

Emotional Intelligence: A Requisite for Good Clinical Practice

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Attending the many Peer-to-Peer Discussions about education at the National Athletic Trainers' Association Annual Symposium this year yielded a popular theme – maturity of the entry-level student. As is the norm, we engaged in the discussion about “entry-level degree” and although no directive or edict will be coming, the message was clear: program directors and educators want more mature students prepared for the challenges of the dynamic world of health care. But are we really looking for maturity, the state of full development, or are we hoping for something more like emotional intelligence (EQ)? Emotional intelligence is the skill in perceiving, understanding, and managing emotions; the EQ instead of IQ.¹

Goleman describes EQ as multifaceted in that it involves self-awareness, self-management, social awareness, and relationship management.¹ Self-awareness includes the ability to accurately and continuously perceive emotions, including responding to others.¹ Self-management is the ability to be flexible and positively influence one's own emotions and behaviors.¹ Social awareness is the ability to read the emotions of others and to empathize.¹ Relationship management is the ability to use the ability to read others to manage interactions and include effective communication and conflict management.¹ EQ can aid in the many challenges of practicing athletic Training, from managing difficult coaches, patients and parents to choosing continuing education to meet deficits instead of preferences.

Research suggests that EQ is more influential than even IQ, where people with the highest intelligence outperform those of average intelligence only 20% of the time, where persons of average intelligence outperform those with high IQs 70% of the time.² EQ

accounts for 58% of performance in all types of jobs and 90% of high performers are also high in EQ.² Advanced EQ translates even further in that every point increased in EQ can result in an increase of \$1,300 in annual salary.² Maybe EQ is the intangible characteristic we educators seek among our students, leading to more effective learners and practitioners.

Perhaps measuring EQ and using the findings as a facet of admissions has potential in selecting students with the innate abilities to communicate, emote and manage relationships more effectively. Several validated methods of measuring EQ are available in the literature: the Mayer, Salovey and Caruso Emotional Intelligence Test,^{3,4} the Bar-On Emotional Quotient Inventory,⁵ the Emotional Competence Inventory,⁶ and the Emotional Intelligence Appraisal.² The use of EQ as a component of admissions has yet to be discussed in athletic training education and employment but may be a future direction of heightening student and practitioner efficacy.

Although we engaged in lengthy conversations about the needed maturity of future Athletic Trainers, we may truly mean the need for EQ among our students. The good news is that research suggests EQ can be learned,⁷ so even if EQ cannot be part of the criteria for admission, educational programs can certainly incorporate the concepts into courses to produce a more emotionally intelligent clinician that responds effectively to the demands of professional responsibilities. Part of our crucial role in developing entry-level clinicians is ensuring that they are not merely technicians.

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