Can a Simplified Approach to Emotional Intelligence Be the Key to Learner-Centered Teaching?

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Emotional intelligence (EQ) is the ability to recognize and understand emotions, and to use this awareness to manage your own behavior and relationships.[1] Widely popular in business and psychology, its medical practice applications have largely been limited to practice management and physician-patient communication skills.[2–5] In graduate medical education, EQ has been applied to educate learners in use of self-awareness and interpersonal and communication skills with colleagues and patients. EQ has the potential to improve other interpersonal interactions. For example, it can help faculty develop more effective learner-centered experiences by individualizing curricula, providing more meaningful feedback, and improving remediation programs.[6,7]

A Brief History of EQ

The notion of EQ started in the 1920s when Edward Thorndike described social intelligence as "the ability to understand and manage men and women, boys and girls, to act wisely in human relations."[8] Howard Gardner's classic work *Frames of Mind: The Theory of Multiple Intelligences* added to this idea by saying that an individual's intelligence is not a single entity measured by IQ but is multifaceted, one of these facets being EQ.[9] In 1990, psychologists Peter Salovey and John Mayer published "Emotional Intelligence," which defined EQ as a subset of social intelligence and specifically as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions."[10] A search of Amazon.com using the key word "emotional intelligence" identified more than 16 000 books. At the same time, there is no established single assessment or single theory that is widely accepted as the gold standard.

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The Challenge of Assessing EQ

A faculty member who wants to use EQ to design more effective learner interactions may become quickly overwhelmed by the hundreds of different EQ assessments, which include a few with validity evidence.[1] Although a variety of EQ assessments are readily available, they usually are not practical for guiding daily interactions. Fortunately, there is an alternative heuristic that is more easily accessible: personality preferences or learning styles.

Many medical educators and learners have had some personal experience with a personality or preference assessment. Common tools include Myers-Briggs Temperament Indicator, DiSC, Hermann Brain Dominance Inventory, or Kolb's Learning Style Inventory. Most institutions already have access to 1 or more of these tools and have facilitators trained to debrief and facilitate the initial assessments. These assessments organize learners into basic patterns of behavior that can help a faculty member provide more learner-aligned teaching experiences.

Preferences Create the Learner-Centered Process

An educator's goal is to present any learning moment in ways that will be palatable to several types of learners. This challenge, while daunting, is critical to teaching adult learners. Having the ability to individualize a lesson plan to any group of learners is not only possible but should also be the expectation. EQ can provide a conceptual framework for presenting any learning moment in a way that is most acceptable to the learner in a simple and straightforward manner.[11–15]

The Learner-Student Interaction

EQ emphasizes the fact that all of us have preferred styles of interaction. Receiving instruction and feedback is a stressful experience for many learners, so when stressed, learners will tend to retreat to the comfort of their basic style preference. A trainee who is most comfortable with facts will provide increasingly detailed data when pressed by an attending on rounds, whereas a trainee who is more comfortable with personal interactions may dive deeper into the patient's social history and story. Similarly, a learner who values facts may find a faculty member sharing personal stories about patient interactions distracting and noninformative, whereas another learner may consider it the best teaching moment of the day. By respecting learner

TABLE 1 **The 4 Basic Types of Personality/Preference Archetypes**

Models	Thinkers	Planners	Dreamers	Feelers
Galen's classical temperaments[18]	Choleric	Melancholic	Sanguine	Phlegmatic
Myers-Briggs Type Indicator[19,20]	Intuition-thinking (NT)	Sensing-judging (SJ)	Sensing-perceiving (SP)	Intuition-feeling (NF)
Hermann Brain Dominance Inventory[21,22]	Blue	Green	Yellow	Red
DiSC[23]	Dominance	Conscientiousness	Influence	Steadiness
Kolb Learning Style Inventory[24]	Converger	Assimilator	Accommodator	Diverger
Common features shared across models	Motivated by empiric data	Motivated by structure and order	Motivated by abstract concepts	Motivated by interpersonal relationships

preferences, the instructor can minimize this type of cognitive bias, termed "framing," where similar situations receive different responses.[16,17]

Trainee-teacher misunderstandings due to framing decrease learner engagement and reduce the effectiveness of teaching. Fortunately, a faculty member sufficiently trained to detect preference mismatches can reduce the stress to the learner or groups of learners on the fly using only 2 steps: (1) teach the cycle, and (2) hone the message.

Teach the Cycle

Teaching the cycle reminds the faculty member that every group of learners is both unique and diverse. Despite a variety of assessments, there appear to be 4 general personality archetypes (TABLE 1). Assessing each individual learner before every lesson is complicated and impractical, but an educator capable of presenting key learning points using all 4 archetypes can create an environment where all students can learn in their preferred style, leading to better work/student satisfaction and overall performance.[25,26]

Hone the Message

Teaching the cycle will allow educators to meet the needs of most learners without assessing everyone; however, some learners may still struggle. In these cases, customizing the message specifically to those struggling learners may help. These learners may benefit from individual assessments of style preferences. By understanding learners' preferences, educators can then hone a more meaningful individualized lesson plan.

Applying Preferences to Common Teaching Situations

Teaching

Because audiences are likely to be diverse, lecturers need to account for the learning preferences of all 4 major styles, simply defined as thinkers, planners, dreamers, and feelers (TABLE 2). Open the lecture with a patient's story to humanize the topic and engage the feelers. Provide a brief agenda to orient the planners to your material. Give clear references and supporting evidence/data to help thinkers trust the content. Provide the dreamers with an opportunity to explore new implications and creative applications of the materials.

Consider audience preferences when making the lecture interactive by providing different opportunities for engagement. One exercise—a dyad/triad brainstorming activity—can appeal to all 4 types if planned well:

- Thinkers: Use a graphing audience-participation tool that displays and shares the results of the activity.
- Planners: Give ample background for the exercise, including a clear expected outcome to help planners prepare for the sharing. Adding brief individual thinking time before the activity further engages the planners by allowing space to consider their ideas before having to share.
- Dreamers: Though they may be bored by the private time, dreamers will appreciate the exercise once you open the flow to brainstorming and idea-generating exercises.
- Feelers: Allow everyone to be heard by shrinking the room size down to dyad/triad teams.

Giving Feedback

The purpose of formative feedback is to provide the learner with ongoing areas for improvement while encouraging continued growth in areas of strength. Style mismatches may reduce the effectiveness of the stressed learner's feedback session. How and where the feedback occurs and what is said can have a profound impact on the learner's ability to internalize and apply the provided lessons.

Use preferences to account for how a learner will receive your feedback. Although planners benefit from prescheduled feedback sessions, dreamers tend to find the appointment wait time stressful. Feelers may prefer a quiet room where the teacher can be at eye level.

TABLE 2 **Examples of Adapting Style to Personal Preferences**

	Thinkers	Planners	Dreamers	Feelers
Lecture	Provide references and data/graphs	Provide an agenda or outline for the lecture	Use group activities, brainstorming	Use patient-based cases and story
Giving feedback	Provide specific data about the behavior	Provide a structured dedicated time for the feedback	Provide regular on-the-fly feedback sessions	Share impact of behavior on the patient/team
Assessing the learner	Understand their tendency to hone in on details at the risk of relationship building	Understand their tendency to value staying on schedule and organizing plans at the risk of losing creativity or sacrificing accomplishing important time-consuming goals	Understand their tendency to get lost in the possibilities at the risk of losing efficiency and detail	Understand their tendency to get drawn in by the story at the risk of being sidetracked from the primary task
	Appreciate their ability to make quick, decisive choices based on evidence	Appreciate their ability to organize complex situations and remain on task	Appreciate their creativity and adaptability	Appreciate team building and cultural sensitivity

Use preferences to overcome learners' resistance to criticism. Help the feeler become more receptive by sharing a personal experience or a specific way their actions harm the patient under their care. Stories would likely frustrate thinkers, however, who prefer a direct approach using specific incident details or data around adverse outcomes to justify a need for change.

Assessing the Learner

EQ may provide a framework for understanding the biases that lead faculty to make inaccurate assessments.[27] Teachers who are unaware of their own preferences may underestimate the impact of their own preferences on the learner's assessment. A thinker teacher will tend to prefer evidence-based practice guidelines and may overemphasize their importance in clinical care. This teacher may devalue a learner's aptitude for creating an individualized, culturally and socially responsive treatment regimen or a learner's aptitude for creating strong patient relationships. A planner teacher may be so focused on proper presentation order or adherence to hospital guidelines that the teacher may miss opportunities to praise a learner's innovative, problem-solving approach or ability to support a patient's emotional state. Problems may also arise when the teacher and learner's styles match. When the learner and teacher both have the same preferences, areas for improvement may be overlooked. If both are dreamers who appreciate creating broad differential diagnoses, the learner may miss an opportunity to learn about efficiency and cost-effectiveness.

Conclusion

John Dewey describes education as a social process, consisting of not just knowledge but also the environment in which the process exists.[28] Though it is not known whether a person's EQ can be modified through training, accommodating a learner's preferences removes potential barriers in the learning process. Applying EQ-influenced concepts to create a learner-centered environment supportive of learner-centered teaching can help faculty comprehend, develop, and shape this interactive process. Enhancing learner engagement, allowing more introspection and reflection during feedback, and accounting for biases in learner assessment are essential. While ongoing research explores the practical applications of EQ in medical education and its impact on learning outcomes, the conceptual model of creating more individualized learning experiences is one we should embrace now.

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