness- Satisfy SELF
- Cooperativeness–Satisfy OTHERS

Preparing for CONFLICT

- SELF
AWARENESS

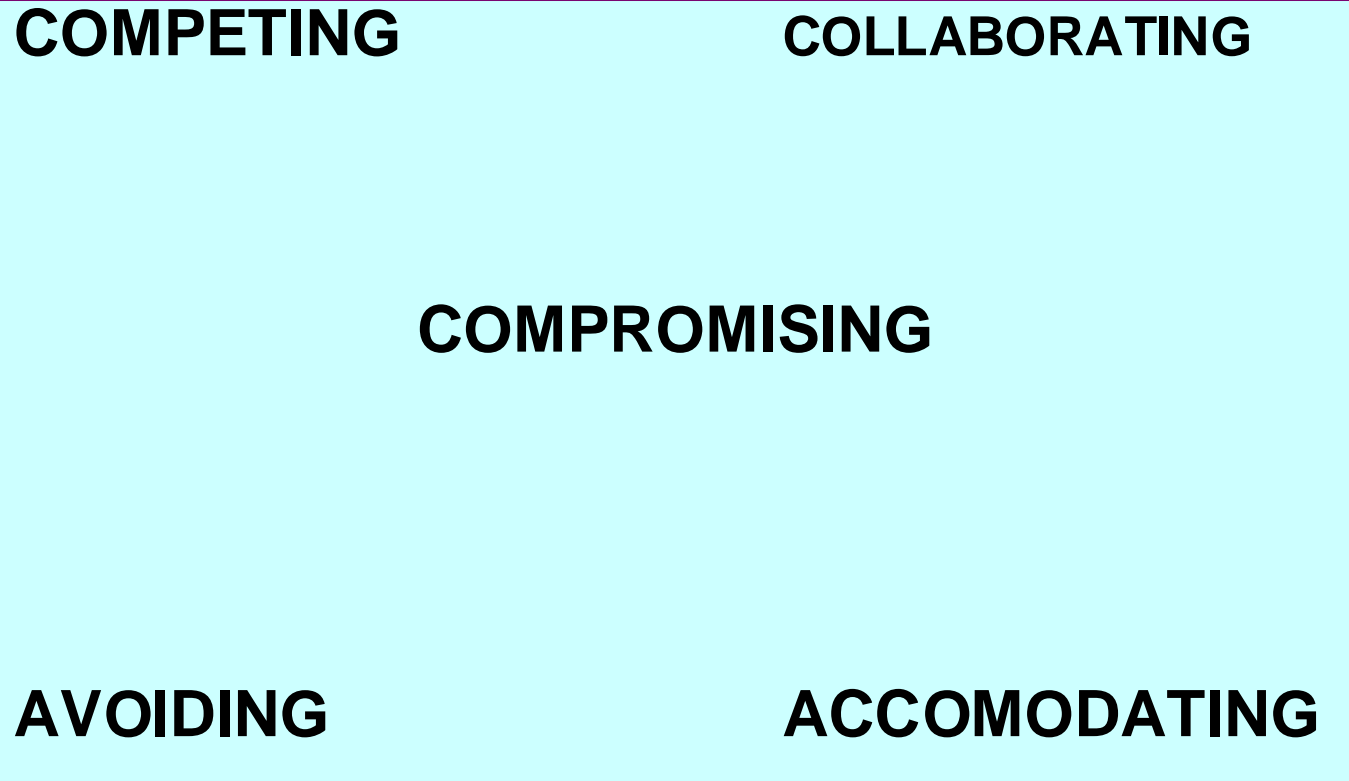
- Know Thy
Style !

- SOCIAL
AWARENESS

- Know The
Other's
Style!

Five Conflict Handling Modes: Two basic dimensions

Assertiveness



COOPERATIVE

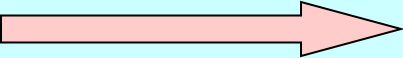
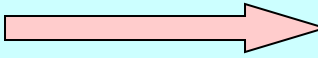




What is your conflict
style?

Can you give an
example of how you use
your conflict style?

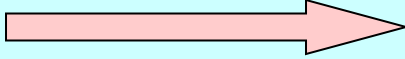
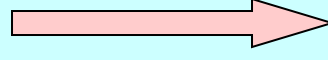
COMPETING/FORCING

- Satisfy SELF  VERY HIGH
- Satisfy OTHERS  VERY LOW

■ QUICK DECISIVE POWER MODE

- Arguing & Debating
- Rank & influence
- My opinions & feelings
- Standing my ground
- Stating my position

ACCOMODATING/SMOOTHING

- Satisfy SELF  VERY LOW
- Satisfy OTHERS  VERY HIGH

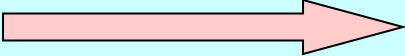
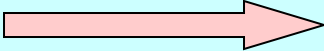
■ PEACE GOODWILL REASONABLE

- Yielding
- Selflessness
- Obeying orders
- Forgetting your desires

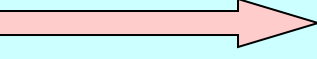
AVOIDING/WITHDRAWAL

- Satisfy SELF → VERY LOW
- Satisfy OTHERS → VERY LOW
- Buying Time; Low Power; Reduce Tension
- Ability to Withdraw
- Ability to Sidestep Issues
- Ability to Leave Things Unresolved
- Sense of Timing

COLLABORATING PROBLEM SOLVING

- Satisfy SELF  VERY HIGH
- Satisfy OTHERS  VERY HIGH
- High Importance Issues or Persons
- Active listening
- Non-threatening confrontation
- Identifying concerns
- Analyzing input

COMPROMISING/SHARING

- Satisfy SELF  MIDDLE
- Satisfy OTHERS  MIDDLE
- EQUAL POWER; RESOLUTION NEEDED
- Negotiating
- Assessing value
- Finding middle ground
- Making concessions

Self Management: *Creating an Individual Conflict Management Plan*

- Write down what physiological responses you have when you know you are in conflict (e.g., my palms are sweaty, my heart is racing, nausea).

- Write down what thoughts you typically have when in a conflict (e.g., “I want to hurt him”; “I want to just get away from her”).

- List 4–8 steps you can follow to help you manage your thoughts and emotions in a productive way to manage/solve your conflict
 - 1. I will take a deep breath;
 - 2. I will think about how I want to respond, etc.)
 - 3. I will ask for a summary
 - 4. I will state how I am feeling.

RELATIONSHIP MANAGEMENT:

Think of the interests of all involved in your CONFLICT



- How do I feel? What do I want ? What are my interests? What do I really need?

■ You

- How does he/she feel? What does he/she want ? What are his/her interests? What does she/he really need?

■ We

- Who are WE?
- How do we feel? What do we want ? What are our interests? What do we really need?

■ They

- Who are THEY?
- How do they feel? What do they want ? What are their interests? What do they really need?



■ Break

DISC

The DISC is a four-quadrant model & contains 28 boxes of 4 adjectives of forced choices to assess:

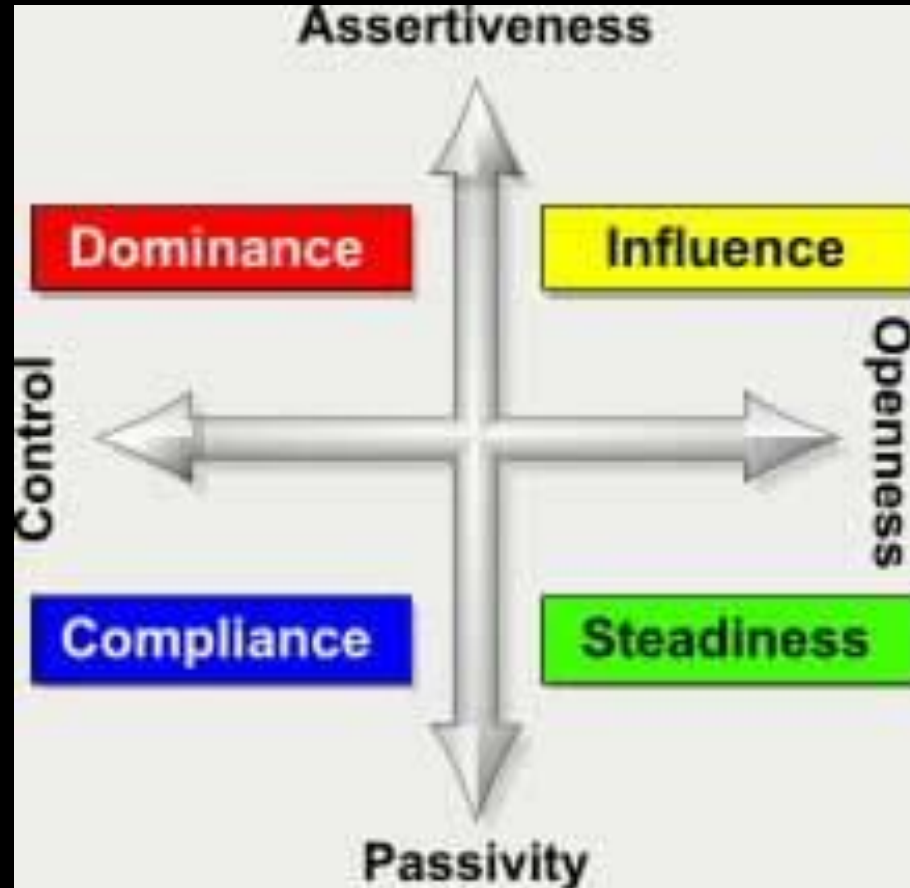
High D are direct, result focused, assertive, active and fast paced; they try to change, fix, or control things.

High I are enthusiastic, sociable, assertive, and active and fast paced; they try to persuade, promote, or influence others.

High S is patient, empathetic, calm and soft spoken and they try to be cooperative, supportive, and agreeable while keeping things stable.

High C is accuracy focused, analytical, calm and soft spoken and they try to work within established rules, guidelines, and procedures to ensure accuracy and quality.

Perceives self as **MORE**
powerful than the environment

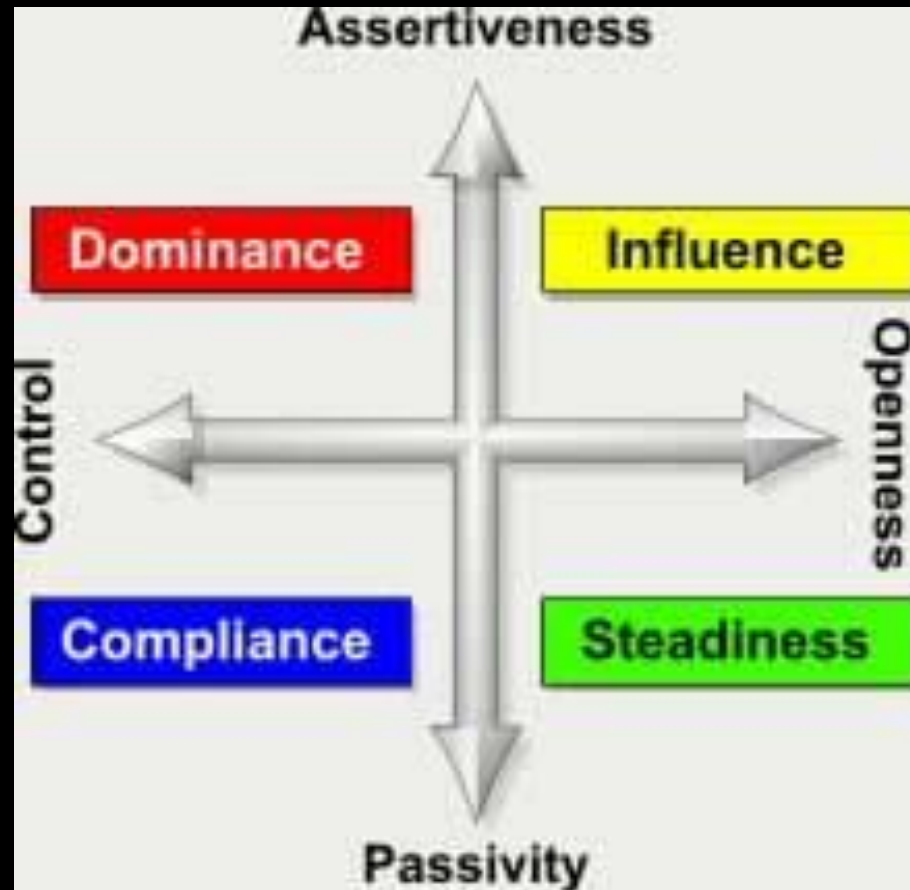


Perceives
environment
as favorable

Perceives
environment as
unfavorable

Perceives self as **LESS** powerful
than the environment

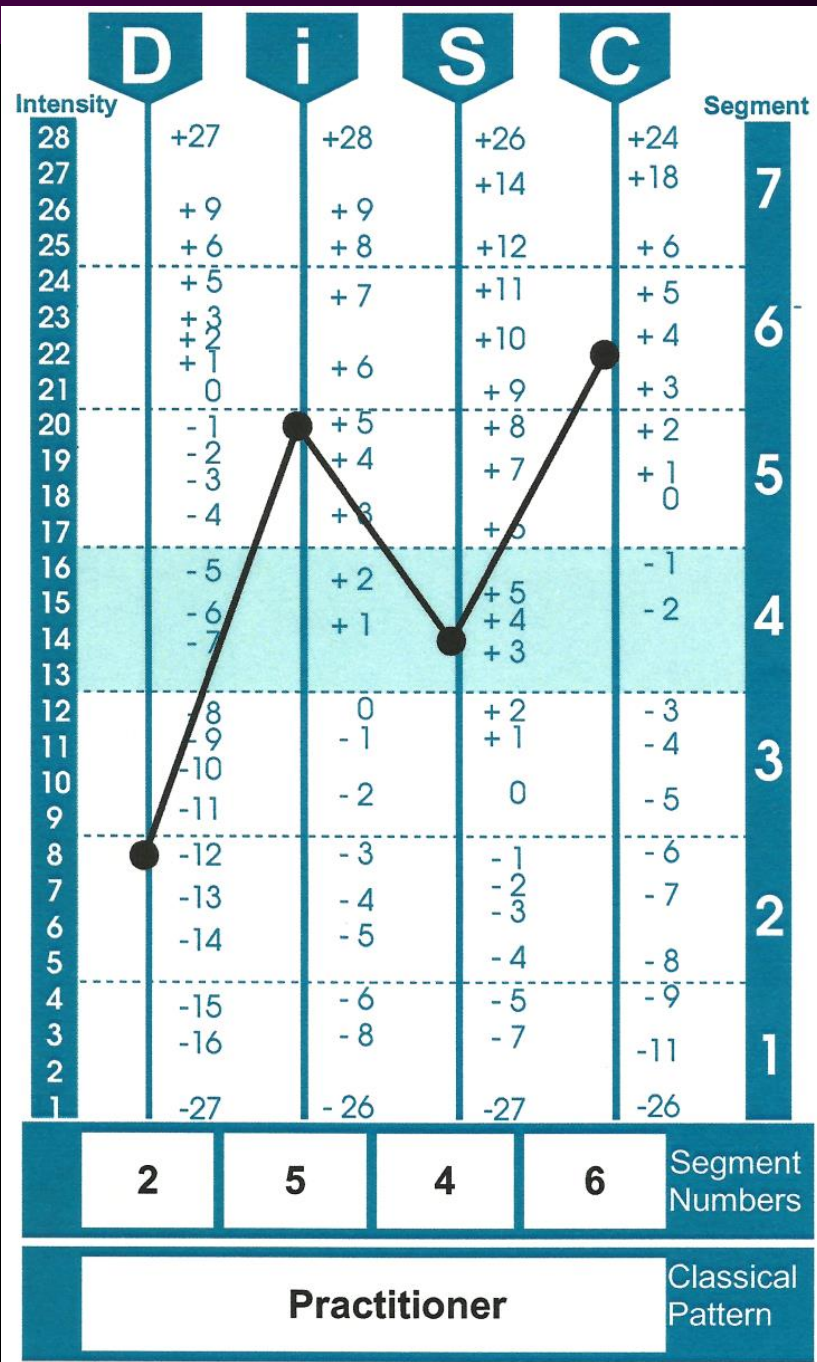
**Direct, Fast paced, Assertive,
Bold**



**Questioning
Logic focused
Skeptical
Challenging**

**Accepting
People focused
Receptive
Agreeable**

Thoughtful, Moderate paced, Calm, Careful



Understanding behavior

D DOMINANT DIRECTING

1. High Ego strength
2. Tendency to be impatient
3. Fears being taken advantage of
4. Motivated by concrete results
5. Desires change
6. Needs direct answers & to be confronted

I INFLUENCING INTERACTING

1. Emotional, optimistic
2. Tendency to be disorganized
3. Fears loss of social approval
4. Motivated by social recognition
5. Desires friendly relationships & favorable conditions
6. Needs priorities & deadlines

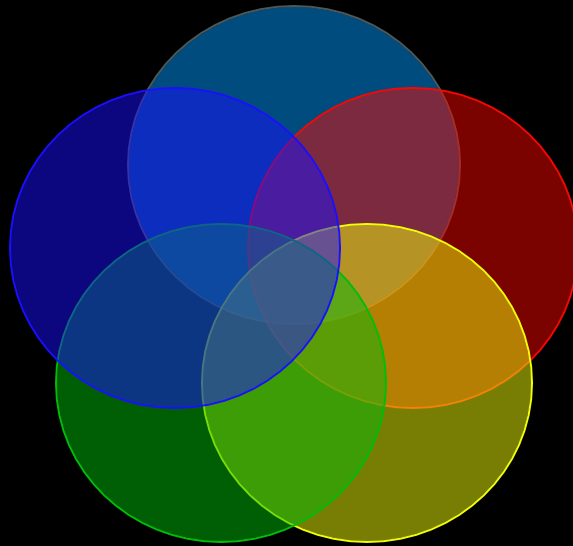
C CONSCIENTIOUS COMPLIANT


1. High standards/perfectionist
2. Tendency to be sensitive
3. Fears criticism of their work
4. Motivated by doing it right
5. Desires accuracy & logical approach
6. Needs many explanation to convince & detailed information

S STEADINESS SUBMISSIVE

1. Steadfast, predictable, quiet
2. Tendency to be indecisive
3. Fears loss of security
4. Motivated by long-standing practices
5. Desires sincere appreciation, stable & safe environment
6. Needs planned change – slow to change

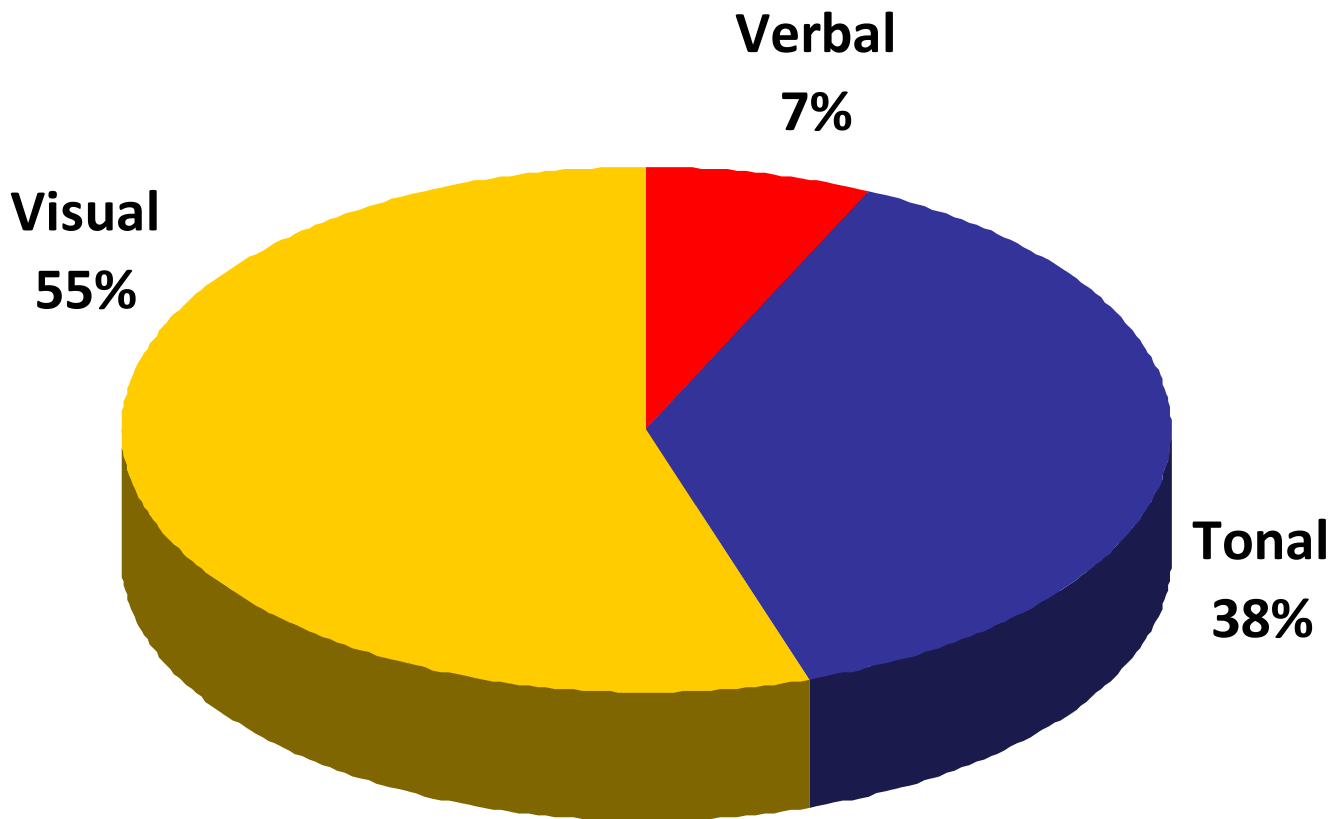
The Goals of Communication





What is your
communication style

Channels of Communication



BOLD Communicator

High Ego Strength, Direct, Decisive, Efficient, Blunt, Get results, Challenging, Desires Change, Problem solver, Practical, Independent, Competitive, Don't listen, No details

Pushy
Impatient
Domineering
Attacks first
Tough
Harsh



SYMPATHETIC Communicator

Quiet, calm, Listen,
Dependable, Supportive,
Sincere team player, Amiable,
Loyal (part of a group), Reserved
No change, Want appreciation,

Unsure
Insecure
Awkward
Possessive
Conforming
Wishy-washy



EXPRESSIVE Communicator

Relate to others , Be popular,
Positive, Optimistic, Good presenter,
Public recognition, Persuade others,
Emotional, Enthusiastic, Animated,
Talkative, People oriented, Stimulating

Disorganized
Undisciplined
Manipulative
Excitable
Reactive
Vain



TECHNICAL Communicator

Accurate; Details
Sensitive, Logic, Serious
See small parts (follow procedures),
Persistent; Perfectionists,
Orderly, Cautious,
Overlook human aspect

Picky
Stuffy
Critical
Judgmental
Fears criticism
Slow to make decision



Barriers to Communication

- **Perceptions**
 - **Language**
 - **Semantics**
 - **Personal Interests**
 - **Emotions**
 - **Inflections**
 - **Preconceived notions/
expectations**
- **Environment – noise**
 - **Wordiness**
 - **Short attention span**
 - **Physical hearing
problem**
 - **Speed of thought**

Communication Skills

Speaking Well

- Maintain good eye contact
- Speak with confidence
- Find the right speed and volume
- Enunciate (don't mumble)
- Make messages specific & complete
- Use direct, unambiguous language
- Be succinct (don't ramble)
- Use pauses to ensure understanding

Listening Well

- Eliminate distractions
- Concentrate
- Focus on the speaker
- Maintain an open mind
- Look for nonverbal cues
- Listen for main ideas
- Listen critically
- Ask questions/ clarifications
- Avoid prejudices
- Listen to entire message before making judgment
- Take notes
- Paraphrase/summarize speaker

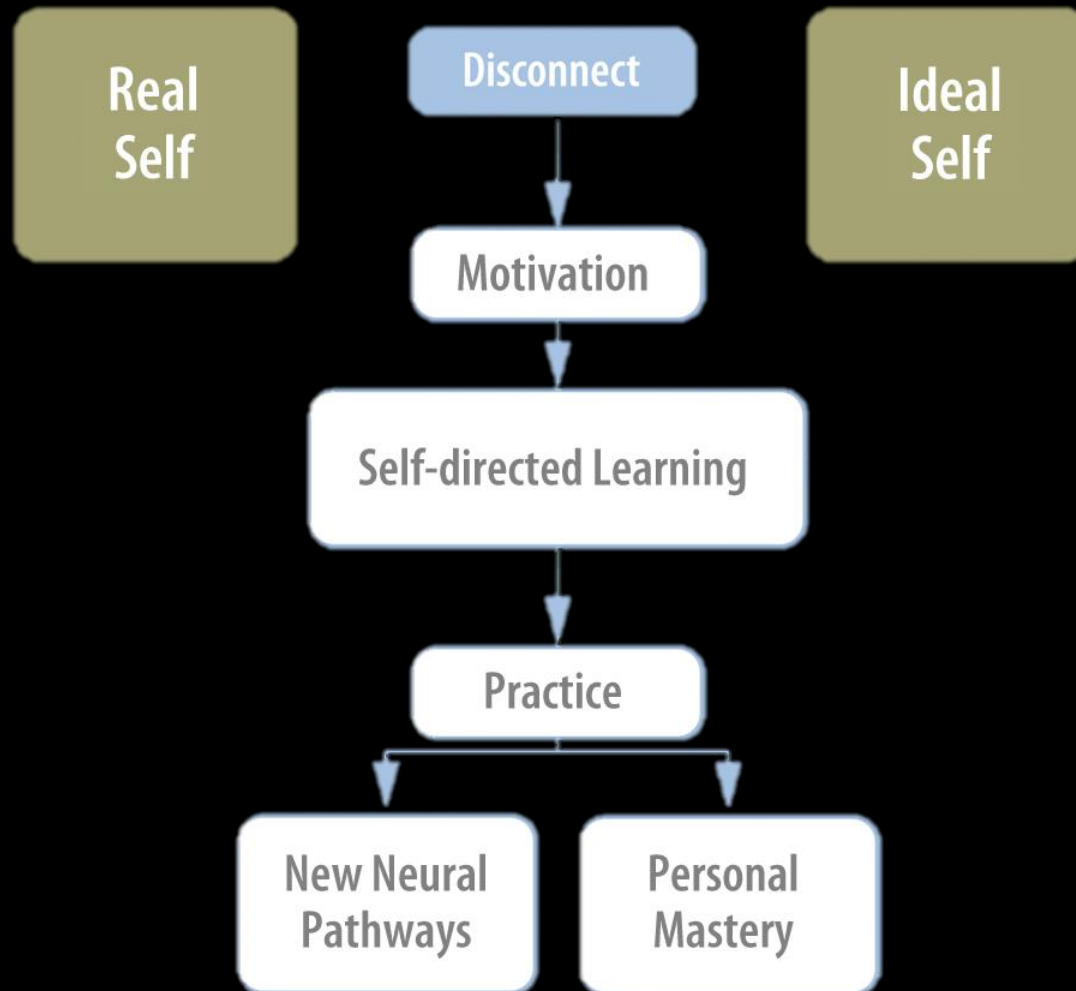
Summary slide

- The 5 conflict modes are:
- **Competing: Forcing**
- **Accommodating: Smoothing**
- **Avoiding: Withdrawal**
- **Collaborating: Problem Solving**
- **Compromising: Sharing!**
- **To resolve conflict consider interests of:**

- Emotional Intelligence includes:
- **Self awareness**
- **Self regulation**
- **Social awareness**
- **Relationship management**

DISC: Dominance; Influence; Submission; Compliance

Keep Practicing to make Permanent



Conflict Who do you listen to?

- You are the medical student on service. The chief residents ask you to do an examination on a patient. While you are doing the examination; in front of the patient; the patient's nurse states that you have no competence in doing the examination. She asks you to stop.
- How do you react?
- How could you have prevented this?
- Who do you talk to?

Team dynamics and helping out

- You are the student on a clinical rotation. On the first day, you ask the chief resident how to help the team but he says he is busy and will talk to you later. However the day passes and he did not come back all day to talk to you. You go into a room and talk to a patient and the nurse yells at you.
- There is code blue and the intern asks you to get the EKG machine but you did not find it. The intern remarks that the new students are not helpful and just want to be spoon-fed. You go and get dinner, by the time you get back; the residents are rounding with the attending. The attending remarks that you need to be a team player.
-
- What do you do?
- Who do you talk to?
- How do you deal with the intern?
- How do you deal with the chief resident?
- How do you deal with the Attending?
- What can you do to get a good evaluation?

Student disruptive to team

- You are the clerkship director. A medical student on your rotation is chronically late to work. The residents state that he is not engaged and is unreliable. You ask him to meet with physician well-being and he has not. You ask him to meet with you and he avoids you. The Dean states that you are a weak and ineffective clerkship director. The residents do not want the student on the service.
-
- How do you handle the student?
- How do you deal with the residents?
- How do you preempt yourself from falling out of the good graces of the Dean?

Resident & Nurse

- Nurse in postpartum has paged you 5 times. You were in cesarean section followed by a delivery.
- When you call the nurse; She states “you residents never respond to us”. She hangs up the phone on you.
- You run over to see the patient and note that there was no emergency and you informed her.
- She submits a complaint against you for failure to respond. She further claims that you were rude to her and you do not respect nurses. Your Program director threatens to put you on remediation.
- What do you do?
- How could you have prevented this?
- How do you deal with the nurse?
- How do you deal with your program director

Conflict within multidisciplinary

- Attending sends sick patient to hospital for admission and did not notify residents. The nurse calls you while you were in surgery that Attending wants you to do H&P & orders. When you get to patient's room, she screams because she has been waiting for 4 hours for her medications. In 2 minutes she becomes comatose because she is in DKA and required insulin. After she is resuscitated, she submits patient complaints against you for delay in care. Risk management asks you to meet with the patient at patient's request?
-
- What could you have done to prevent this?
- How do you respond?
- How do you deal with the patient?

Advocating for trainees with faculty

- Three medical students complain that a faculty has been verbally abusive and also hit them physically during a surgical procedure. The faculty is a very important member of the hospital. His family is the major donor to the hospital. In fact the surgery suite is named after his grandfather. He is very important to the program because he allows students to operate on his patients more than the other entire faculty combined. However he is well known by both nurses and faculty to be impatient with a tendency to temper tantrums. Students do not want any investigations because they are scared of losing surgical experience since he is a voluntary faculty and does not need to work with students. You discuss with your chairman who leaves the decision to you.
- What do you do?
- What do you say to the students?
- What do you say to the faculty?
- Who else would you contact?

Resident's issues affecting quality of care

- An intern has been noted by the nursing staff to have poor interpersonal skills with patients. The nurses state that the intern also asks them inappropriate questions about the patient care. You interview the intern that she is not getting guidance on what to do because she feels that the chief resident is intimidating and difficult to approach partly because the chief resident is also very busy. You interview the chief resident who states that the intern is “slow” and exasperating to work with. The chief resident also states that he has to divide his time between taking care of patients and other members of the team which include medical students, rotators and junior residents. The nurse manager notes that supervision and monitoring of the interns could be better.
- What do you do?
- How do you help the intern?
- How do you help the chief resident?
- How do you help the team?
- How do you prevent the nurse manager from giving up on the residents?



THE END

 **THANK
YOU**