

Title: Successful personalities in anesthesiology – are we selecting and supporting the best way?

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Short Title: Are we selecting the right?

Funding: No funding involved

Presentation: This article has not been presented before and has not been submitted in parallel to another journal.

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Successful personalities in anesthesiology – are we selecting and supporting the best way?

IQ and technical skills are important, but emotional intelligence is the sine qua non of leadership.

Daniel Goleman

The attractiveness of medical careers remains evident worldwide with ever increasing applicant pools. The world's population is aging, medical interventions continue to expand, and purchasing power worldwide continues to drive the demand for physician services. Since there are far fewer positions than applications for medical education, selection pressure is significant. Test scores, class ranking, advanced degrees, numbers of publications, rotations in the field of interest, and active scientific engagement have all been used as proxy measures of aptitude.¹ However, psychometric evidence obtained via resident selection interview instruments has failed to predict positive performance.²⁻⁴ As many as 20% of physicians have a psychological health issue at some point in their careers^{5,6}; reports of burnout among anesthesiologists are becoming more frequent.^{7,8} The lack of effective tools to guide management of stress and burnout in the medical profession has been recognized as a problem.⁹ Currently, both the selection of residents and the available support for attending anesthesiologists appears to be insufficient⁹. Thus, it is timely to ask how we might improve selection of residents and support for anesthesiologists.

A decade ago, a milestone study in management sciences showed that “Emotional Intelligence” (EI) - defined by the psychological dimensions of self-awareness, self-regulation, motivation, empathy, and social skills - impacts performance of leaders.^{10,11} Anesthesiologists have been described as professional artists, good Samaritans, servants, and coordinators¹². Evidence is growing that team dynamics impact efficiency in areas such as minimally invasive surgery¹³ or robotic-assisted procedures.¹⁴ EI has been described as helping to “provide the fundamental groundwork” to ensure that operating room leadership promotes professional patient care.¹⁵ In an institutional environment ~~reality~~ where employees are promoted to management positions due to technical competence, their managerial performance, e.g., social competency or self-regulation, can be poor if they fail to grasp

that their job success is no longer defined by personal achievement but is defined by enabling others to achieve.¹⁶ Medical leadership too, is not exclusively a function of mastering technical situations. Rather, the skills that might be listed as “soft skills” counting towards EI take on increased significance in this area^a. It remains unknown whether EI is learned, is a trait, or is a combination of the two.¹⁷ Cherry et. al highlighted the lack of reliable methodologies to measure EI in medical professions putting any selection based on EI potentially at risk.¹⁷ Yet, Talarico et al. showed that some aspects of EI have considerable predictive value for performance of anesthesiology residents,¹⁸ and some promising modern anesthesiology training programs have begun incorporating aspects of personality in their resident selection processes.⁴ Although the question remains whether training can improve EI,¹⁹ it is possible that consequences of the absence of EI in either trainees or faculty members may be proactively countered through education, mentorship, and collegial support.

Measures of EI have been found to correspond with several competencies that medical curricula seek to deliver.¹⁹ Empathy, organizational awareness, influence, potential for role model and inspiration, teamwork and development of others²⁰ are all critically necessary attributes of successful team leaders. Standing at the center point of perioperative medicine, anesthesiologists additionally need to have reliable strategies for self-management to cope with daily work; this is especially important in large hospitals with multiple surgical departments where situational adaptation and coordination between an operating room’s stakeholders can be challenging²¹ for aligning patient safety, surgeon access to scheduled operating time, and operating room efficiency.²²

“Adaptive coordination”, defined as “the situational management of coordination requirements”,²³ is known to be a key characteristic of high performing teams,²⁴ especially in more complex settings such as among a multicultural and multidisciplinary workforce.²⁵ An organizational culture with human resource practices and policies that support group orientation and reduce hierarchy has been associated with an increased safety climate in organizations.²⁶ Given the pressure of competition in the selection of medical students for post-graduate training, a significant risk exists for bias toward defining a future resident’s anticipated performance in terms of proxy measures noted above at the expense of relevant personality characteristics. Reliability, honesty, ability to function under stress,

punctuality, and discipline have been described as desirable personality traits (i.e., a person's fixed patterns of behaviors revealed in different situations, influenced by the person's EI, thus impacting their adaptive coordination) in anesthesia residents.²⁷ In a small, single center cohort, Merlo et al found that personality traits "may be associated with success" in anesthesiology residency programs.²⁸ It has also been found that, although the personality type of anesthesiology residents was not associated with their performance on standardized examinations, personality type was associated with faculty evaluations of their performance.²⁹

It is evident that a profound scientific grounding is necessary for a physician to be able to formulate a cogent management plan for an ill patient, and the successful clinician must be able to pass a certification examination. However, as computer systems become more and more adept, the scientific/technical components may be readily available and less dependent on the technical knowledge of the physician; the greater contribution of the care giver will likely be leadership and human interaction. An ill or injured patient (and their relatives) not only wants understanding of the medical issue from a physician, the patient also wants compassion, empathy, and caring. With the ever increasing complexity of clinical cases and increasing medical and technical knowledge³⁰, there is a tendency to overlook this critical human and humane relationship. Yet, successful leaders are skilled at several styles. In the field of anesthesiology, there are frequently situations where compassion and caring require coercive and/or pacesetting leadership rather than kindness and empathy, e.g., during life threatening A-, B-, C- or D-problems according to ACLS or ATLS protocols. In such moments, the emotionally intelligent anesthesiologist will be well aware of the pressure, yet will control both themselves and the situation with a clear approach, motivating their team and fostering the team relationship even in such highly stressful circumstances.^{11,31}

In her milestone paper, Diane Cottu described properties of personalities with such down-to-earth behavior that not only embraced the "coolness" to accept harsh realities and the ability to realize "what matters for survival" but additionally to create meaning from them as "resilience."³² Since then, EI and adaptive coordination, resilience and themes of reflective practice towards self-awareness, development of core values, and moral leadership have been described as fundamental goals in an active and constructive process of professional identity formation in medicine.³³ Zwack et al. asked,

“if every fifth physician is affected by burnout, what about the other four?” They found that focusing on positive aspects of work, personal reflexivity, and accepting both personal and professional boundaries were resilience strategies employed by experienced physicians.³⁴ Athletes and musicians are well aware that attention to the self is a key to optimal performance;³⁵ whereas, in medicine, the importance of resilience is only just beginning to be recognized.^{35,36}

Given the evidence from both business and medical science, the selection of team members is probably the critical task for leadership in anesthesiology³⁷ and patient safety³⁸. But, does the psychometric information gleaned from the interview process allow us to select individuals who know what really matters? If not, can we learn to select for personality types who can be taught what matters?

Conclusions

The available evidence indicates that EI is an important topic for anesthesiology. Anticipating evolution of our specialty, emotionally intelligent anesthesiologists will likely become more successful. Given the lack of reliable methodologies to measure EI in medical personnel, we recommend against an attempt to identify potentially successful residents based on EI scores until reliable measures to discriminate between those who are teachable and those who are not are available. We also do not advocate changing certification examinations in an attempt to avoid eliminating candidates with the correct personalities but less than stellar scientific skills. However, considering that EI is potentially learned behavior, it seems of importance to raise awareness on this topic.

We advocate ongoing EI training throughout an anesthesiologist’s career. EI is not soft kindness and unprofessional commiseration. It is the sine qua non of leadership.

Footnote

- ^a Emotional Intelligence: Critical for Patient Safety and Professional Success. Available at: <http://www.asahq.org/resources/publications/newsletter-articles/2015/may-2015/emotional-intelligence> Accessed January 31, 2016.

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