

Directions: For each question across the top, circle the box that best describes you. Only choose 1 box per column. Once you have answered all 5 questions, choose the colored box in the row where you have the most circles.

| When you go to a presentation or lecture do you prefer: | When presented with a new project do you usually wonder: | Do others tell you that you are: | Do you like it when others: | When you decide if it is time to take a coffee break do you ask yourself: | You are probably: |
|--|--|--|---|---|----------------------------|
| Ice breakers Hands-on activities Songs, music Human interest stories | Why? | Overly willing to give Diplomatic Calm | Get to know you Open, informal discussion Hear and understand all | Would a cup of coffee make me feel good? | S, NF, Diverger |
| Big picture overview Brainstorming Freedom Imagination/Fun | How? | Impulsive Disorganized Not following through | Minimize the details Use visuals, metaphors Give concepts | Do I need a change of pace? | I, SP, Accommodator |
| Detailed instructions Agendas/Outlines Structured discussions Skill practice | What? | Critical Skeptical Over-analyzing data | Follow rules Avoid digressing Have a back-up plan | Is it time for a coffee break? | C, SJ, Assimilator |
| Concise lectures Data (charts, graphs) Clear objectives Definitions | What if? | Direct Impatient Quick to decide | Are accurate Give brief, precise info Avoid fluff | Is everything else under control? | D, NT, Converger |
| <i>Note: This brief quiz does not replace completing a full assessment using one of the many tools described during our presentation. It is meant only as a demonstration to illustrate the types of preferences you may uncover using one of the available assessments. Our crosswalk is not validated.</i> | | | | | |



OUR CROSSWALK, DECONSTRUCTED

| | |
|----|----|
| NT | SP |
| SJ | NF |

MTBI DiSC

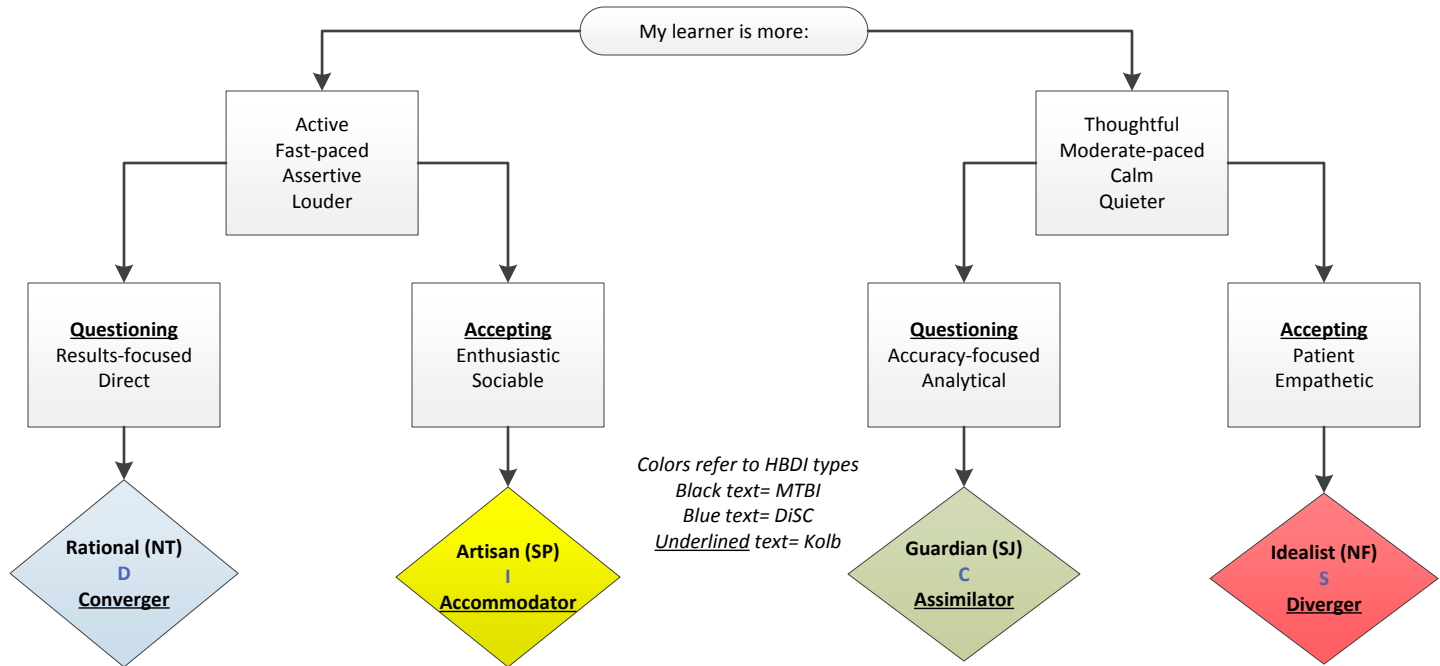
| | |
|---|---|
| D | I |
| C | S |

| | |
|---|---|
| A | D |
| B | C |

HBDI Kolb

| | |
|-------------|--------------|
| Converger | Accommodator |
| Assimilator | Diverger |

Teaching with Emotional Intelligence Learner Tool



| | | | |
|---|---|--|---|
| <p>Emphasis: shaping the environment by overcoming opposition and challenge</p> <p>Tendencies: getting immediate results, taking action, accepting challenges</p> <p>Motivated by: challenge, power & authority, direct answers</p> <p>Fears: loss of environment control, being taken advantage of</p> <p>You will notice: self confidence, directness, decisiveness, risk-taking</p> <p>Limitations: lack of concern for others, impatience</p> <p>Prefer: Data-based charts, graphs Expert sources, citations Terminology defined Technical problems Concise lectures Clear objectives Rigorous Q&A</p> <p>Communicate with them using: Critical analysis Facts, no fluff Technical accuracy Goals & objectives Well articulated ideas Data-fact based charts Brief, clear, precise info</p> <p>Learning question: What if?</p> | <p>Emphasis: shaping the environment by persuading and influencing others</p> <p>Tendencies: involvement with people, making a favorable impression</p> <p>Motivated by: social recognition, group activities, relationships</p> <p>Fears: social rejection, disapproval, loss of influence</p> <p>You will notice: enthusiasm, charm, sociability, optimism</p> <p>Limitations: impulsiveness, disorganization, lack of follow through</p> <p>Prefer: Learner choices/freedom Big picture overviews Discover activities Chunked content Mental imagery Mind-mapping Brainstorming</p> <p>Communicate with them using: Minimal details Freedom to explore Metaphors, visuals Overview, Big picture New, fun, imaginative Conceptual framework Align with long-term strategy</p> <p>Learning question: How?</p> | <p>Emphasis: working within circumstances to ensure quality & accuracy</p> <p>Tendencies: attention to standards/details, analytical thinking</p> <p>Motivated by: clearly defined performance expectations, quality/accuracy being valued</p> <p>Fears: criticism of their work, slipshod methods</p> <p>You will notice: precision, analysis, skepticism, introversion</p> <p>Limitations: overly critical of self/others, indecision due to desire to collect/analyze data</p> <p>Prefer: Skill practice Detailed instructions Repetition & review Step-by-step directions Detailed agenda, outlines Well structured discussions Practical, concrete examples</p> <p>Communicate with them using: Detail time-action plan Thorough w/ references Rules and procedures Step-by-step, concise In writing, in advance Contingency plans No digressing</p> <p>Learning question: What?</p> | <p>Emphasis: achieving stability accomplishing tasks by cooperating with others</p> <p>Tendencies: calm, patient, loyal, good listener</p> <p>Motivated by: infrequent change, stability, sincere appreciation, cooperation</p> <p>Fears: loss of stability, unknown, change, unpredictability</p> <p>You will notice: patience, team orientation, diplomacy, systematic approach, calm</p> <p>Limitations: overly willing to give, putting self/personal needs last</p> <p>Prefer: Group projects Hands-on activities Icebreakers, openers Human interest stories Small group discussions Songs, music, rhythm Sharing personal reactions</p> <p>Communicate with them using: Open, informal discussion Expressive body & voice Intros and conversations Know effect on others Know how people feel Hear and understand all No hidden agenda</p> <p>Learning question: Why?</p> |
|---|---|--|---|

Getting Through to Your Patients

Margot L. Savoy, MD, MPH, FAAFP, CPE, and Pete Yunyongying, MD, FACP

A simple mnemonic will help you focus on your patients' communication style.

You just spent 10 minutes explaining the intricate details of the hemoglobin A1C to Mrs. Jones. You take a breath and ask, "Any questions?" Mrs. Jones frowns at you and responds, "Do I have diabetes?"

It happens even to the most experienced clinicians. You just don't seem to be able to get your message through to the patient. One tool that may help you engage each patient and ensure understanding is the mnemonic RALLY:

Recognize the communication mismatch. Most patients won't tell you that they don't understand what you're talking about, so position yourself where you can see any changes in facial expression or body posture that might suggest confusion (scowling, blank stares, etc.). The problem may simply be that you're talking to the computer screen, speaking too quickly, or using complex terms, or your patient may need an interpreter or have a hearing or visual impairment. If the communication mismatch continues, take the next step.

Acknowledge the communication mismatch. Say to the patient, "I'd like to make sure you understand what I've just told you. Can you explain it back to me?" Expressing your interest in ensuring the patient's understanding will convey how closely you are paying attention and will stress the importance of the information.

Listen actively to the reply. Pay attention not only to what is said but also to what is not said. Is a particular concept missing? Did you assume the patient knew more than he or she actually does? Does the patient tend to focus on data, the process, the big picture, or feelings?

Learn the patient's preference. A number of formal personality and communication assessments, such as the Myers-Briggs Type Indicator, are useful in business, but these are not very practical in the context of a 15-minute office visit. Understanding the four basic temperaments and

FOUR BASIC COMMUNICATION TYPES

THINKERS

- Prefer numbers, graphs, and expert opinions.
- Make quick, rational decisions.
- Want to know "what if?"
- Will bring you a computer printout of all their home-glucose readings (with trends).

PLANNERS

- Prefer organized information.
- Need time to process, analyze, and reflect.
- Want to know "what?"
- Will take information home to think about it, and will follow-up to share decisions later.

DREAMERS


- Prefer big picture ideas.
- Respond to creative examples and metaphors.
- Want to know "how?"
- Will take your one or two options for management and brainstorm 10 more options.

FEELERS

- Prefer stories and people-based explanations.
- Feel concern about impacts.
- Want to know "why?"
- Will tell you about their grandchildren and their last vacation before talking about any medical concerns.

noting patient preferences, however, may provide enough insight to help you frame messages more effectively.

Yield to the patient's preference. Your tendency, especially if you are stressed or rushed, will be to revert to your preferred communication style. For example, you may prefer numbers and graphs, but if your patient needs stories, you must start there. If you begin with one style and it doesn't seem to be working, try something else.

Eventually, when Mrs. Jones begins to nod, ask questions, and maybe even jot down a few notes, you'll know that you're speaking her language. 

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WE WANT TO HEAR FROM YOU

Send comments to fpmedit@aafp.org, or add your comments to the article at <http://www.aafp.org/fpm/2013/1100/p36.html>.

References and Further Reading

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- Wiseman, Liz *Multipliers: How the best leaders make everyone smarter* New York: Harper Business ©2010 Print
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Useful Websites

Assessment Instruments (for purchase)

- Inscape Publishing (DiSC):
<http://www.onlinediscprofile.com/?gclid=Ci6Q35zhvq0CFUOo4AodgRIOAQ>
- Herrmann International (HBDI): <http://www.hbdi.com/home/>
- The Hay Group (Kolb):
http://www.haygroup.com/leadershipandtalentondemand/ourproducts/item_details.aspx?itemid=21&type=1
- CPP (MTBI): <https://www.cpp.com/products/mbti/index.aspx>

Fun sites

- Trullinger, Lina. "The Simpsons Do Myers Briggs"
<http://www.slideshare.net/lntrullin/the-simpsons-myersbriggs-test?type=powerpoint>
- TV Tropes "Examples of Myers-Briggs Personalities in Stories"
<http://tvtropes.org/pmwiki/pmwiki.php/Main/ExamplesOfMyersBriggsPersonalitiesInStories>