A BALINT CURRICULUM’S EFFECT ON FAMILY MEDICINE RESIDENT EMPATHY AND PSYCHOLOGICAL SKILLS.

Rachel M. Frische, MPH, M2; Peter J. Koopman, MD; Nikole J. Cronk, PhD; Erika N. Ringdahl, MD, Richelle J. Koopman, MD, MS

The University of Missouri School of Medicine
Department of Family and Community Medicine, Columbia, MO

Background

• Training in self-reflection is often not a structured part of Residency curricula.
• Balint group participation has been shown to improve psychological skills and is structured to teach skills in self-reflection.
• Improvement in these abilities could lead to better patient-centered care.

What is Balint?

• Conceived in the 1940s by London psychiatrist Michael Balint.
• Balint groups are comprised of physicians who regularly gather to present and reflect on clinical cases with the goal of improving the physician-patient relationship by enhancing the physician’s interpersonal and communication skills, patient care, and professionalism (ACGME Competencies).
• Cases are discussed by spontaneous case reporting from memory.
• Routinely they are facilitated by a clinician and behavioral scientist.
• Balint curriculums are currently employed in over 50% of family medicine residency training programs.

Objectives

The goal of this study was to assess the effect on empathy and psychological skills of a voluntary Balint curriculum in the University of Missouri Family Medicine Residency program since initiation in 2010.

Methods

Physician empathy and psychological skills were assessed in residents via the Jefferson Scale of Physician Empathy (JSE) and the Psychological Medicine Inventory (PMI), respectively.

Analysis

• Frequencies and response rate were compared between resident year, gender, and number of Balint Groups attended.
• Associations for discrete outcomes were tested using a Pearson Chi-Square test, with Alpha of 0.05 considered as the level of statistical significance.

Results

• No statistically significant differences in JSE scores, PMI scores, or number of Balint groups attended were evident between male/female residents, integrated/PGY1 residents, or PGY1/PGY2 residents.
• PGY 2 residents scored an average of 9.3 points lower on the PMI than did PGY3 residents (p=0.03), despite the fact that PGY2 residents attended an average of 1.47 more Balint group meetings than PGY3 residents (p=0.04).
• No statistically significant differences were noted between the number of Balint groups attended and the scores on either the JSE or PMI overall.

Setting

A Balint curriculum was initiated at MU at the onset of the 2010 Academic year. Groups were scheduled monthly for Interns and 4th year integrated medical students. Thus, in 2011 we had the unique situation of a group of current residents with significant variation in Balint group exposure.

Jefferson Scale of Physician Empathy & Psychological Medicine Inventory

• Self-administered 7-point Likert scales
• Completed in approximately 30 minutes

Empathy in patient care...

“a cognitive attribute that involves an ability to understand the patient’s inner experiences and perspective and a capability to communicate this understanding and an intention to help.”

Table 1. Participants

<table>
<thead>
<tr>
<th>Demographic Data</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total Participants</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td># Females</td>
<td>23</td>
<td>56.1%</td>
</tr>
<tr>
<td># Males</td>
<td>18</td>
<td>43.9%</td>
</tr>
<tr>
<td># Integrated</td>
<td>6</td>
<td>14.6%</td>
</tr>
<tr>
<td># PGY1</td>
<td>12</td>
<td>29.3%</td>
</tr>
<tr>
<td># PGY2</td>
<td>11</td>
<td>26.8%</td>
</tr>
<tr>
<td># PGY3</td>
<td>12</td>
<td>29.3%</td>
</tr>
</tbody>
</table>

Table 2. Balint Comparisons

<table>
<thead>
<tr>
<th>Comparisons</th>
<th>JSE Avg.</th>
<th>P Value</th>
<th>PMI Avg.</th>
<th>P Value</th>
<th>Balint Groups Attended</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female vs. Male</td>
<td>115.1 (0.11)</td>
<td>71.3 (0.45)</td>
<td>2.43 (0.40)</td>
<td>11.0 (0.10)</td>
<td>70.9</td>
<td>2.27</td>
</tr>
<tr>
<td>Integrated vs. PGY1</td>
<td>114.5 (0.39)</td>
<td>66.83 (0.07)</td>
<td>2.17 (0.12)</td>
<td>116.1 (0.06)</td>
<td>73.17</td>
<td>3.42</td>
</tr>
<tr>
<td>PGY1 vs. PGY2</td>
<td>116.1 (0.06)</td>
<td>73.17 (0.05)</td>
<td>3.42 (0.23)</td>
<td>108.36 (0.08)</td>
<td>66.36</td>
<td>2.64</td>
</tr>
<tr>
<td>PGY2 vs. PGY3</td>
<td>108.36 (0.08)</td>
<td>66.36 (0.03)</td>
<td>2.64 (0.04)</td>
<td>116.25 (0.08)</td>
<td>75.67</td>
<td>1.17</td>
</tr>
<tr>
<td>0-2 vs. 2-3 Balint Groups Attended</td>
<td>112.52 (0.19)</td>
<td>69.90 (0.12)</td>
<td>--</td>
<td>116.2</td>
<td>74.17</td>
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</table>

Conclusions and Implications

• The lack of decline in JSE score may reflect the Balint group’s effect on mitigating the loss of empathy trend that is normally evident during residency training.
• Collecting additional data from the ongoing Balint meetings within the family medicine residency program will help to confirm these findings.
• It is also of interest to determine if similar Balint Group meetings are equally as effective within medical school training when empathy is hypothesized to decline the most.

For more information contact:
Rachel M. Frische, MPH  (RachelFrische@health.missouri.edu)