# Relationship Intelligence

## A Framework for building and managing relationships in a healthcare context

### Purpose

Physicians are responsible for developing and managing relationships with patients/ families, colleagues and healthcare teams at a high level, but often the skills are not intuitive or taught. Not being able to manage one's self and relationships can lead to frustration, complaints and burn out. Although different professions and fields have addressed elements of relationship awareness and skill building, the key elements necessary in a healthcare context, have not been identified and integrated into a practical framework.

### Methods:

From 2011 to 2016, over 200 residents and practicing physicians identified as struggling in Communication (approach to and content of doctor-patient/family encounters, documentation), Collaboration (inappropriate interpersonal (team) / intrapersonal (colleague) communication or behavior), and Professionalism (behavior, boundaries) underwent individual coaching sessions led by an expert in the field. Grounded theory was used to better conceptualize the patterns and structures through the process of constant comparison. The case notes were analyzed for emergent themes with close attention to how problems were addressed. The literature (e.g. Adult learning theory, Cognitive Psychology, Medical Education, Emotional Intelligence, Leadership, and Reflexivity) was used before, during and after case analyses to refine the focus and guide how the cases were analyzed. As patterns, concepts and themes emerged from the cases, the findings were used to develop a framework for addressing the identified problems.

### SAMPLE REFLECTIVE QUESTIONS AND EDUCATIONAL INTERVENTIONS:

#### KNOWLEDGE

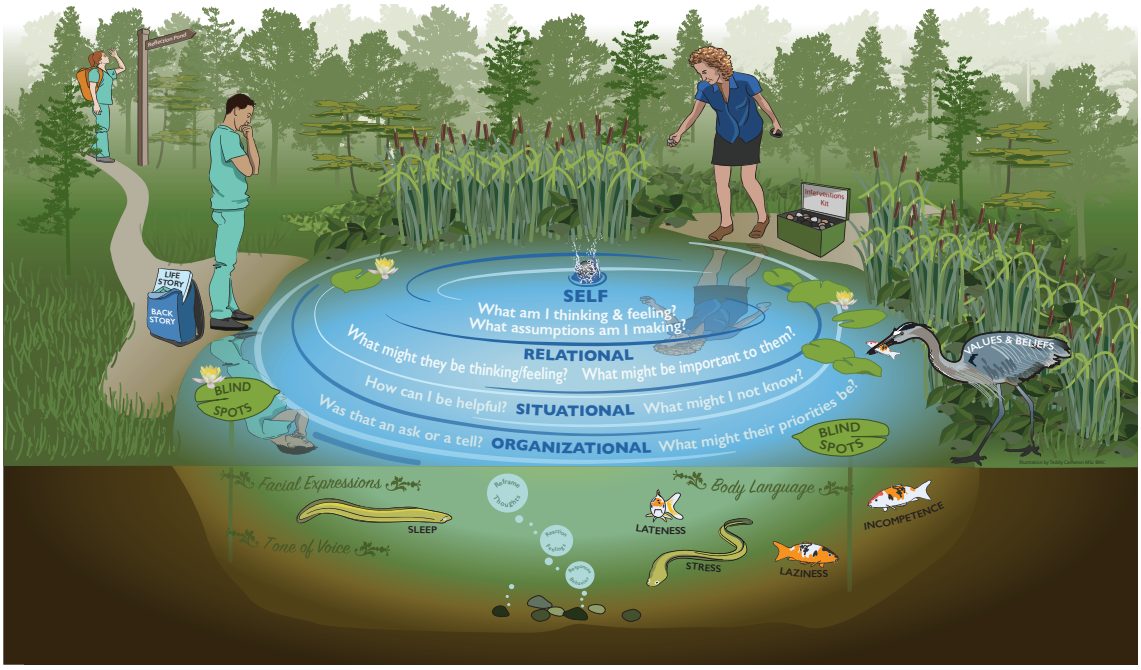
- Targeted readings on leadership, civility, feedback and email etiquette
- Tedtalks on nonverbal communication

#### SKILLS

- Role model and practice how to give, ask and receive feedback
- Review content/tone of emails before they are sent
- Provide examples of softer language and phrases

#### ATTITUDES

- Role of personality hardwiring and its impact on expectations of self, team and colleagues
- Feedback on how blind spots (e.g. tone) might be impacting communication
- Relationship between personal values and triggers
- Reflective conversations on selfcare



## RESULTS:

In every case, individuals lacked awareness and the skills to manage in one or more of four main relationship areas: Self, Relational, Situational, and Organizational. The four identified relational areas were used to create the Relational Intelligence Framework for developing awareness and teaching and learning skills.

**Approach in each case:**

- Reflective questions were used to develop a more nuanced understanding of how the physician perceived themselves in relation to the problem(s) which was critical to developing a tailored educational plan.
- The physician's personal story (life context, background) and view of the concerns needed to be "unpacked" and "acknowledged" before alternative perspectives could be considered.
- Tailored guided reflective activities were used to raise physician self-awareness, helping physicians to reframe their views, which changed their reaction; subsequently responses.

Sample **Educational Topics** included:

- **Self-awareness** (e.g. personality, values, beliefs, strengths, limitations, blind spots, triggers, red flags, burnout, role and identity)
- **Relational awareness** (e.g. intention, impact, assumption making, power differentials, boundaries, limit setting, recognizing resistance, apologies)
- **Situational awareness** (e.g. teams, culture, transitions, leadership, feedback)
- **Organizational awareness** (e.g. hierarchy, governability, codes of conduct)

Sample **Educational Strategies** focused on building competence in:

- **Knowledge** (e.g. targeted readings, guidelines and policies)
- **Skills** (e.g. role modelling, phrases, and role-play)
- **Attitudes** (e.g. tailored feedback, guided reflective conversations and assignments)

## CONCLUSIONS:

The findings of this study were used to develop the Relationship Intelligence Framework; an evidence base, practical, non-judgmental approach to help physicians develop the awareness and skills needed to manage in a healthcare context; regardless of training, problem type, setting or the physician's area of practice.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## PHYSICIAN PERSONALITY PROFILE

- Perfectionistic
- Workaholic
- Goal driven
- Detail oriented
- Evidence based, rules driven
- Higher OCD/anxiety traits
- Strong "Righting Reflex" – Black and white thinking
- Don't like uncertainty/change

## PROFESSIONAL IDENTITY:

- Emergency physician X 15 years
- Good with managing acute situations

## ROLE AND RESPONSIBILITY:

- 6 on-call/month
- Supervises medical students and residents
- Quality Assurance Committee

## LIFESTORY

- Elderly mother with Alzheimers
- Financial debt
- Diabetic
- No siblings
- Shared custody of a five and eight year old

## BACKSTORY

- Rude
- Short tempered and condescending with team
- Inappropriate emails to colleagues and nurse managers

## VALUES & BELIEFS

### VALUES

- Efficiency
- Punctuality
- Competence

### BELIEFS

"No one but me cares"

## TRIGGERS

- Laziness
- Lateness
- Incompetence

## RED FLAGS

- Sleep
- Hunger
- Stress


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