A Reflection on a Balint group based Student Selected Component

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Introduction

What is a Balint group?

A Balint group is a small group which discusses interesting or difficult cases experienced by members of the group with emphasis placed on aspects of the doctor—patient relationship. The discussion is led by a psychiatrist or other professional who is trained in leading Balint groups. The purpose of Balint groups is to promote reflective practice, gain better understanding and awareness of the factors which influence patient behaviours and interactions, develop a sense of self-awareness, and improve emotional intelligence.

Discussion

Clinical attachments

• A major feature of this SSC was the opportunity to go on a wide-range of psychiatry-oriented clinical attachments which are beyond what is normally taught in 2nd year.
• It was extremely interesting and enjoyable to have this exposure so early on in medical training.
• These attachments included a mental health clinic, a self-harm and personality disorder centre, a neurology outpatient clinic, and a dialysis unit.

Balint Groups

• The first Balint group was a little strange because I had never been in one before but the group leaders kept the discussion moving by asking questions or pointing out certain details of the case.
• The cases being discussed are interesting or unusual cases so the discussion tends to be good and everyone gets involved.
• I have found that group reflection is a lot more enjoyable, engaging, and valuable than individually because there’s an active discussion which brings together several peoples’ points of view and ideas so many more aspects of the scenario and doctor-patient relationship can be considered and analysed in a more objective way.
• However, Balint groups are explicitly not to be used ‘as personal therapy’ therefore the degree of personal reflection is limited.
• Additionally, unless you are presenting the case and therefore not involved in the discussion, it can be difficult to relate the points raised in the discussion back to what actually happened.
• The groups are timed to last around an hour which prevents the discussions from dragging on and keeps interest and focus on the discussion.
• An important aspect of Balint groups is being able to develop emotional intelligence by identifying the emotions a case evoke in you, why it evoke those emotions, and then using that to inform your thinking process.
• Presenting a case can be stressful. The presenter shouldn’t use case notes and is ‘excluded’ from the group once they finish speaking so they need to remember to give the group all the information needed for discussion. However, when information like age and appearance are left out the discussion becomes much more creative and entertaining as the group tries to collectively build an image of the patient.

Example case presentation

18 year old girl attending mental health unscheduled care appointment. Accompanied by female care worker from her supported living facility. She has unstable personality disorder, a history of sexual abuse and drug abuse and has recently stopped taking legal highs. The previous weekend she had made two suicide attempts by overdosing on paracetamol. Staff believed that she was anxious about having to leave the facility now that she has turned 18.

The room we were sitting in was quite small and cramped. The male doctor and myself were facing the patient and her care worker. The patient’s eyes were red as if she had been crying and she had dark bags underneath her eyes. She had many self-harm scars on her arms. She spent the majority of the consultation refusing to speak and blankly looked down at the floor, only really looking up the few times she replied to the doctor. After several attempts at trying to persuade and encourage her to talk the care worker spoke on her behalf.

Towards the end of the consultation the patient had a rant telling us how unhelpful she found her previous appointments and she didn’t want any further help. The doctor asked if she would like to have another appointment but with a female doctor and she replied “Do what you want. I won’t be around for another appointment.” I found this really alarming but, after the appointment was over, the doctor explained to me that he has many similar patients who have made the same statement and that it was a shock tactic to gain attention. The doctor ended the consultation when the patient had finished her rant and asked her to go to the waiting room so he could speak with the care worker. They agreed that she should receive further help and mentioned several services she could use but that she would need to be willing to accept the help.

I initially felt sympathy for the patient because she was so unhappy and vulnerable but as the consultation went on I started to feel frustrated with her as she was refusing all the different options for help she was offered. When telling the doctor this he said that he used to feel the same way but he now recognises those behaviours as attention seeking mechanisms and can act on them to help improve the care of the patient.

Conclusion + Future work

I have enjoyed this SSC and been able to develop a lot of useful communication and reflective skills from participating in Balint groups through this SSC. With increasing emphasis being placed on reflective practice it is important that medical students should have a good understanding and an adequate set of reflective skills before starting clinical practice.

It would be interesting to measure awareness and interest of medical students in participating in group reflection and whether they believed it would be beneficial. A survey would be a useful tool to do this.