

Reflection In Practice: What Do Paediatricians Report Regarding Perceived Skills, Well-Being And Barriers In Attending Pilot Reflective Practice Groups

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Balint-style Groups

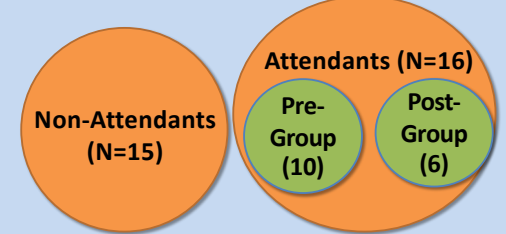
- Small group 10-12 people
- Confidential
- 1 case per session
- Personal response
- Semi-structured



The Circle of the Rue Royale by J. Tissot.



Figure 1. Number of Questionnaires (N=31)



INTRODUCTION

Physicians encounter numerous challenges at work, including difficult interactions with patients and families. These issues are identified as a significant cause of burnout¹.

To assist doctors, reflective practice groups can deepen their understanding of doctor-patient relationships^{2,3}. Small numbers of peer practitioners regularly meet in a confidential environment to reflect on their difficulties.

Although these are part of training in Psychiatry and General Practice⁴ they have not yet been included in the curriculum in Paediatrics. For the first time in Ireland, we have implemented and evaluated cycles of reflective practice in paediatric settings.

AIMS

We aim to assess paediatricians' views of their training, working conditions, skill sets and access to reflective groups, while participating in reflective practice groups.

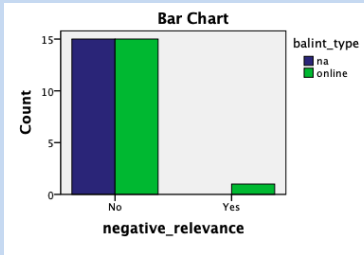
METHODS

From July 2018 to July 2020, successive cycles of reflective practice groups were offered to trainee Non-Consulting Hospital Doctors in paediatric hospitals in the Dublin region. Cycles were composed of six consecutive one-hour sessions, attended by interested doctors.

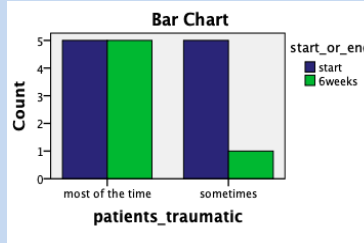
A study-specific questionnaire collected pre- and post- group data. The same questionnaire was used to collect data about non-participating doctors. Pooled data was analysed with SPSS 24.0. Ethical exemption was obtained from the Children's Health Ireland hospital group.

Figure 2. Questionnaire Responses

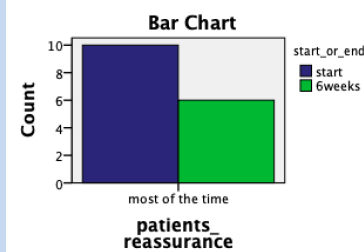
i) "Does not relate to my training needs"



ii) "I can manage emotionally traumatic patients' events"



iii) "I can provide reassurance to my patients"



RESULTS

Demographics:

28 doctors took part in this study. Most were women (68%, N=19), aged 31-35 years old (50%, 14), with 6-plus years of experience (64% 18).

Contact with patients made up most of the working hours for 57% (16). 25% do administrative tasks most of the time, 46% sometimes. 78% (22) felt they work within a good team. 57% (16) reported good supervision, and only 28% (8) predominantly good training. 56% felt generally valued.

Questionnaires:

1) Attendees and Non-Attendees:

31 questionnaires were collected, 15 filled by non-attendees, and 16 filled by attendees (Figure 1). 3 only partially-completed were excluded from the study.

All non-attendees indicated that lack of time would prevent them joining reflective practice groups (100%, 15), compared to 87% (14) of attendees. Most felt that reflective practice was relevant to their training (Figure 2 i), but support was not available to attend such groups (non-attendees 73%, 11; attendees 69%, 11).

2) Pre and Post Groups:

10 (62%) filled the pre-cycle questionnaire and 6 (37%) the post-cycle. Most participants joined 4 of 6 sessions offered. Post-cycle, 84% of doctors felt they could manage patients' traumatic events most of the time, compared to only 50% pre-cycle (Figure 2 ii). 60% (6) of doctors believed pre-cycle that being detached 'rarely' allows for better clinical judgement compared to 16% (1) post-cycle. No change was seen pre- and post-cycle for ability to reassure patients most of the time (100%) (Figure 2 iii), feeling confident when listening to patients' experiences (70%), or using empathy positively (55%).

DISCUSSION - CONCLUSION

When participating in reflective practice groups, 2/3rd of paediatricians reported contact with patients as their main daily activity as expected, however 1/4th disclosed also performing administrative tasks most of the time. Most of the time, 8 out of 10 would describe their teams as good, with 2/3rd receiving good supervision, and only 1/3rd good training. Only 1 in 2 felt valued most of the time. This might be linked to their report of lack of time, lack of clinical support, and long clinical lists impacting negatively on attendance of reflective practice groups. Confidence in their management of traumatic events was shown to increase almost 2-fold post-group attesting to benefit of this intervention. Our aim was to capture the trainees' voices through an opportunistic survey of real-life, pragmatic perspectives from doctors on the ground. Adult learners working in challenging environments during Covid-19 expressed the unmet need for reflective practice in medicine despite its newfound popularity. Balint groups support a reduction of stress, exploration of boundaries and early recognition of compassion fatigue all of which may prevent burnout and in turn, allow us to provide a better quality of service for our patients.

REFERENCES

- 1) Salinsky J. 2009. A very short introduction to Balint Groups. *The Balint Society website* (<https://balint.co.uk/about/introduction/>) Accessed June 2020
- 2) Kjeldmand D.M, Holstrom I. 2008. Balint groups as a means to increase job satisfaction and prevent burnout among general Practitioners. *Ann Fam Med*, 2008; 6:138-45
- 3) Douglas L., Feeney L. 2015. An established practice in new surroundings: concepts, challenges, pitfalls and guidelines for NCHD Balint Groups Volume 34, Issue 1