A SURVEY OF IRISH PSYCHIATRIC TRAINEES ATTITUDES TO BALINT GROUPS

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INTRODUCTION

Balint Groups (BG) were developed by Michael and Enid Balint in the 1950s (Balint 1955). Balint is a group training method that aims to help physicians better understand their role in the physician-patient relationship and improve interpersonal skills (Ghetti 2009).

The current mandatory requirement for the trainees in College of Psychiatrists of Ireland to attend at least 40 Balint Groups at the Basic Specialist Training (BST) level and 26 for the Higher Specialist Training (HST) level. The aim is to provide a supportive space for doctors in advanced training to think about their emotional experience about the mental and emotional disturbances that they encounter. The objective is to foster recognition that a therapeutic attitude to reflection on all psychiatric work can be of value in helping the doctor to manage extreme mental states and anxieties (Parker 2012)

Due to the current COVID 19 pandemic and social distancing, the traditional in-person Balint group has been moved to a virtual forum. There is no information available about the experience of the Irish trainees about the effectiveness of the virtual meetings so far. The previous pilot survey by Nease 2018 demonstrated the same outcomes for virtual Balint group meetings as in person.

AIMS

1. To compare the experience of psychiatric trainees in Ireland of online Balint Groups in contrast to face-to-face groups.

2. To assess the general attitudes of trainees to BG using the Psychological Medical Inventory (PMI) (Ireton and Sherman, 1988) scale.

METHODS

Study Design: An online survey comprising two sections:

1. A questionnaire explores participants' experience, effectiveness, and obstacles to attending BG formats with a free text box response.
2. 2. General attitude of trainees towards BG using PMI scale (Cronbach's alpha value-0.87 by Pallant J 2010). The five-point Likert scale was used to collect the data.

Methodology: An online cross-sectional survey using Survey Monkey. An invitation to participate in the survey was emailed to all trainees by the College of Psychiatrists in Ireland. All data was anonymised, and all data processing was conducted in line with GDPR. Statistical analysis was undertaken using Microsoft Excel. Thematic analysis was applied to the free-text box responses.

RESULTS

16.49% (64/388) responded to the survey. Responses were uniform across all stages of training (from foundation to HST). 97% of respondents attended BG; 72% attended both formats, 25% attended only face-to-face and 3% online only. 65% of respondents preferred face to face compared to 18% online, whilst 11% stated no preference.

Table 1 Survey responses on Likert scale, online Vs Face to face.

	Survey question	Strongly agree (n) %	Agree (n) %	Neutral (n) %	Disagree % (n) %	Strongly disagree (n) %
1	Participants contribute more actively when online.	(1/63) 2%	(5/63) 8%	(23/63) 37%	(25/63) 40%	(9/63) 14%
2	Participants are more confident when they are online.	(1/63) 2%	(12/63) 19%	(23/63) 37%	(21/63) 33%	(6/63) 10%
3	The facilitator acts differently when online in terms of emotional expression.	(1/63) 2%	(23/63) 37%	(23/63) 37%	(15/63) 24%	(1/63) 2%
4	I feel safe in making comments or presenting a case online.	(7/63) 11%	(31/63) 49%	(20/63) 32%	(4/63) 6%	(1/63) 2%
5	I find it more challenging to connect with the presenter when it is online.	(12/63) 19%	(19/63) 30%	(15/63) 24%	(16/63) 25%	(1/63) 2%
6	I think the quality of video streaming affects participation within the group.	(21/61) 34%	(21/61) 34%	(13/21) 21%	(6/61) 10%	(0/61) 0%
7	I think it is more convenient to have Balint online.	(18/63) 29%	(21/63) 33%	(11/63) 17%	(10/63) 16%	(3/63) 5%
8	I do not feel that the effectiveness of the online BGs is compromised in any way compared to the face to face BGs.	(7/63) 11%	(8/63) 13%	(18/63) 29%	(19/63) 30%	(11/63) 17%

Table 2. Thematic analysis of free text box response

Common Theme in favour of Face to Face	Common Theme in favour of online group	Common Theme against the use of online group
The cohesiveness of the group	Convenient to attend	It is against the psychotherapeutic nature
Feeling safe to share the feelings	Less time consuming and can be attended from anywhere	Technical issues
Connecting with the group	People are adapting to use technology, need more online practice	Time lag
Fluidness of the conversation	No need to wear a face mask	Long silences
Easy to read body language, facial expressions and mood.	Mitigated COVID risk associated with face-to-face meetings.	Not able to see each other faces, a barrier against emotional connection as people turned their camera off
Social interaction with peers		Feels like "speaking into the void", as people are keeping their phone and microphone off
Much easier to engage with the facilitator and group members		"I find it very difficult to communicate with peers as it feels very unnatural, and it is difficult to gauge feedback through online meetings, especially as some people do not enable their camera during these meetings."
		It is hard to coordinate conversations without interrupting each other or losing comments.

A neutral comment "I view any safe space for group reflection very beneficial regardless of format or modality"

Table 3. Survey Response, Attitude of psychiatrists towards attending Balint Group (Based on Psychological Medical Inventory (PMI Scale) (Ireton and Sherman, 1988).

	Survey question	Strongly agree (n) %	Agree (n) %	Neutral (n) %	Disagree % (n) %	Strongly disagree (n) %
1	I develop more interest in dealing with the psychological aspects of patient care.	(18/64) 28%	(32/64) 50%	(7/64) 11%	(4/64) 6%	(3/64) 5%
2	I am more confident in dealing with the psychological problems of patients.	(8/64) 13%	(35/64) 55%	(13/64) 20%	(6/64) 9%	(2/64) 3%
3	My skills improved in developing an excellent doctor-patient relationship.	(6/64) 9%	(39/64) 61%	(10/64) 16%	(6/64) 9%	(3/64) 5%
4	My ability to recognise patients under stress or in distress has increased.	(8/64) 13%	(30/64) 47%	(13/64) 20%	(10/64) 16%	(3/64) 5%
5	My ability to obtain psychological information from the patient in a systemic way has increased.	(3/64) 5%	(25/64) 39%	(19/64) 30%	(14/64) 22%	(3/64) 5%
6	I can understand and interpret psychological information about patients.	(9/64) 14%	(35/64) 55%	(11/64) 17%	(6/64) 9%	(3/64) 5%
7	My ability to use consultation from social workers, psychologists, psychiatrists, psychiatric nurses and other allied health workers have improved.	(7/64) 11%	(20/64) 31%	(21/64) 33%	(12/64) 19%	(4/64) 6%
8	I can make appropriate treatment decisions based upon patients' psychological needs.	(5/64) 8%	(33/64) 52%	(17/64) 27%	(5/64) 8%	(3/64) 5%
9	My ability to be psychologically therapeutic with patients has improved.	(9/64) 14%	(36/64) 56%	(12/64) 19%	(3/64) 5%	(4/64) 6%
10	I am more aware of how patients react to me.	(17/64) 27%	(33/64) 52%	(8/64) 13%	(3/64) 5%	(3/64) 5%
11	I am more aware of my feelings, values and needs.	(21/64) 33%	(30/64) 48%	(7/64) 11%	(2/64) 3%	(3/64) 5%
12	I came to understand how much the doctors' emotions influence the doctor-patient relationship.	(20/63) 32%	(31/63) 49%	(8/63) 13%	(2/63) 3%	(2/63) 3%

CONCLUSIONS

This survey demonstrated that most trainees find BG beneficial in developing better doctor-patient relationships, preferring face-to-face rather than online BG. However, they found the online platform more convenient.

The experience of the participants of the online BG can be improved by keeping their cameras and microphones on, and having better internet connectivity.

A blended learning approach could provide trainees with the benefits of both formats of BG.

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ETHICAL APPROVAL

1.Naas General Hospital's Ethical Committee, Ireland.

2.The College Of Psychiatrists of Ireland Management Committee

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