

Emotional Intelligence

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PLPs/ILPs, for the purpose of continuous self-improvement. Depending on an individual's training level, these plans should draw upon feedback gathered through didactic, simulation, clinical, and specialty experience.

Adult learning theory builds its constructs around the fact that adults learn best when they are actively engaged in the learning process and self-direct their own learning goals and activities. An ILP is a critically important tool for all medical learners that considers individual strengths, professional goals, specialty requirements, and helps identify what is needed in terms of personal adjustments and resources.

Learners should be assigned a mentor/faculty advisor to regularly meet and communicate about progress and to reassess the needs of the learner. These discussions should be led by the learner and demonstrate responsibility for self-improvement. Learning plans should include: 1) learning goals for a specific period of time, 2) an action plan outlined for each learning goal, and 3) one or more resources assigned to each action, including coaches, instructors, textbooks, counseling, websites, etc. Learning plans are most effective when reviewed and maintained regularly. The most useful plans harmonize reflective practice along with a commitment to personal growth. These plans are individually developed, self-reflective, and for everyone, not just low performers. The truly insightful plans are great indicators of the potential to become an independent lifelong learner.

Too often, plans to improve one's EI are only tasked to those individuals who are struggling to perform at acceptable standards and frustrate faculty members, colleagues, or peers. Some of these learners (or practitioners) may be perceived as lacking insight to their own deficiencies, inadequately self-reflecting on performance, or disregarding faculty member feedback (often perceived as biased or misdirected) and may be unable to acknowledge their own personal role and responsibility in the learning process. Personal/professional learning plans are important tools for *all medical learners*, from the highest-performing to those performing at minimum levels or below in one or more levels.

Plans for an individual's improvement should never be considered stagnant or permanent. As individuals exhibit self-awareness and improve upon themselves, their learning plans should adapt to reflect these changes in skillsets and effective communication.

Although EI has been described mainly as an individual endeavor, the concepts of attaining EQ can be applied to an organization and thereby utilized to improve organizational behavior. In this approach, organizational EQ as we define it is not about how individual EI affects organizational behavior, but rather it is a view of the EQ of the organization itself and subsequently then a strategy to improve an organization. One of the best methods of understanding this concept is through a portion of the SWOT analysis. SWOT is a tool to provide guidance for an organization through a critical assessment of its Strengths, Weaknesses, Opportunities, and Threats. This analysis can be divided down into an assessment of internal factors,

which are Strengths and Weaknesses, and external factors, which are Opportunities and Threats. As with describing individual EQ, organizational EQ deals with the internal factors – a complete understanding of the organization's strengths and

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weaknesses. The key factor in achieving organizational EQ is the very honest and deliberate analysis of these two factors. Believing that the organization is achieving its goals and complacently thinking that “it’s as good as it could be” would be a failure in organizational EQ. No organization has achieved perfection, and there is always the capacity for improvement, especially in an ever-evolving business landscape.

One method of understanding an organization's EQ is to know how the organization's strengths and weaknesses are perceived by the organization itself – and also how it would be viewed from the perspective of key stakeholders. In the example of an anesthesia practice, the organization should attempt to understand the perspectives of not only its own leadership and anesthesiologists and anesthesiologists but, just as importantly, also those of patients, surgeons, staff, OR administrators, hospital administrators, insurers, and external vendors.

Internal and external surveys are one method of reaching an understanding of strengths and weaknesses. However, to properly conduct this assessment, surveys should involve direct interviews with representative stakeholders. The first step is to understand organizational EQ and is not intended to provide improvement plans, although it will later be a component of a strategic plan.

Again, it is impossible to cover organizational EQ in a brief article, but the hope is that organizations will further investigate these concepts through a study of SWOT analysis as well as how to create a comprehensive strategic plan.

Emotional intelligence allows for individuals and organizations to be self-reflective and understand their strengths and limitations, thereby providing the first set of insights into strategically planning for improvements. Without this understanding, the individual or organization risks stagnating or even becoming self-destructive. However, the ability to determine a path toward success begins first with emotional intelligence, both within the self and the organization. ■

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Intraoperative blood pressure targets (April 2023)

Intraoperative episodes of hypotension or hypertension increase the risk for adverse cardiovascular outcome, but the optimum intraoperative blood pressure target is unclear. In a multicenter randomized trial comparing a hypotension-avoidance strategy (mean arterial pressure [MAP] target ≥ 80 mmHg) versus a hypertension-avoidance strategy (MAP target ≥ 60 mmHg) in nearly 7500 noncardiac surgery patients receiving long-term antihypertensive medications, the incidence of composite cardiovascular morbidity and mortality was 14 percent within 30 days, with no difference between strategies¹. Intraoperative episodes of hypotension or hypertension should be avoided or promptly treated based on the presumed cause, timing, and preexisting comorbidities. Further research regarding best strategies for

different populations is needed. (See “Hemodynamic management during anesthesia in adults”, section on ‘Blood pressure targets’.)

- Marcucci M, Painter TW, Conen D, et al. Hypotension-Avoidance Versus Hypertension-Avoidance Strategies in Noncardiac Surgery: An International Randomized Controlled Trial. *Ann Intern Med* 2023.

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