

# Doctors & TYPE

Whether doctors realize it or not, their types can influence every step of their medical careers. Should I be a doctor? How do I get through medical school? What kind of practice should I join? How can this care team work better? Type can help with all these questions.

## Residency

Patricia Williams, ENFJ, an M.D. who frequently consults in medical settings, finds type a lifesaver for medical residents (including interns). Besides helping the new doctors understand and support each other, type helps them manage the enormous stress. For example, type can help intuitives understand why they felt overwhelmed in the first year of medical school when the heavy information load requires a lot of sensing skills.

"T/F differences are also very important," says Williams. "Feeling residents take it very hard when a patient doesn't do well, whether or not it's their fault. They are often good at empathizing with families but may find it very hard to break bad news. Thinkers can relate the bad news but may not be comfortable handling the emotional reactions."

Williams adds, "J/P can be critical too. While Ps may need to learn some J skills to get through medical school, they have a huge advantage as interns because they multi-task easily and aren't as easily upset by the constant interruptions and change of focus required as interns. Js get very stressed out by this constant shifting of gears."

Type even affects reactions to "rounds", a fast interactive teaching process biased towards extraversion. The introverted intern can be overwhelmed by the rapid fire questions and frequent impatience of the attending physician. Extraverts can be frustrated if an introverted attending physician doesn't communicate his or her thought process.

## Hospital Groups

Williams also uses type in hospital settings, often to improve teamwork and change management. In one psychiatry unit, the predominantly introverted staff realized that they were good at one to one communication with patients, but they needed to work on sharing information in staff meetings and other group settings.

At a community hospital, Williams was asked to present type to help physicians and key administrators struggle with major changes. In a morning session Williams introduced type and prepared participants to use type awareness to facilitate talking about tough issues later on. As is often the case in community (vs. academic) hospitals, the physicians were widely distributed in type depending on their practice areas, but were primarily SJs and only one-quarter NTs. The non-medical senior management group (administrators) were predominantly INTJ. This type information gave people a new perspective about why physicians disagreed among themselves and why physicians and administrators looked at things so differently. People were able to see why changes were threatening to some physicians and exciting to others.

The feedback about type was astounding. Physicians and administrators both raved about the session. Type had set the tone for the afternoon, lightening things up so the group could open up and accomplish much more than expected.

## **Medical Practices**

With the increasing burden of managed care, type is being used to help some large medical practices understand their dynamics and improve teamwork.

Waite Maclin, ENFJ, a Portland, Maine consultant has found the temperament profiles of the specialty practices he works with to be amazingly consistent - mostly NT physicians with a smattering of NFs and SJs and support staffs which are overwhelmingly SJ. "This creates a predictable dilemma," says Maclin. "The support staff simply wants to do their duty and anything that gets in the way of that (unnecessary change, confusion, mixed signals) causes great stress. They want a strongly hierarchical, well ordered system. "

"Picture them working for largely NT physicians who embrace complexity, creativity, and change. The doctors expect support staff to function with minimum direction. Yet maximum direction is what the SJs need. Feeling SJs also want to be appreciated, not a strength for NTs. Extraverted staff members can be further alienated because they want more interaction than the introverted doctors provide."

Once they understand type, both doctors and staff can see that differences of opinion within the practice are natural and not oppositional. Criticism can be seen less personally because it is couched in terms of type.

## **Getting Support**

Maclin is often called in by the Practice Manager who runs the business side of the practice and can see the damage of a team that isn't working effectively. Meeting with the Practice Manager and the Head Physician, he explains how type can impact this practice's problems and how it has been used effectively by other practices. If the Head Physician supports type, this usually pushes others to get on board.

Maclin tries to introduce type first to the physicians because this sends a message to others that the process is important. Since physicians can be skeptical about self-awareness activities, Maclin introduces the MBTI as a well-researched theory and instrument. He shares the original research, subsequent studies, and pertinent articles about type. (See *Overcoming Physician Resistance* on p. 4.) He also suggests easy ways for doctors to act with type in mind: being patient with questions, taking a minute to chat during a coffee break, telling someone they did a good job, or just learning a person's name.

One physician admitted sheepishly that he had never even entered the accounting department. Another became aware that he only knew the names of staff members with whom he worked closely. Only in the session did they realize the impact these things might be having.

In working with a cardiology practice of 11 doctors and 41 staff, Maclin first held two evening sessions with the doctors, followed by a day-long session for support staff. Support staff usually welcome such initiatives, although they have concerns about airing negative feelings. At the end of this session, Maclin had participants list actions that would "make this a better practice and a better place to work." He then put the list in an anonymous typed form and analyzed its themes before sharing it with the physicians.

For the cardiology practice, getting everyone together took a year to arrange. The second of the two evening sessions was made more informal by a casual hotel setting with food. True to both type and status, the SJ staff showed up on time and the primarily NT doctors drifted in from their hospital rounds. Maclin was able to diffuse resentment by relating these behaviors to what is more important to different temperaments (punctuality for SJs and accomplishment in their craft for the NTs).

At the meeting, staff and doctors worked in temperament groups to identify what their temperaments contribute to the practice. "Why should others in the practice be glad we are here?" In addition to explaining differences between the dominant SJ and NT temperaments, the reports of the NF and SP groups highlighted some contributions others had never thought about.

Since the staff felt the practice needed a vision, a mission statement was created in the joint sessions and later in a joint committee with input from everyone. Not only did the SJs have their roadmap, but it had come from a truly joint process.

## **Patient Applications**

To type practitioners, applying type to patients would seem a natural focus for a practice learning about type. Williams knows of one pediatric oncologist, for example, who is looking at how type might be used to manage the stress of a family coping with childhood cancer. But with limited resources, most practices spend their time applying type to teamwork and practice efficiency.

So, for the time being, when you see Type?: \_\_\_\_\_ on a medical questionnaire, it will probably still mean blood, not psychological type.