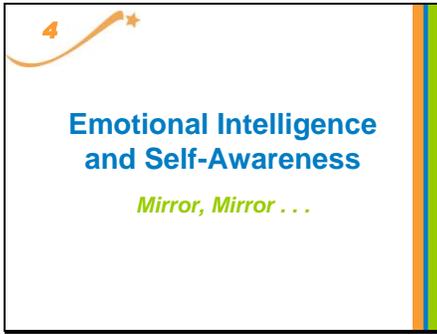


Emotional Intelligence and Self-Awareness

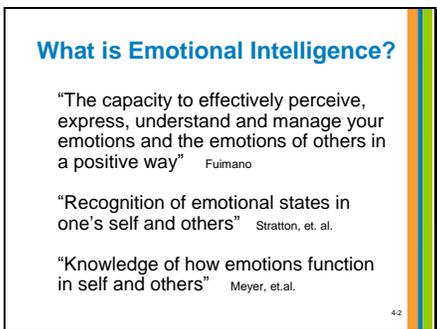
Purpose	This segment provides an overview of emotional intelligence, its relationship to effective precepting and Myers-Briggs Type Indicator [®] . It includes determining the Myers-Briggs Type Indicator [®] for each participant who completes the MBTI [®] assessment.
Time	70 minutes
Objectives	<ul style="list-style-type: none">• Define Emotional Intelligence.• Associate the influence of Emotional Intelligence with the role of precepting.• Discuss the Myers-Briggs[®] Psychological Type Theory and 8 patterns of behavior.• Identify the “preferences” of your individual personality type.• Understand the possible effect of personality type on professional and personal relationships.
Outline	Emotional Intelligence — Concept and Application Emotional Intelligence as It Relates to Precepting Introduction to Myers-Briggs Type Indicator [®] 16 Dichotomies of Myers-Briggs [®] Review MBTI [®] Results Preference Clarity Index Application of MBTI [®] to the Preceptor Role MBTI [®] Exercises Conclusion
Materials Needed	<ul style="list-style-type: none">□ PowerPoint file NPA_4_Emotional Intelligence□ MBTI[®] results distributed to participants after self-selection process and review of 16 dichotomies□ 4 flip charts on easels — one in each corner of the room□ 4 permanent markers <p><i>Note: MBTI[®] is a personality inventory developed by Katharine Cook Briggs and Isabel Briggs Myers. It is intended to be administered and interpreted by a person certified by the Association for Psychological Type International. See Section 10, Implementing the Nurse Preceptor Academy.</i></p>



Emotional Intelligence and Self-Awareness

PPT 4-1

Now we are going to hold a mirror up to ourselves and look at how our personality type and emotional intelligence can affect precepting.



What is Emotional Intelligence?

PPT 4-2

How many of you have you heard of the term “emotional intelligence?”

I disagree with definition No. 1 because I don't feel we have the ability to “manage” the emotions of others. We have the ability to influence them but not “manage” them. After all, we have only control over ourselves.

Emotional intelligence is closely related to the way we communicate. Communication skills are imperative to our ability to functions as nurses. We communicate with numerous people daily: preceptees, patients, families, physicians, ancillary departments. Patients' lives depend on our ability to communicate with our co-workers.

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Self-Awareness

Emotional intelligence begins with self-awareness — being conscious of the energy behind your words and interactions.

- Assists you in effectively managing emotions
- Promotes successful interpersonal relationships

43

Self-Awareness

PPT 4-3

Emotional intelligence begins and ends with self awareness.

Emotional intelligence is an opportunity for personal improvement.

Has something ever left your lips and as the words are being spoken, you are thinking “I shouldn’t have said that.” . . . sound familiar?

Managing emotions is a learned response from childhood.

Share a personal story about one of your learned responses such as “My mother was a cabinet door slammer. We all knew when she was mad. That was her way of expressing her anger. I grew up with that behavior being role modeled to me. So, guess what I do when I am angry or upset? Yep, I slam cabinet doors . . . at least until I realized that this was not really the way I wanted to behave.”

Remember, the energy behind your words can be spoken and they can be delivered via e-mail. Think about how much of our communication today is via e-mail. This type of written communication can appear to be blunt and brusque.

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How does E.I. affect behavior?

- Emotional intelligence means being in tune with your own emotional state.
- Emotional intelligence can be influenced by:
 - Traumatic experiences
 - Life's challenges
 - Coping mechanisms
 - Job stress
 - Personal stress
- Cognitive and emotional intelligence work together to determine our behaviors.

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How does emotional intelligence affect behavior?

PPT 4-4

How does emotional intelligence affect our behavior? The way we respond in any situation is influenced by a number of things, including emotions.

Because emotional intelligence means being in tune with our emotional state, it must affect our behavior.

Think of all the baggage we bring with us to work (traumatic experiences, life challenges, coping mechanisms, job stressors, etc.).

If emotional intelligence is our ability to manage all of our internal emotions (influenced by our personal situations or baggage), then it makes sense that emotional intelligence affects our behavior, and our ability to see situations more clearly and respond appropriately.

For example, how do we respond in a stressful situation?

HINT: Stress DOES NOT usually bring out the best in us.

SCENARIOS:

- The tele nurse wigs out over an admission from ER. Her anger and negativity makes the rest of the day uncomfortable for the other staff.
- The physician wings a hemostat across the room when a central line placement does not go well.
- The preceptor snaps at their preceptee who has asked the same questions three times.

We have learned from experience that our cognitive skills (cognitive intelligence), as well as our ability to control/manage our emotions (emotional intelligence), will affect the outcome of a situation.

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How does emotional intelligence relate to precepting?

How does emotional intelligence relate to precepting?

PPT 4-5

Precepting means interacting with others, not just your new employee.

Emotional intelligence will have an effect on the relationship you build with your new employee. You also are serving as a role model for that new employee. This is your opportunity to demonstrate your values!

Use a clinical example such as: You are working on the medical unit when the ER nurse calls to give you a report. You have several important tasks to accomplish before receiving this new patient. You could either lie and tell the ER nurse that the room isn't clean yet, or you could explain your situation and respectfully request that she not bring the patient up for at least 15 minutes. You choose the latter. She then tells you there is a critically ill patient in route via ambulance and she requests you take the patient now. You agree and then delegate the receiving of that patient to another nurse until you can get to the room . . . or you throw a big fit and bad mouth the entire ER . . . "They ALWAYS do this!!"

Take a personal inventory. Ask yourself how well do I:

- redirect my own negative attitudes?
- work with others?
- demonstrate empathy for my patients?

Do I have emotional control over myself?

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Effects of Emotional Intelligence

Studies show emotional intelligence:

- Limits workplace turnover
- Increases social competence among health care providers
- Improves interpersonal competencies = improves the quality of health care delivery and enhances patient satisfaction

46

Effects of Emotional Intelligence

PPT 4-6

I doubt that this will be a revelation to you!

What's your type?

No, not that type...your Myers-Briggs® type

47

What's your type?

PPT 4-7

No . . . not tall, dark and handsome. We're talking about your personality type! Your personal preferences demonstrate how you live in this complex world.

And, how do you relate to others?

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Theory of Personality Type

Psychological type is a theory of personality created by Swiss psychiatrist Carl G. Jung to explain the differences between healthy people.

Katharine Cook Briggs and her daughter, Isabel Briggs Myers, studied this theory and went on to develop the Myers-Briggs Type Indicator® assessment.

4-8

Theory of Personality Type
PPT 4-8

Jung = pronounced “Young”

The MBTI® is a validated method to identify an individual’s most preferred of 16 various personality “types.”



Patterns of Behavior

Differences in behavior result from inborn tendencies to use our minds in different ways.

As people act on these tendencies, they develop patterns of behavior.

4-9

Patterns of Behavior
PPT 4-9

Diversity is GOOD!

Environment also has an effect.

Remember nature versus nurture. Both contribute to our development and behavior.

Myers-Briggs Type Indicator®

Purpose of MBTI® assessment

- To increase self-awareness
- To increase understanding of others
- Its purpose is NOT to label people!
- The biggest danger of the MBTI® theory is the risk of *stereotyping*.

4-10

Myers-Briggs Type Indicator®
PPT 4-10

Consider telling a personal story about MBTI®, such as:

When I was taking the MBTI® certification course, everyone took the MBTI® test to determine our own personality types. Then, we were asked to wear a name tag that displayed our personality type in BIG letters! I was somewhat uncomfortable with this.

It’s not that I didn’t want people to know what my personality type was. I just simply didn’t want to be labeled. I didn’t want people to make assumptions about me because of my MBTI®.

I could be labeled as a “FLAMING J” because yes, my grocery list is computerized, and I do plan my dinner menu by the week.

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Psychological Type Theory

- The MBTI® instrument describes four dichotomies, each made of a pair of opposite behavior *preferences*.
- Jung's psychological type theory defines eight different patterns of behavior based on these four dichotomies.

4-11

Psychological Type Theory

PPT 4-11

We do what is comfortable for us.

MBTI® scores can change throughout time.

Some of us change behavior purposefully (for jobs, relationships). Hopefully our comfort level with that new behavior also will increase.

Four Dichotomies

- Extraversion or Introversion
- Sensing or Intuition
- Thinking or Feeling
- Judging or Perceiving

4-12

Four Dichotomies

PPT 4-12

These are the four dichotomies.

Preferences Indicate the Differences in Normal, Healthy People

- Where they prefer to focus their attention and energy
 - Extraversion or Introversion
- The way they prefer to take in information
 - Sensing or iNtuition
- The way they prefer to make decisions
 - Thinking or Feeling
- How they orient themselves to the outer world
 - Judging or Perceiving

4-13

Preferences Indicate the Differences in Normal, Healthy People

PPT 4-13

Differences = Gifts

Note that the i is lower case and the N is upper case on iNtuition because MBTI® uses the letter N to represent this preference.

Psychological Type Theory

- Each of these eight patterns of behavior are used by everyone. However, we have certain natural *preferences* that cause us to use our preferred function over the other choice in the dichotomy.
- These are called *dominant functions*.

4-14

Psychological Type Theory

PPT 4-14

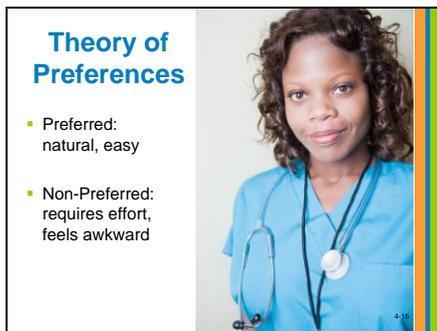
I must emphasize that the MBTI® test is indicated for normal, healthy adults. If you happen to be going through a terrible divorce or are in the middle of a psychotic break, it's probably not a good time to take the MBTI®.

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Usually, not more than one “preference” will change from one dichotomy to the other. It is not optimal to complete an MBTI® test if you are under severe personal stress or during a significant life change.

We also have auxiliary functions that we may bring forward in certain situations.



Theory of Preferences

- Preferred: natural, easy
- Non-Preferred: requires effort, feels awkward

Theory of Preferences

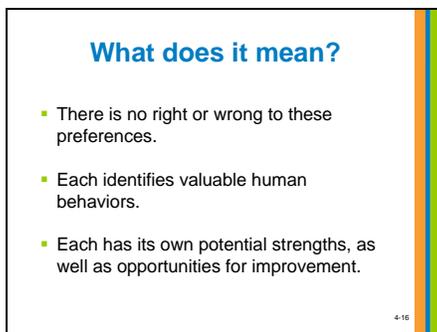
PPT 4-15

Exercise to reiterate the importance of preferences

Tell participants: I want you to write your signature using your nondominant hand. Do not print. This must be a signature.

Ask several participants: How did this feel to you? What word(s) would you use to describe this experience?

Your preference is, and this is no big surprise, that you do what is easy and comfortable for you.



What does it mean?

- There is no right or wrong to these preferences.
- Each identifies valuable human behaviors.
- Each has its own potential strengths, as well as opportunities for improvement.

What does it mean?

PPT 4-16

Again, self-awareness is the key.

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Psychological Type

- You can estimate your psychological type by combining the letters that indicate your preferences of the four dichotomies.
- There are 16 possible combinations, or 16 patterns of personality type.

4-17

Psychological Type

PPT 4-17

We are going to review the various parts of the personality theory and attempt to self-select our individual types.

Where do you get your energy?

E-I Dichotomy

Extraversion

Focus on the outer world of people and activity.

Direct their energy outward and receive energy from interacting with people and from taking action.

Introversion

Focus on their own inner world of ideas and experiences.

Direct their energy and attention inward and receive energy from reflecting on thoughts, memories and feelings.

4-18

Where do you get your energy?

PPT 4-18

Extraversion

Engage others

Expressive

Gregarious

Talkative

Initiating

Breadth of interests

Active

Comfortable in large groups

Introversion

Contained

Prefers solitude

Quiet initially

Reflective

Depth of understanding

Receiving

Reserved

Comfortable in intimate groups

*(from MBTI[®] qualifying program notebook
Page 37)*

***Insert an E-I exercise of your choice here.
See Pages 19-21 of this instructor guide for exercises.***

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How do you prefer to take in information?
Information or data gathering

S-N Dichotomy

<p>Sensing</p> <ul style="list-style-type: none"> • Take in information that is real or tangible • Observant about the specifics of what is going on around them • Data driven, organized • Attuned to practical realities 	<p>iNtuition</p> <ul style="list-style-type: none"> • Take in information by seeing the big picture • Focus on connections between facts, not specifics • Attuned to seeing new possibilities • Flexible, sees the whole picture
---	---

4-19

How do you prefer to take in information?

PPT 4-19

Sensing

Physical environment
 Details
 Personal experiences
 Practical needs
 Realistic
 Literal
 Facts
 Hands on
 Concrete

Sensing = data oriented, detailed

Sensors — data is important; will tell the details of the picture

iNtuition

Imagination
 Ideas
 Global perspective
 Original
 Theories
 Concepts
 Abstractions
 Potential

Intuition = able to look at the broad picture, global thinker

Intuitives — not as data oriented; seek to understand the picture; may “tell the story of the picture”

*(from MBTI® qualifying program notebook
 Page 35)*

Insert an S-N exercise of your choice here.

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How do you make decisions?

T-F Dichotomy

Thinking	Feeling
Look at the logical consequences	Consider what is important to others
Examine the pros and cons objectively	Identify with everyone so decisions are based on values and honoring people
Critique and analyze to identify what's wrong with something in order to solve problems	Energized by appreciating and supporting others
Goal is to find a principle that will apply in similar situations	Goal is to create harmony

4-20

How do you make decisions?

PPT 4-20

Thinking

Analysis
Cause and effect
Straight forward
Critical
Logical
Accommodation
Questioning
Tough-minded
Acceptance
Impersonal

Thinking — Fairness is most important.

Feeling

People
Compassion
Relationships
Harmony
Accommodation
Appreciation
Acceptance
Empathy

Feeling = Empathy

Do you use your head or your heart to make decisions?

*(from MBTI® qualifying program notebook
Page 36)*

Insert a T-F exercise of your choice here.

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How do you deal with the outer world?	
J-P Dichotomy	
Judging	Perceiving
Planned and orderly way of life	Flexible and spontaneous way of life
Make decisions, come to closure and move on	Seek to experience and understand life
Tend to be structured and organized	Stay open to new information and options
Stick to a plan and a schedule	Like change
Energized by getting things done	Energized by adapting to demands

How do you deal with the outer world?

PPT 4-21

Judging

Uses milestones as assessment points
 Scheduled
 Structured
 Sounds confident
 Systematic
 Plans ahead
 Outcome focused
 Justification is required when changing plans

Judging — They get the job done! You can count on them.

Judgers = Work, such as baths, medications, treatments, MUST be done first.

Perceiving

Uses milestones as deadlines
 Casual
 Flexible
 Adaptable
 Goes with the flow
 Emergent
 Wait and see
 Justification isn't always necessary when changing plans.

Perceiving — like to discuss choices; innovative

Perceivers need time to take in the situation as a whole and process.

These issues could have an effect on management of patient care.

Perceiver — may spend more time talking with patients and families.

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You may ask, “Where have you been? We have work to do!”

BOTH are important! We strive to find a balance, to be holistic caregivers . . .

(from MBTI® qualifying program notebook Page 37)

Insert a J-P exercise of your choice here.

Diversity

One room is your favorite...but you own the whole house!

ISTJ	ISFJ	INFJ	INTJ
ISTP	ISFP	INFP	INTP
ESTP	ESFP	ENFP	ENTP
ESTJ	ESFJ	ENFJ	ENTJ

4-22

Diversity
PPT 4-22

Comment on the diversity and any clustering of types in the participants.

Note: Before this session, add the number of participants in the box that corresponds to their type on this PowerPoint slide.

Career Interests

Combinations of perception (S or N) and judgment (T or F) influence career interests and choices.

	ST	SF	NF	NT
Skills	Practical & Analytical	Sympathetic & Friendly	Insightful & Enthusiastic	Logical & Analytical
Scope of Interest	Technical skill with objects & facts	Practical help & services for people	Understanding & encouraging	Theoretical & technical frameworks
Careers	Business Administration Banking Law Enforcement Construction	Health Care Community Service Teaching Supervision Religious Service	Psychology Human Resources Teaching Research Health Care Art & Music	Research Management Computer Tech Law Engineering

4-23

Career Interests
PPT 4-23

Many health care workers are an SF or an NF. As a nurse, if you are not an SF or an NF, it does not mean that you have chosen the wrong profession! It may simply mean that your strengths may be more management or business oriented. There is no hard and fast rule.

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Let's review our MBTI® results.

PPT 4-24

Please pull out your MBTI® report form.
(Distribute the report forms if you have not already done so.)

The front of your report lists your personality type as indicated by the letters listed for each dichotomy.

The back of the report form has a brief explanation, or synopsis, of each of the 16 different personality types.

Preference Clarity Index

- Your MBTI® report shows a number by each letter. This number is called the preference clarity index.
- This number shows how *consistently* you chose that preference over its opposite when you answered the questions.

4-25

Preference Clarity Index

PPT 4-25

Value your preferences!

How will MBTI® assessment help you be a better preceptor?

- Identifies characteristics associated with your personality type
- Identifies the positive attributes of your type
- Identifies how others may see you
- Identifies potential areas for growth

AND ...
May assist you in understanding others!

4-26

How will MBTI® assessment help you be a better preceptor?

PPT 4-26

How does this relate to precepting?

What if your preceptee is an extrovert? He may need to talk out what he is going to do before he does it. When he talks about the plan of care for a patient or a specific clinical task, you may be concerned that he knows what he is doing. However, talking through things is how an extrovert processes and thinks.

Introverts may be silent processors. You may ask, "Why don't they ask more questions? Do they know what they are doing?"

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Communication

<p>Extraverts</p> <ul style="list-style-type: none"> • Let them talk • Encourage discussion to find solutions • May need to ask them to listen • Give frequent feedback 	<p>Introverts</p> <ul style="list-style-type: none"> • Ask one question at a time • Then, talk about one issue at a time • Give them time to reflect and prepare when asking for a solution
--	---

4-27

Communication

PPT 4-27

Extraverts reason out loud. This may be disconcerting.

Introverts think before they talk. You may need to ask, “What do you think about this?” Ask questions.

Information Gathering

<p>Sensors</p> <ul style="list-style-type: none"> • Work well with facts and examples • Information is gathered step-by-step • Stress practical application • Will consult policies 	<p>INTuitives</p> <ul style="list-style-type: none"> • Talk about the big picture and possibilities • Generate multiple solutions • Think “out of the box” • Engage imaginations • Question basic assumptions
--	---

4-28

Information Gathering

PPT 4-28

Sensors — when giving feedback, provide these preceptees with concrete examples.

Intuitives may question your practice. This can be irritating, but it is probably NOT intended to undermine you or to be critical.

Decision Making

<p>Thinkers</p> <ul style="list-style-type: none"> • Strive to be objective • Organized and logical • Focus on consequences • Appeal to sense of equality and fairness 	<p>Feelers</p> <ul style="list-style-type: none"> • Seek to understand the positions or opinions of others • Appreciate efforts and contributions of people • Deal with “people” concerns
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4-29

Decision Making

PPT 4-29

Thinkers — this doesn’t mean that they are “hard hearted” or unsympathetic. However, they may have to work on finding empathy.

Feelers — This doesn’t mean these folks can’t make logical decisions. They can, but they may have to work at removing the emotion from a situation.

Could conflict arise between a thinker and a feeler?
Yes!

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Task Management

<p>Judgers</p> <ul style="list-style-type: none"> • On time and prepared • Want conclusions and closure • Decisive and definite • Organized • Don't waste time 	<p>Perceivers</p> <ul style="list-style-type: none"> • Ask many questions • Don't force decisions • Provide opportunities and discuss options • Allow time to process • Like choices
--	--

4-30

Task Management

PPT 4-30

Judgers make lists so they can cross off things.

Perceivers are spontaneous! They seek to enjoy life!

How many of you know where you are going to go on vacation this summer? How many of you already have reservations? *These are your judgers.*

Truths About Type

- Each person is unique.
- Everyone uses preferences to some degree.
- Your type consists of those you prefer.
- Type does not explain everything.
- There is no right or wrong type.
- Be aware of your type biases.

4-31

Truths About Type

PPT 4-31

Make no assumptions about other people based on their MBTI® scores.



MBTI® Exercises

4-32

MBTI® Exercises

PPT 4-32

If time permits, include some additional MBTI® exercises found on Pages 19-21 of this instructor guide.

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Conclusion

- Understanding our type contributes to emotional intelligence and self-awareness.
- Although a valuable tool for interpersonal relations, type does not explain ALL aspects of a working relationship.

4-33

Conclusion

PPT 4-33

There may be other issues that are not “type” related.

Matching a preceptor to a new employee on the basis of learning style and personality characteristics can enhance productivity and satisfaction. Although you may not always know the personality type of your new nurse, you will probably be able to identify some traits. Some information is better than none! Even if you are sure only of your own personality type, this leads to self-awareness.



The REAL question ... How will this information make you a better preceptor?

4-34

Conclusion

PPT 4-34

The REAL question is . . .

How will this make you a better preceptor?

Tolerance, patience and understanding.

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Meyer's-Briggs® Exercises

Select from these exercises or substitute comparable exercises.

At the end of every exercise, ask “What are the implications for the preceptor/preceptee relationship?”

To differentiate between J/P

Exercise — Have the audience go to flip charts — 1-2 for Js and 1-2 for Ps. Ask the question and give them 3-4 minutes to discuss. Then share with the others.

As the preceptor, you have an orientation packet of 16 forms to complete in 4 weeks. When would you complete them?

Exercise — Purpose: to demonstrate the differences in task management. (How deadline oriented are you?) You will need two large signs (approx. 24" X 24"). One is to have printed on it “I Must Work Before I Play.” The other should say “I Can Play Anytime.”

Ask the group to arrange themselves in a horseshoe. At each “end” of the horseshoe should be the person who feels the MOST strongly that the statement on the card reflects their feelings. The rest of the group should then place themselves in position within the horseshoe that reflects their feelings about the statement. People who don't care, one way or the other, will probably be in the center. Ask the group to do this exercise in relation to their professional lives. If you have time, have them do the same exercise in relation to their personal lives.

See slide PPT 4-21 for “expected” outcomes.

Ask: If you put yourself in the middle — part J and part P, do you feel pulled in different directions?

To differentiate between E/I

Exercise — Tell the audience you are going to read a group (A) of activities. When they hear each activity/descriptor, they should mark on a piece of paper whether that is something that they would do naturally. Then, read the second group of activities (group B). Have the audience mark yes or no for each activity under a heading marked Group B. The section with the most yes marks is their preferred energy source (E/I).

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Group A (describing E)

- Shake hands when introducing self to patient
- Comfortable providing input in a large group
- Frequently tells stories or anecdotes at nursing station
- Within weeks of starting on unit, the new staff will know your life history

Group B (describing I)

- Prefer to process by yourself
- Eat lunch alone
- Does not appear excited in a crisis situation
- Reflect on patient interactions at end of day

Exercise — You are attending a professional conference with colleagues. At the end of a day, a group is going out to happy hour. Do you:

- A. Go along happily
- B. Decide to go back to your room

When you get in an elevator with strangers, do you:

- A. Initiate a conversation
- B. Stay quiet

You are walking down the hall during the middle of a shift. You notice your patient's room is full of visitors. Do you:

- A. Walk in and join them
- B. Walk on past and decide to come back later

An agency nurse you have never met is assigned to your shift. Do you:

- A. Introduce yourself immediately and initiate a conversation
- B. Plan on introducing yourself later if needed

If you answered A to most of the above, than you have a tendency toward extraversion. What are the implications for a preceptee/preceptor relationship?

To differentiate between S/N

Exercise — Tell the audience you are going to show them an object. They should write down words that come to mind when they see that object (do not use the word describe). Hold up a blood pressure cuff for 20 seconds. Give the audience 30 seconds to write. Have people share what they wrote. The S will more likely write detailed descriptions (color, size, etc.). The N will more likely write thoughtful words (work, vitals, life, etc.).

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Exercise — Purpose: to demonstrate the difference in how sensors & intuitives collect information and their perception of this information.

You will need a large picture (approximately 24” X 35”) which is very detailed and complex. There should be a lot going on in this picture. Before the academy begins, choose two participants — the one with the highest S score and the one with the highest N score. Ask them privately if they would be comfortable participating in an exercise. (Choose another two people with high S & N scores as potential backup.) Ask both participants to leave the room. Show the picture to the group and explain the exercise. The S and the N will each be given 20 seconds exactly, to view the picture. They are then asked to simply “tell me what you saw.” I usually take the S first, leaving the N in the hallway, out of hearing range from the classroom. Then, I ask the S to sit down and the N is brought in, and the process is repeated.

See slide PPT 4-19 for the “expected” outcome.

Exercise — Draw a figure on a flip chart (the squares and diamonds figure). Have the participants write down their thoughts that come to mind.

Expected outcome:

S will have written very detailed notes.

N might write what the objects could be or could be used for.

Exercise — Put up a slide of an ICU room. Ask the group: When you walk into your patient’s room, how do you acquire information? What is your approach? What catches your attention?

Expected outcome:

S: equipment, details, data (An E might look at the patient first.)

N: global thoughts — looking for the big picture, is there blood on the floor, what does the environment feel like . . .

Practice implications:

The N needs to be more detailed in nursing — needs to learn to handle details.

The S often doesn’t connect the details — e.g., here is a report, here is a report. They have to learn to put them together. Nurses who are strong S need to learn to use more iNtuition.

We can work with our preceptee to develop both the S and the N.

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To differentiate between F/T

Exercise — You have volunteered to buy a staff gift for a co-worker who is getting married. What is important to you in deciding what to buy?

Expected outcome:

After the exercise, have a conversation about how this one is muddy. Nurses especially have developed the feeling mode.

File: G-NPA Instructor Tab 4 Emotional Intelligence

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