Reflective Practice in Medical Education: A trainee-led Balint group scheme for University of Bristol medical students

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Learning Objectives

• Recognise and explore the work of a Balint leader through an experiential Balint group and facilitated discussion

• Distinguish some of the specific challenges of leadership of medical student and foundation doctor groups

• Consider what Balint leadership you can usefully develop in your own educational environment
Balint Background

Reflective Case Discussion Groups

“Understanding the emotional content of the doctor-patient relationship”
UK Balint Society

Currently used in over 22 countries internationally
Reflective Practice Requirements

Good Medical Practice (2013)


Continuing Professional Development (2012)

What to expect from your doctor: a guide for patients (2013)

NHS appraisals and revalidation
Balint groups- the evidence

Development of skills:

- Enhanced communication skills\(^2,^3\)
- Increased understanding of the emotional aspects of the doctor patient relationship\(^2\)
- Development of psychological mindedness\(^3\), better awareness of the patient as a whole\(^11\)
- Maintenance of empathy\(^10\) - decline in empathy in clinical\(^6\) & early postgrad years\(^7,^8\)
- Empathy in clinical encounter can improve diagnostic accuracy, patient engagement and treatment adherence\(^6\)

Support as a doctor

- Experience of supportive and potentially enjoyable peer-review environment\(^2\)
- Overcome feelings of isolation or hopelessness towards a clinical situation\(^2\)
- Way of reducing work related stress within Medicine\(^9\) & promotion of wellbeing
- Prevention of burnout\(^6\)
How can these groups be delivered more widely in medical education?

Trainee Psychiatrists + Medical Students
Development of a Trainee-led medical student Balint scheme

- Focus groups with University of Bristol medical students identified distress on clinical placements

2012

- 3 pilot groups - medical students on Psychiatry placement
- 84% attendance, 62% would like to continue

2013

- Pilot expanded to 6 Balint groups, repeated quarterly
- 82% attended, 85% wished to continue

2013-2014

- Move into Year 3 Medical and Surgical placements

2014-2015

Started by Psychiatry Trainee Dr Ami Kothari and Dr Judy Malone, Psychoanalytic Psychotherapist
Current Structure of our scheme

Groups offered to all 250 Medical students during their third year medical/surgical placements: 70% uptake

32 groups over each year
Up to 9 sessions
1 Psychiatry trainee leader per group

- 26 trainee leaders have been involved so far
- **Supervision** for trainee leaders with psychotherapist and experienced peer leader offered weekly
- **Training day** supported by UK Balint Society every 6 months
Taking it MAINSTREAM
Supervision and Training of trainee-leaders

The Supervision and training of trainee-leaders, in partnership with the UK Balint Society, ensures scheme fitness for purpose and sustainability.

Confidence in Leading a Balint Group

- Before: 70 little-fairly confident, 30 confident-very confident
- After: 43 little-fairly confident, 57 confident-very confident

Experience of supervision:

- “excellent”
- “useful”
- “rewarding”
- “supportive”
- “Incredibly useful to help me develop my Balint leadership style and skills”
- “Inspiring forum to share ideas”
- “Discussions from other groups helpful for mine”
Evaluation of Medical Student Experience

“It was good to reflect on how a patient made you feel and what this could tell you about how they are feeling.”

“I learnt that it’s healthy to reflect and share your reflections with others, it provides a sense of relief.”

“Considering the impact of illness on the family and the impact of family on illness.”

“It has made it more acceptable to discuss cases which may have affected us personally—broken down the barrier to being able to say you feel affected.”

“I’ve realised it’s ok to have a reaction towards your patients.”

“Thinking about how the patient’s presentation is a result of their life experiences.”

Finding meaning
Rights & responsibilities
Student role
Death and dying
frustration
stigma
fear
impact on family
Value conflicts
empathy
guilt
Resisting cynicism
trauma
witnessing
Doctor-patient relationship
Professionalism and identity
Coping mechanisms
Boundaries
Hope & hopelessness
Evaluation of Trainee Experience

Skills gained

- Group leadership skills
- Teaching and psychotherapy experience
- Balint theoretical knowledge

Challenges
Expansion of Scheme

London, Birmingham, Manchester, Sussex

Australia!
Learning Points and Challenges

- External factors
- Variability in attendance
- Leadership vs membership
- Trainee "fresh blood"
- The sceptical student
- Incentives and assessment
- Rich and interesting groups
- Students in difficulty
- Compulsory or voluntary?
- Getting them to talk!
So what does a Balint Leader do?

The classical Balint frame and the leader’s role and purpose
The Experiential group
References

2. Parker s, Leggett A. Teaching the clinical encounter in Psychiatry: a trial of Balint groups for medical students. Australasian Psychiatry 2012. 20(4) 343-347
11. Walking a mile in their patients' shoes: empathy in medical students' education. Johanna Shapiro. Published: