Leadership and Emotional Intelligence:
Developing Competency as Executives and Emerging Leaders

Class Notes

“*IQ and technical skills are important, but emotional intelligence is the sine qua non of leadership*” – Daniel Goleman

1. Intro – Physician leaders who achieve great results – the key: “communication”
2. My definition of EI: Respectful communication and empowering language; it often boils down to managing what comes out of your mouth (face) – more later
   - Words, spoken and written
   - Facial expressions also – non-verbal communication
3. In what situations is EI important for physicians?
   - Dealing with conflict
   - Managing your staff (providing guidance, feedback, critique, support)
   - Managing teams toward project goals
   - Leading change & transformation
   - Managing or dealing with disruptive physicians
   - Negotiations
   - Other
4. Goleman’s work on EI & relationship to cognitive skills
   - Daniel Goleman, et al. – Research on EI and effective performance
   - Technical capabilities are “threshold capabilities” – entry level requirements for executive positions.
   - His research on competency models:
     i. “pure technical” skills (e.g. accounting, business planning)
     ii. Cognitive abilities (analytic reasoning)
     iii. Emotional intelligence (ability to work with others, effectiveness in leading change)
   - Research from McClelland: senior managers with critical mass of EI, their divisions outperformed earnings goals by 20%. Managers without critical mass of EI under-performed by 20%.
5. How can you tell if someone has high EI? How can you recognize high EI in yourself? Some thoughts:
   - Respectful communication – even when being direct
   - Open communication, comfortable not “confessional”
   - Persuasive
   - Friendly
   - Approachable, Not intimidating
• Honest, not brutal
• Invites others to participate
• Fun to work with; fun to work toward goals under this person!
• Good listeners; will reflect back what they hear
• Ask questions

6. Review the 4 components of Emotional Intelligence:
• **Self-awareness** – Knowing yourself, your strengths, weakness, and MOODS! Gauging your moods accurately AND knowing how your moods affect others. Speaking with candor, openness (and yet not overly emotive or effusive)

• **Self-management** – Don’t let bad moods seize the day or control you. Leave the bad mood at home, or explain in an honest way why? Just because you have a “mood” or become “angry” is not reason or excuse to behave or communicate badly. Self-management is a choice, everyday, in every situation. It becomes habit when you consciously weave EI language and tactics into your speech and behavior; becomes much easier and “second nature” with practice

• **Social awareness** – Sensing other people’s emotions; showing that you care. Doesn’t necessary mean “emotive” and certainly not false, insincere. Awareness of how your words and actions impact others.

• **Relationship management** – Communicating convincingly, clearly; disarm conflicts, build strong personal bonds.

7. Can emotional intelligence be developed?
• Yes, and it takes daily and deliberate attention to your “self” IN THE CONTEXT OF YOUR ACTUAL environment and challenges; your reality is your learning lab! – Attendance at one-time seminars or leadership development training usually does not bring long-lasting changes in behavior. EI learning occurs in the limbic system (feelings, impulses, drives)

• Goleman’s 5-step approach (my leadership coaching model incorporates this approach as well)
  i. **Who do you want to be?** – What is your vision for professional and personal well-being and achievement? What is the scenario? And what are the gaps!?
  ii. **Who are you now?** – How do you see yourself now? How do others see you? 360 degree feedback, formal or informal, is very helpful! Strengths and weaknesses?
  iii. **How do you get from here to there?** – Some skills-development will be “technical;” action plan may include a specific (uncomfortable) behavior that you do every day (e.g. greeting each of your staff members by name; reflecting back what you hear); identify what others see as your “growth area” and that would have most impact in their performance. Devise an action plan for that.
  iv. **How do you make the changes stick?** – Because EI is from the “limbic system” new behaviors benefit “scripting” or visualization,
then rehearsal, repeated practice, and reinforcement from support person, such as coach, mentor, supervisor, trusted advocate.

v. Who can help you? – create or join professional support network, e.g. other physician leaders, other physicians, other clinical leaders. Share with your network the “future state” of how you want to BE as a leader.

8. Final thoughts and a few take-home exercises:
   - Much of EI in practice is managing your communication
   - Start with the low-hanging fruit of respectful communication:
     i. Avoid obvious “ugly” language (swear words: suck, piss, damn, hell, shit, f___)
     ii. Avoid gossip, sexist or racist remarks (even “among the boys” or “among the girls”)
     iii. Avoid judgmental “put-downs” and cynical comments (duh, yea-right, stupid, ignorant)
   - Avoid using the word “but” and “however” with people – use “and” or “in addition, I would add” as a more respectful introduction to your opinion.
   - Start using a set of “open-ended” questions with your peers and staff (See attached handout)
   - Avoid expressing anger in any form (shaming or with disdain, contempt, disgust). This is controversial, I know!! Ok to verbalize disappointment in results achieved—relative to expectations or standards previously communicated and/or established. NOT OK to verbally slap someone upside the head with a personal attack. (See attached handout on open-ended questions to use in monitoring progress of your staff).

If you are interested in exploring how executive coaching can help you improve your leadership effectiveness and organizational results through better management of communication and “self,” please contact me to arrange an introductory conversation.

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Class References:
“Primal Leadership” by Goleman, Boyatzis, McKee; Harvard Business School Press

Remember, you may be eligible to receive Category II CME credit for participation in this class, and for reading the recommended references.
More information is at: http://www.physicianleadership.com/physician_cme_credit.htm