### UTSouthwestern

Medical Center

Department of Surgery

# Personality Styles Among Surgical Faculty: Implications for Surgical Education

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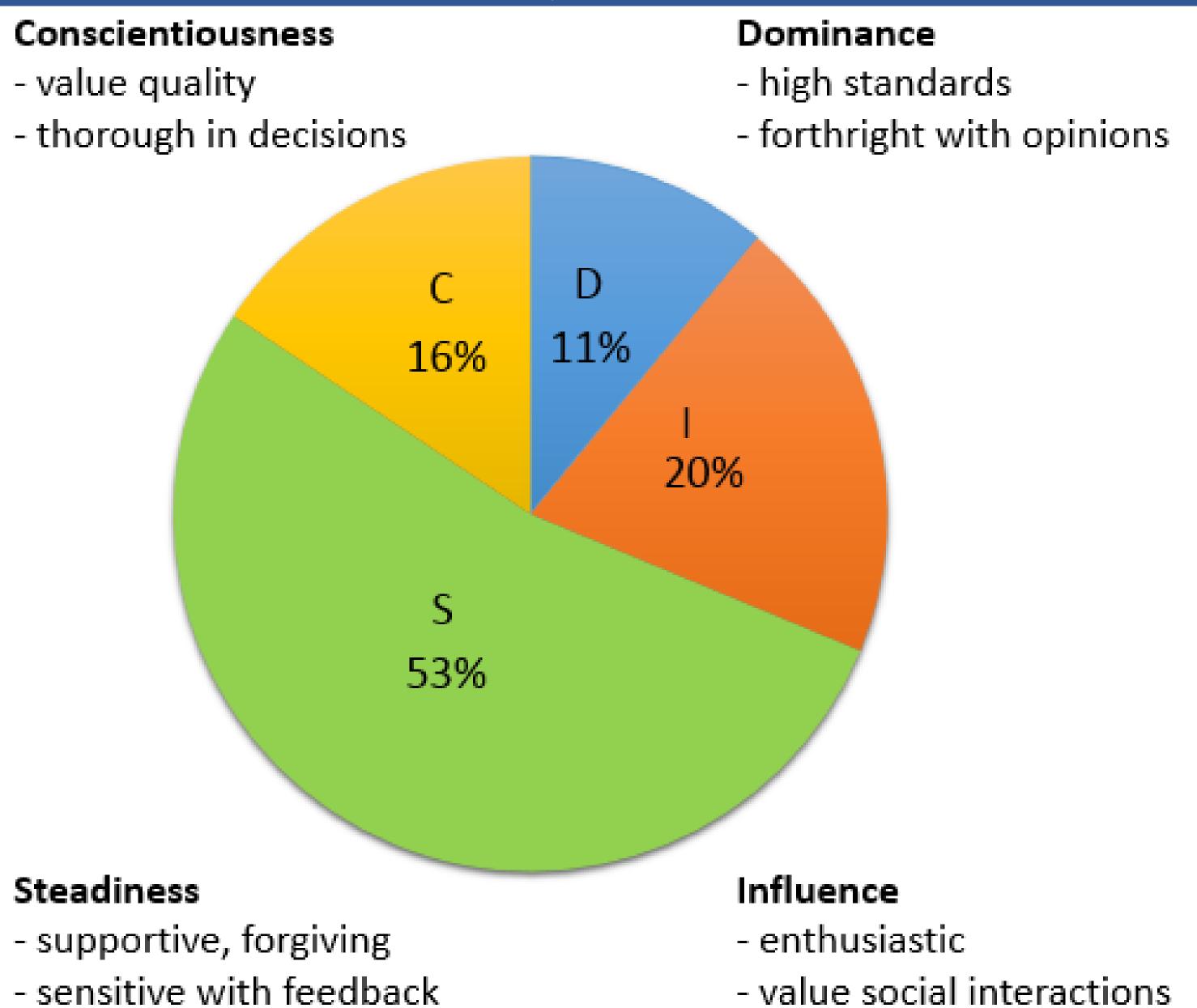
#### BACKGROUND

- A relationship has been proposed between personality profiles and teaching performance in nonclinical settings, but this has not been fully defined in clinical settings<sup>1-4</sup>.
- Faculty development efforts must acknowledge learners' perspectives to be effective in improving teaching and learning.
- An improved understanding of an individuals' own personality traits can allow one to gain insight and adapt to the learner and learning environment.
- This study was designed to determine the association between attending surgeons' personality profile and residents' and students' teacher ratings.

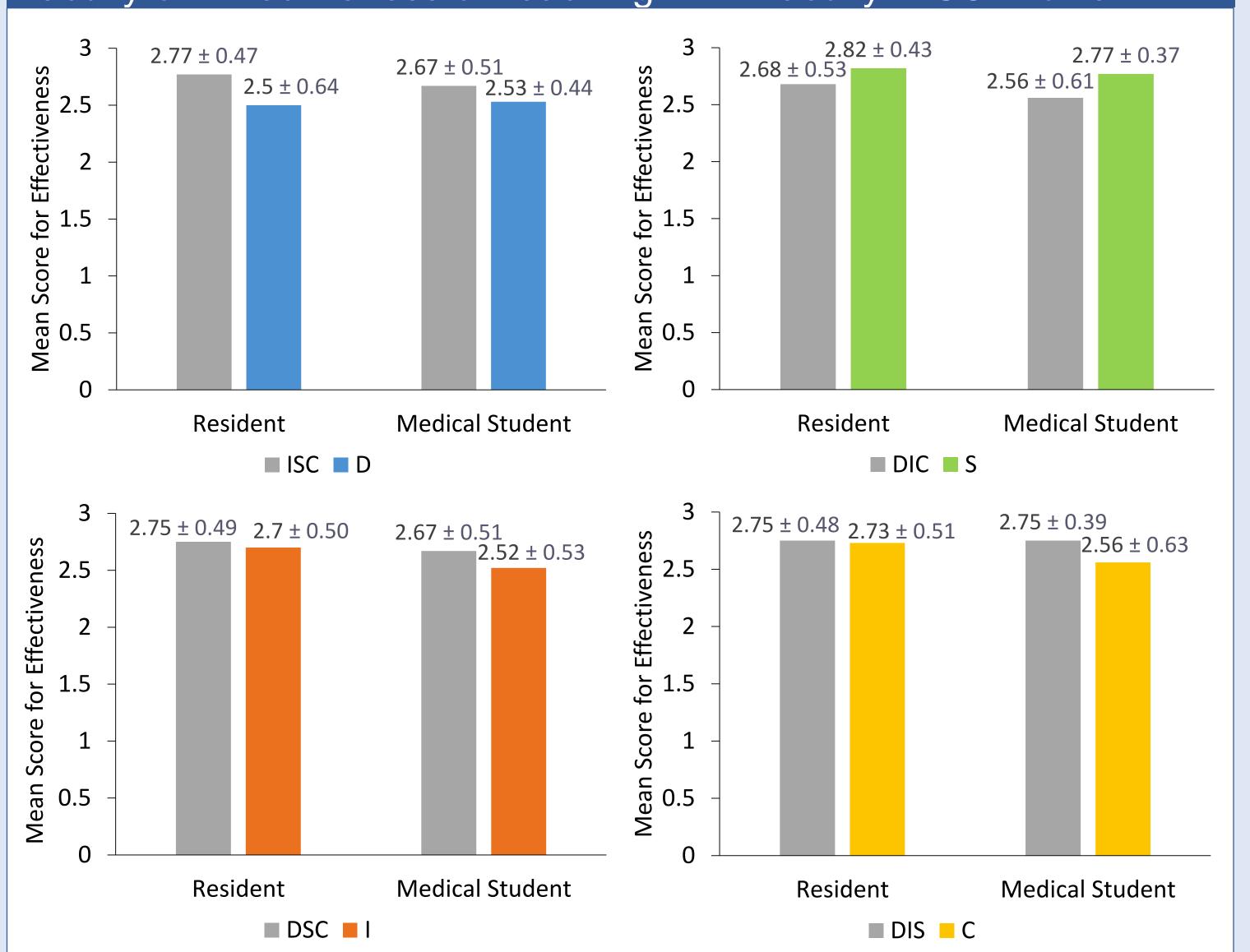
#### METHODS

- 64 faculty members from UTSW Department of Surgery completed a voluntary standardized personality profile: DISC Workplace assessment.
- DISC includes 4 dimensions: Dominance (D), Influence (I), Steadiness (S), and Conscientiousness (C)<sup>5</sup>.
- As part of the trainee evaluation process, residents and medical students complete an anonymous questionnaire, rating and commenting on teaching performance of surgical faculty while on surgical rotations.
- Resident and medical student evaluation of faculty were analyzed and compared with the faculty DISC profiles.
- All data was de-identified, anonymous and IRB approved.

### **Figure 1:** Distribution of DISC Profiles Among UTSW Faculty. Descriptions of DISC Personality Traits<sup>5</sup>.

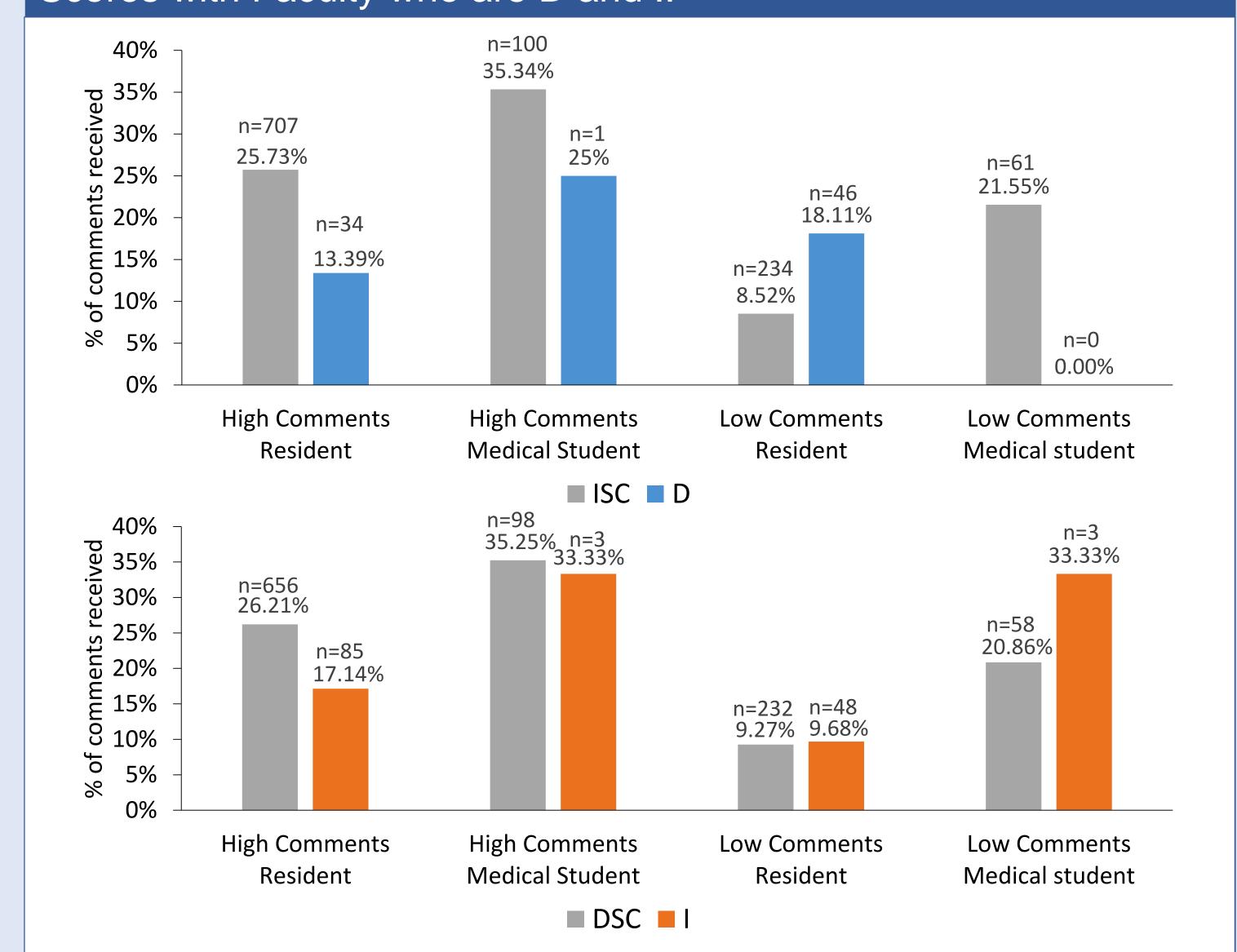


# Figure 2: Comparison of Resident and Medical Student Evaluation of Faculty on Effectiveness of Teaching With Faculty DISC Profile.



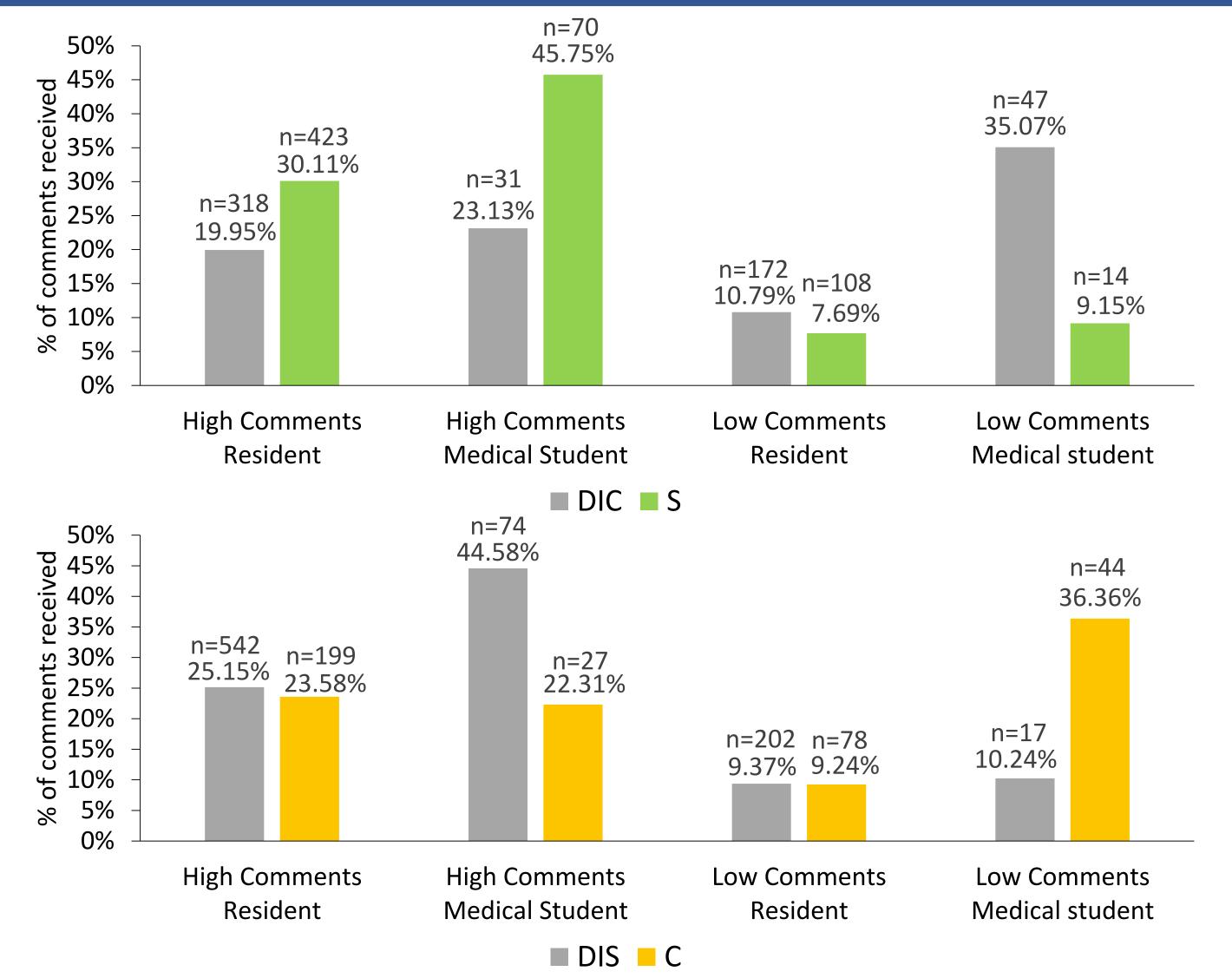
**Figure 2:** Both residents and medical students considered faculty high in S to be more effective (T=-7.76; p<0.001 and T=-4.15; p<0.001). However, faculty high in D or I were given lower scores by residents (T=6.67; p<0.001 and T=2.44; p=0.015). Faculty high in C were given lower scores by medical students (T=3.50; p<0.001).

## Figure 3: Comparison of Resident and Medical Student Comment Scores with Faculty who are D and I.



**Figure 3:** Among residents, faculty high in D were more likely to receive lower comment scores than higher comment scores ( $\chi^2$ =25.24; p<0.001 and  $\chi^2$ =19.12; p<0.001). Faculty with I as their strongest dimension were less likely to receive high comments from residents ( $\chi^2$ =18.31; p<0.001).

Figure 4: Comparison of Resident and Medical Student Comment Scores with Faculty who are S and C.



**Figure 4:** Among both residents and medical students, faculty high in S were more likely to receive higher comment scores ( $\chi^2$ = 41.41; p<0.001 and  $\chi^2$ =16.02; p<0.001) than lower comment scores ( $\chi^2$ =8.50; p=0.004 and  $\chi^2$ =28.68; p<0.001). However, faculty high in C received a greater percentage of low comments than high comments by medical students ( $\chi^2$ =28.53; p<0.001 and  $\chi^2$ =15.21; p<0.001).

#### RESULTS

- Faculty with higher teaching evaluation scores tended to have a DISC profile high in steadiness for both groups of trainees but lower in dominance or influence for residents and conscientiousness for medical students.
- The difference between resident and medical student ratings are small. It is difficult to determine whether these differences could truly be perceived by individuals.

#### CONCLUSIONS

- Based on these findings, implementation of programs to promote emotional intelligence may allow for increased effectiveness of student and resident education.
- Future studies: disentangle likability and personality type.

#### REFERENCES

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