Introduction

Lack of physician wellness has been shown to result in work-related accidents, missed work days, low patient satisfaction and self-reported substandard patient care and errors, in-a residency program, stress can be due to working long hours, managing emergencies in an effective manner, encountering death and dying patients, managing difficult patients, and coping with uncertainty and treatments.

The Balint group was created by Michael Balint in the 1950s as a way for primary care physicians to improve their ability to handle their own personal emotions while also being aware of them during patient consultations. Balint training helps to explore the dynamics of doctor/patient interactions and promotes physicians gaining insight into consultations. Balint training helps to explore the dynamics of doctor/patient interactions and promotes physicians gaining insight into consultations.

Methods

Two surveys were created in SurveyMonkey®. The first survey asked basic demographic questions and focused on resident stress factors, their coping mechanisms, and their initial understanding of Balint training groups. Respondents were collected anonymously and exported into Excel.

Another email was sent that consisted of a small informative paragraph describing Balint groups and the positive findings of prior studies that indicated why Balint groups might be a beneficial addition to the curriculum. The second survey asked the residents anonymously if this would be a beneficial addition to the curriculum.

A feasibility analysis was done afterwards which consisted of a discussion with the Balint group leader (KR) as well as the residency program director. Topics that were discussed were the resources that would be needed: staff (Balint trained faculty), materials (reading material), rooms for discussion to occur, cost (snacks and other items, or bringing in an outside group leader), and time (scheduling in the current resident curriculum).

This study was reviewed by the Albert Einstein College of Medicine IRB and was determined as Exempt (IRB#: 2016-0830).

Results

• 24 of the 45 residents responded to the first survey (53.3% response rate (13 PGY-1s, 5 PGY-2s and 8 PGY-3s))

• Figures 1 and 2 show the relationship between personal factors and stress and that some factors had a positive effect on stress (working with other residents or faculty, teaching medical students or caring for known patients)

• Factors in the residency program not related to individuals in the program showed a higher negative effect on stress (study hours, level of knowledge, resident projects, difficult patients and parents)

• Figure 3 shows the various coping mechanisms residents used to relieve stress

• 2 residents (1 PGY-1 and 1 PGY-2) knew what a Balint group was

• 93.3% of the respondents felt this would be a beneficial addition to the residency program (5 responses from each year)

• “might be very beneficial to those that need a little extra support from people who understand the situations encountered in the hospital”

Discussion

Based on the results of the first survey, it is clear that there are various factors that have a negative effect on the stress of the residents, especially those related to the residency program and patient care. Introducing Balint groups into the current curriculum could be beneficial because it allows and encourages exploration of the dynamics of resident-patient interactions. The residents surveyed for this study seem to be very receptive to the introduction of Balint groups into the curriculum. One of the respondents stated, “As pediatricians we encounter many stressful and tragic situations on occasion and despite the best efforts of everyone involved, derailment sessions are not enough to help cope with the emotions after these traumatic events. It is easy to become isolated, immobilized and independent of some of these. “Talking groups” might be very beneficial to those who need a little extra support from people who understand the situations encountered in the hospital.”

The residents were also able to bring up potential issues with regards to the other resources that would be needed to incorporate a new program, time being the most important one. Discussions that were held with the program director and the primary attending (KR) who will be implementing the changes brought up how the groups will be initially organized.

Conclusion and Currently

The needs assessment showed us that addition of Balint groups in our existing curriculum is welcomed and may aid in decreasing physician burnout improving overall wellness. Balint groups should be considered as an addition in all residency programs.

Currently

• One-time mandatory session with current intern class since July 2017

• Lead by Balint-trained pediatrician and pediatrician psychologist

• Average of 10-12 interns per session

• Verbalized that it has helped them deal with “frequent flyers”

References


