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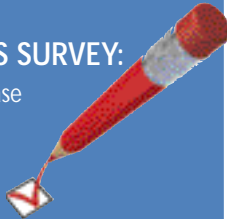
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The Emotionally Intelligent Case Manager

An unexpected, bird's-eye view.
Part two of a two-part series.

Author
Dr. Vergil Metts
shares his
account of a
surprising
encounter
with emergency
care, and of
adapting to
life's untold
twists and
turns.

Life has this annoying habit of changing our plans, as I was recently reminded when I sat down to write the article you're now reading. It is the second in a series that first focused on organizational health. What started out as a semi-technical piece about one of organizational health's major tenets — emotional intelligence (EI) — is now a first-person narrative about this same topic.

The arc of my story changed because my family's life changed in a very profound way — one that, borne of crisis, gave me multiple firsthand experiences with case management and other facets of the health care industry. Through it all, I gained insight into some of the challenges caseworkers face in attempting to balance the imperatives of quality care, effective communication and sound business decision-making. If there is any silver lining, it is that I am writing now from both sides of the aisle: as an expert on emotional intelligence, and as a very recent consumer of the services that I now believe can strongly benefit from the right kind of understanding and application of EI.

Two days into a cruise with my family that was to take us from San Diego to Hawaii, my father-in-law suffered a severe stroke. Two days from the nearest land and out of range of air medivac services, we found ourselves on a journey quite unlike the one we had planned — one that continues today in an acute-care facility in Michigan, and one that crystallized the profoundly disparate ways in which different individuals and organizations in the medical community can treat precisely the same case. That part of my experience has been akin to ordering the same meal at several different restaurants: You may order the fish and chips at every one, but what arrives at the table is a presentation distinct in its preparation, delivery, taste and appearance.

These differences were punctuated by the various "hand-offs" necessitated by our incident's unusual occurrence at sea. These same, atypical circumstances, however, gave me a rare window into the opportunities that EI inherently holds in the way of informing and enhancing case management and the communication between the medical community and the patient/family.



Let's rewind for a moment. This series' first article introduced the concept of organizational health and briefly discussed the components that comprise its model: strategy, capability, viability and spirit. EI forms part of the model's bedrock. Properly understood and deployed, it provides a powerful set of tools to both assess and teach leadership skills in organizations.

What exactly is emotional intelligence, and why should you care? Simply put, EI is the ability to perceive and express emotion accurately, to use emotion to facilitate thought, to understand emotions, and to manage emotion in a way that supports optimum performance. EI is that innate ability to effectively balance emotion with cognition in a way that is best suited to the requirements of the situation at hand. It is a set of skills and abilities that goes well beyond technical competence and defines the difference between a competent technician and a true master.

During each stage of my family's odyssey, I noticed a curious and quite palpable difference in our experience with each health care organization we encountered. From the ship's medical staff's detached but sound, rule-oriented approach, to other players' alarmingly misinformed actions, to the soothing embrace of the flight nurse who accompanied my father-in-law home — and who left us feeling confident with the knowledge that he was in capable and caring hands for the remainder of his journey — there was something about the emotional aspect of each environment directly related to the quality of care he (and we) received.

I couldn't help but notice that the less an organization, and the individuals within it, attended to the emotional and technical aspects of our situation, the higher the probability that our perception of something was amiss.

At one end of the spectrum was a rash and ultimately harmful decision to administer the drug warfarin. On the other end, the air ambulance crew that went out of its way to create room for my wife to accompany her father on the flight to an island with facilities that could handle his rapidly deteriorating condition, knowing that the flight would likely frighten him and a familiar face could literally save his life.

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As we moved through a complex gauntlet of events and a round-robin crew of caregivers, I saw the power of emotional intelligence in action. Perceiving, using, understanding and managing emotion made a real difference in the quality of outcomes and in our ability to receive and process information. In black and white, those who naturally intuited our feelings of fear and powerlessness knew what to say and when to say it, and managed to redirect our energy to his care.

In an environment like emergency health care, where recipients of communication and services already feel stressed to their limits, the caregiver's challenge is even greater, and the need to apply EI skills even more critical. A cold reliance on data alone can be very distancing at a time when your recipients must be maximally engaged. From our work studying and counseling on communication and the emotional outcomes of interactions, we know that the way something is said is often far more important than the technical content of the message. (The great communication theorist Marshall McLuhan said it best: The medium is the message.) Some ways of communicating tend to generate what we call separating emotional responses in others (examples include blaming, attacking, withdrawing, ignoring, overexplaining or telling). Other approaches tend to generate connecting emotional responses (e.g., informing, requesting, listening, encouraging, etc.).

The key to communicating in a way most conducive to forging quick and tight connection is for the information-giver to accurately read and attend to the recipient's emotional needs, as well as the giver's own needs to accurately pass along facts and decisions. For example, ways of communicating that generate separating responses (as described above) stem from a sender focused only on his or her own needs. When that focus is broadened to include both parties' emotional needs, connecting emotions are typically generated. And in situations with recipients under severe stress, the challenge is even greater, and the emotional responses (good and bad) that much more magnified.

Some well-intentioned professionals we encountered proved unable to use emotion to produce better results; they seemed incapable of generating the sense of urgency or connection necessary to overcome bureaucratic barriers. When my father-in-law was cleared to fly home, one case manager said we needed to cancel the flight we had worked so hard to secure. She said it was not possible to get the in-flight oxygen my father-in-law needed with less than 48-hours notice.

This person turned out to be absolutely correct on the policy — and completely unable to generate the motivation she needed override it. She was quite amazed when I told her 30 minutes later that we had secured oxygen for the flight. In fact, she didn't believe me. The difference was my sense of urgency, and a deep connection to the outcome that powered me to a heartfelt conversation with an airline representative, who was then willing to move mountains to produce a different outcome. The airline representative was able to share a sense of emotional urgency to facilitate a problem-solving process that delivered the results we needed.

The staff on another unit proved especially adept at understanding my father-in-law's occasional outbursts of frustration, and knew what to do to not further fuel them. They understood that his anger was not about them, and remained steadfast in their ability to provide the comfort and nurturing he needed for his recovery. Others in different units who lacked this level of understanding seemed to avoid him, and in doing so made his situation worse.

Through it all, most stunning to me was an ICU staff so masterful at managing emotion. By managing emotion, I don't mean suppressing emotion — quite the opposite. Nearly everyone we encountered was supportive and caring of patient and family alike, yet was able to switch instantly to explaining technical details when necessary. We saw these skills and behaviors not only in our own case but in other concurrent ones. With the stress of so many unfamiliar settings in such a short time period, on top of the fundamental crisis of an ailing loved one, came also heightened awareness and appreciation of EI's role in

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Intersection of Thinking and Emotion

Positive Thinking

Compassion Pity Sympathy Apologies Regret Making Amends Pep Talks	Encouragement Listening openly Praise Support Collaboration Approval Constructive-confrontation
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Negative Emotions

Resentment Blaming Shaming Guilt Criticism Avoid

Positive Emotions

Teasing Sarcasm Cynicism Humor with a Hook Gossip

Negative Thinking

producing positive outcomes. The flipside was equally apparent. Those who put their own emotional dramas on full display appeared incompetent. Some people have emotions; for others, emotions have them.

In seeing the difference that EI, or to put it more

correctly, emotionally intelligent behavior, can make to someone going through an experience like we did, I am heartened to know that these are skills and capabilities that people can develop and apply if they so choose.

If we consider that emotional intelligence is really

the intersection of thinking and emotion, we can see from the figure (left) that our thinking and our emotions combine in different ways to drive different behaviors.

If I am experiencing negative emotion (sadness, fear, frustration, anger) and I engage in negative thinking (oppositional, against, limiting, can't), much like the case manager in the in-flight oxygen situation, I will tend to do things like avoid, blame, criticize or shut down possibilities. If, on the other hand, I am able to engage in positive thinking (possibilities, expansive, can), I am then able to listen, to encourage, to motivate and create a connection from my actions that make possible quite different results.

The beauty of EI is that skilled practitioners can assess it in people and provide training in skills that enhance emotionally intelligent behaviors. It works, even if you are not "hardwired" to think or work in such ways.

We have learned that in the workplace a person's level of EI is actually a better predictor of success than IQ. Medicine, and the business of it, naturally draws people who want to help others. So why do some with comparable skills "on paper" go so much further than others?

To put it simply, EI cannot be ignored. ☺

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