

Medical Profession from Technical Competence to Emotional Competence

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ABSTRACT

With the modernization of new doctor, increased clientele expectation, technological and knowledge boom medical practice is becoming more dynamic. In a race of acquiring new and more specialized knowledge and skills we somehow have forgotten the intangible aspects of medical care. The components considered necessary for an effective and efficient medical care are knowledge, skills, attitude and behavior. Skills other than technical and conceptual are required to be inculcated into medical pre and post graduates. Aim of this concept paper is to highlight the importance of emotional competencies along with conceptual and technical skills in medical educations and suggest a road map for necessary modifications of curricula to achieve the same.

Key words: Medical profession, Technical competence, Emotional competence.

INTRODUCTION

Modernization of a Doctor

Doctors are considered next to godliness. Patients must be able to trust doctors with their life and wellbeing. To justify the trust as a profession we must have a duty to maintain good standards of practice and care and to show respect to human life.

With the modernization of new doctor, increased clientele expectation, technological and knowledge boom medical practice is becoming more dynamic. Skills other than technical and conceptual are required to be inculcated into medical pre and post graduates. In modern day society massive change is constant, new technological innovations, global

competition, medical tourism, patient safety, increased litigation, violence against doctors are over escalating forces of flux.

Medicine as a profession

Doctors are the ones who put knowledge into practice with their technical and conceptual skills. In a race of acquiring new and more specialized knowledge and skills we somehow have forgotten the intangible aspects of medical care. The components considered necessary for an effective and efficient medical care are knowledge, skills, attitude and behavior. But somehow we have forgotten to incorporate attitude and behavior element in addition to the technical and conceptual skills in medical education.

We all have heard stories about insensitive doctors, with terrible bedside manners and outrageous faux pas by medical students passed in whispers. In fact it leads me to wonder that what percentage of medical students are socially handicapped and awkward. That image of a doctor is so disturbing that it burnt the brains of those scorned and misunderstood by their doctors and in the eyes of society we have fallen. This is our burden to carry.

A medical graduate in medical college is never taught how to consistently practice and maintain high standards of professionalism, help the patients make informed decisions, offer the patient choices, work with patient as partners, shared decision making, how to be sensitive to the needs and expectations of the patients inculcating the various cultural, social and racial differences in medical practice.

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Emotional Intelligence & Medical Profession

Daniel Goleman in his renowned book 'Working with Emotional Intelligence' points out that "With the loss of Emotional Competences in children and young there is a rise in problems such as despair, alienation, drug abuse, crime and violence, depression, eating disorders, unwanted pregnancies, bullying and dropping out of school. The writer also quotes a national survey of what employers are looking for in entry level workers. Specific technical skills are now less important than underlying ability to learn on the job. The competencies required were listening and oral communication, adaptability and creative responses to setbacks and obstacles, personal management, confidence, motivation to work towards a goal, a sense of wanting to develop ones' career and take pride in accomplishments, group and interpersonal effectiveness, cooperativeness, team work, skills at negotiating disagreements and leadership potential. Of the seven desired traits just one was academic. A study of what corporations are seeking in MBA they hire yielded a similar list". [1]

Many of the readers of this concept paper would be thinking by now 'How this is applicable to medical profession. Let us began by defining Cognitive Intelligence (IQ). IQ evaluates cognitive capacities as a general fund of knowledge, analytical and logical thinking, capacity to remember and recall and capacity to compute accurately. [2] However Emotional Intelligence (EI) depicts dimensions of intelligence significant in dealing with daily environmental pressures: Self awareness,

control of emotions, relationships, enlightened and progressive communication.

Many health care systems in the world are emphasizing a need for more patient centered care. Patient centered care is a multidimensional concept which addresses patient need for information, views the patient as a whole promotes concordance and enhances professional-patient relationship. [3]

Yvonne F Birks & Ian S watt has also emphasized the importance of EI in health care and Patient Centeredness in the article 'Emotional Intelligence and Patient Centeredness' published in Journal of Royal Society of Medicine. A study done by Loyla University Health System in year 2017, found that educational interventions improve the Emotional Intelligence among doctors and should focus on areas of independence, assertiveness, and empathy. [4]

Medical students carry out many inhuman tasks like dismembering a cadaver, cut into the flesh of a live human being, poke people with needles. They do profound things without hesitation without letting glimmer of a weakness pass across the faces. Thus some degree of detachment from human emotions is essential for the survival. At this point there is no safe place for us to admit when they feel scared, shocked and dehumanized. The constant endeavor to sublime bodily urges like eating, sleeping and having fun in order to study longer further compounds the issue. We are trained to suppress our emotions and feel ourselves that if other classmates can get through without getting weak or scared, we must be weak for feeling that way. Has some body trained us how to get over these emotions in medical education rather we were trained to be insensitive, rough and unable to understand others' needs. Has anybody taught us that rather than hiding these disruptive emotions, denying them, one should try and understand how worldly activities affect me, how can I handle these challenges. After that in the present scenario

doctors are labeled as 'insensitive and rude'. Being aware about self, self disclosure and feedback are not signs of weakness; it is the first step for knowing one self and performing better at medical education. As per Daniel Goleman, Emotional Intelligence consists of following competences:

1. Self awareness
2. Self regulation
3. Social skills
4. Motivation
5. Empathy

Institute of Medicine report, "To Err is Human: Building a safer Health Care system" in 1999 indicated that between 44,000 and 98,000 deaths every year in US Hospitals and over one million injuries are due to preventable human errors. [5]

Thus builds up the case for educating a medical graduate about how to manage emotions, leadership, change management, conflict resolution and motivation to mention a few.

EI based education system

It would be foolish for us to underestimate the importance of good old fashioned IQ and technical ability (esp for surgeons) in clinical medicine. However, emotional intelligence can also be a key driver of success and leadership [6] EI based education system would also contribute to teachings of professionalism, communication, ethics and conflict management skills. [7] It is perhaps unfortunate that historically more emphasis has been placed on Intelligence Quotient and very little on Emotion Quotient. As there is now good evidence and perhaps the time that educators as well as clinicians themselves modify pre and post graduate curricula and training accordingly. [8,9]

Self Awareness: As clinicians we must be aware of our limitations and be prepared to ask for help when needed. Prevention from over and under confidence both are harmful.

Self Regulation: Increased litigation, Medical Negligence, increased Health Insurance, ethical and other tangible and intangible issues have become entangled.

Rigid self control is required to self regulate.

Motivation: In the present scenario of a dynamic medical field, increased stress, long working hours, burn outs it is important for the clinicians to be motivated.

Empathy: Needless to say, doctors need empathy when dealing with patients, skill full leadership; good communication skills are required for managing disruptive emotions and dysfunctional conflict management.

Social Skills: Social skills are required for managing relationships with others. Socially skilled people can work effectively and can find common ground with most of the people.

Status of present curriculum

Medical Council of India (MCI) was established in 1934 under Indian Medical Council Act 1933 with the main function of establishing uniform standards of higher qualification in medicine and recognition of medical qualification in India and abroad. Educational Committee of MCI has been tasked to maintain high standards of medical education and coordinating all stages of medical education. It registers doctors in India, in order to protect and promote the health and safety of public by ensuring proper standards of medicine in India.

The present curricula adequately address the issue of conceptual and technical skills but imparting knowledge and training on emotional competencies is completely lacking. In view of above literature, there is a dire need to modify the current medical curricula of medical pre and post graduates. It requires a strategic shift from only conceptual thinking to a hybrid model of conceptual and emotional competence. Some of the issues addressed here might require a legislative action at appropriate levels.

This will also require a period of transition before the module is finally introduced into the curricula. Time would also be needed to design effective assessment methods to

ensure that the desired outcomes are achieved.

Strategic issues for change in curricula

A well defined road map is required for implementation of the change process. The various strategic issues which needs to be dealt with for smooth transition are:

1. Nature, Content and Measurability of outcome to be specified.
2. A core committee for preparation of curricula/ draft syllabus and for smooth transition. The core group will identify the requirements; liaise with other similar organizations to gain a clear understanding of the implications of the change.
3. The periods of training required
4. The nature of assessment required to assess whether the desired outcome have been met or not.
5. The change in legislation if required.
6. Quality Assurance
7. Change management strategy for smooth transition

Various principles for draft syllabus

The syllabus should be so designed that it incorporates various contemporary leadership skill development, Emotional Competence, Change Management, Conflict Resolution techniques and associated competencies. Some of the suggested principles or desired outcomes are:

1. Good Quality Clinical Care
2. Good Medical Practice
3. Relationship with Clients and Coworkers
4. Teaching and Training
5. Probity
6. Health
7. Stress Management
8. Soft Skills

The core committee must develop specific competencies for each of the desired outcomes. Multiple workshops for training of trainers to convey core content, examine the teaching strategies, evaluative methods, that promote various emotional competencies to be conducted.

Suggested means of delivery

Traditional methods of transmitting professional values by role modeling, is no longer adequate. The subject should be taught explicitly and to be evaluated in a structured format. Some of the contemporary evaluation strategies suggested are:

1. Traditional Course Evaluation
2. Cognitive Testing
3. Self Rating Scales
4. Psychometric Testing
5. Direct Observation
6. Videotaped Interview
7. Objective Structured Clinical Examination (OSCE)
8. Patient Rating of student Performance
9. Patient Health Outcome

Road Map



CONCLUSION

The overall goal is to improve patient journey in the hospital with emphasis on contemporary leadership, effective team working, effective communication skills, competent handling and decreased litigation. Serious Medical Incidents, Adverse events, Near Misses, cases of litigation and negligence highlights the importance of training on these specific issues. Education and training on these issues to be accorded greater priority throughout the professional career from undergraduate education to continuing professional development.

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