

improving their EQ abilities through training would be a better criterion for admissions committees. In addition, EQ training should be incorporated into the medical school curriculum. If this change is widely adopted, improvement in EQ scores could be assessed and included as a determinant of a student's preparedness to enter residency training and professional practice as a physician.

Sarah K. Shore, BS
Sandeford J. Schaeffer III, EdD
Jack W. Tsao, MD, DPhil

Author Affiliations: Department of Neurology, University of Tennessee Health Science Center, Memphis (Shore, Tsao); Fogelman College of Business and Economics, University of Memphis, Memphis, Tennessee (Schaeffer).

Corresponding Author: Jack W. Tsao, MD, DPhil, Department of Neurology, University of Tennessee Health Science Center, 855 Monroe Ave, Ste 415, Memphis, TN 38163 (jtsao@uthsc.edu).

Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

1. Emanuel EJ, Gudbranson E. Does medicine overemphasize IQ? *JAMA*. 2018; 319(7):651-652.
2. Mintz LJ, Stoller JK. A systematic review of physician leadership and emotional intelligence. *J Grad Med Educ*. 2014;6(1):21-31.
3. Taylor C, Farver C, Stoller JK. Perspective: can emotional intelligence training serve as an alternative approach to teaching professionalism to residents? *Acad Med*. 2011;86(12):1551-1554.
4. Cabello R, Sorrel MA, Fernández-Pinto I, Extremera N, Fernández-Berrocal P. Age and gender differences in ability emotional intelligence in adults: a cross-sectional study. *Dev Psychol*. 2016;52(9):1486-1492.
5. Libbrecht N, Lievens F, Carrette B, Côté S. Emotional intelligence predicts success in medical school. *Emotion*. 2014;14(1):64-73.

To the Editor What separates the best physicians from their peers? A recent Viewpoint argued that EQ may be more important than the surrogates of IQ traditionally used for physician selection.¹ Although few would argue that kindness, empathy, and emotional sensitivity are unimportant qualities, the question of whether Medical College Admission Test (MCAT) scores (or any other blunt tool that correlates with IQ) can reliably predict the best physicians is an empirical one.

The evidence is clear: IQ matters, and it matters a lot. The authors acknowledged that an individual must be smart to attend medical school.¹ However, what happens after acceptance to medical school, when everyone else is smart? Does a physician with “average” intelligence in this unique environment perform any better than one with above-average intelligence? Decades of research have shown that cognitive ability robustly predicts job performance, with a mean meta-analytic correlation of 0.65 reported in 2008.² Yet its predictive power increases as a function of job complexity, with professional and managerial jobs correlating with IQ at upward of 0.58 and low-skilled jobs at only 0.23.³ Few jobs appear to tax reasoning abilities and problem-solving skills (ie, what intelligence tests measure) more than being a physician.

EQ, by comparison, has simply not been empirically demonstrated to be a useful predictor of job performance.⁴

When used in combination with a measure of cognitive ability, it does not capture any meaningful variance in performance beyond what is already captured by IQ. Studies of incremental validity in personnel selection criteria have seldom found any constructs that do. Among the few constructs are measures of conscientiousness and integrity, but large meta-analyses have found performance-based measures of EQ to add only around 1%.⁵

We are not suggesting that emotional acumen is irrelevant, but we do caution against downplaying the insights produced by a century of intelligence research. Individuals want to build trust and affinity with physicians responsible for their health, and future research in psychology should explore how best to do that. In a vacuum of knowledge, however, it would seem that the best investment in health will likely come from finding the most intelligent physician.

Emily Willoughby, BA
Brian B. Boutwell, PhD

Author Affiliations: Department of Psychology, University of Minnesota Twin Cities, Minneapolis (Willoughby); College for Public Health and Social Justice, Saint Louis University, St Louis, Missouri (Boutwell).

Corresponding Author: Brian B. Boutwell, PhD, School of Social Work, Saint Louis University, 3550 Lindell Blvd, St Louis, MO 63109 (brian.boutwell@slu.edu).

Conflict of Interest Disclosures: Both authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

1. Emanuel EJ, Gudbranson E. Does medicine overemphasize IQ? *JAMA*. 2018; 319(7):651-652.
2. Schmidt FL, Shaffer JA, Oh I-S. Increased accuracy for range restriction corrections: implications for the role of personality and general mental ability in job and training performance. *Person Psychol*. 2008;61(4):827-868.
3. Gottfredson L. Why g matters: the complexity of everyday life. *Intelligence*. 1997;24(1):79-132.
4. Landy FJ. Some historical and scientific issues related to research on emotional intelligence. *J Organ Behav*. 2005;26(4):411-424.
5. Ones DS, Dilchert S, Viswesvaran C. Cognitive abilities. In: Schmitt N, ed. *The Oxford Handbook of Personnel Assessment and Selection*. Oxford, United Kingdom: Oxford University Press; 2012: 179-224.

In Reply In the 21st century, medicine will focus on changing the behaviors of chronically ill patients and working effectively in clinical teams. The attributes necessary to succeed are not technical skills but compassion and empathy. Yet medicine continues to emphasize IQ and minimize EQ.

One clear way to correct this is to increase the value of EQ in medical school admissions. We agree with Ms Kantor and Dr Kantor's claim that “embracing diversity in the medical student body, including diversity of EQ and IQ levels...may be of substantial value.”

We also agree with Ms Shore and colleagues that EQ and IQ must go hand in hand. However, we disagree that, because EQ can be improved through training, admissions committees should only consider whether students are “responsive to improving their EQ abilities.” A good portion of a person's EQ is relatively stable, influenced by genetics and early childhood experiences.^{1,2} It cannot be expected that training alone will provide a future physician with the necessary EQ skills to succeed.