

# **What effect does a Balint Group have on Medical Students?**

by

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## **Background:**

The medical school has a long history of teaching about the doctor-patient relationship, Balint himself led a group for medical students there from 1962-1969<sup>i</sup> and since 1959 it has been running the Student Psychotherapy Scheme<sup>ii iii</sup>, where carefully selected students are given the opportunity to see a patient weekly for a year with very close supervision. In 2003 the number of voluntary applicants for the scheme greatly outnumbered the number of places, so it was decided to offer a Balint group as an alternative to selected students.

Permission and funding were obtained from the medical school to run a pilot group for medical students in their first clinical year.

## **The group:**

The group of nine students was led by two leaders, (Peter Shoenberg and Heather Suckling). It met weekly for one hour for a period of 13 weeks. Aims and Objectives (Table 1) were drawn up by the leaders and presented to the students at a preliminary meeting where ground rules were agreed and a short explanation of a Balint group was given.

The group was run on traditional Balint lines with emphasis on the relationship between the student and the patient. Initially, the students presented several cases, but as their confidence grew, fewer cases were discussed but in greater depth.

A total of 50 cases were discussed in 17 sessions. (The reason for the extra sessions was that initially there were two groups – each with one leader- but later the groups merged. No individual student attended more than thirteen group sessions.)

At the end of each group session the leaders discussed it, wrote process notes and identified themes. A description of the group work has been published elsewhere<sup>iv</sup>

## **Evaluation:**

In order to evaluate the effectiveness of the group two questionnaires were designed (Table 2). The first was completed by the students between the preliminary meeting and the first Balint group. The second was handed out after the final meeting together with a stamped addressed envelope, this gave the students more time to reflect on their experiences. They were confidential and anonymised, but the administrator was able to identify the students in order to ensure that all the questionnaires were returned. All the students responded and agreed to publication of the anonymised responses.

## **Responses to the questionnaires:**

What was striking in the second questionnaire (after the group) was that the answers were longer and more reflective.

**Question 1** *what can the patient gain from the consultation:*

**and Question 2:** *how does the relationship affect the patient's overall care:*

As the students were volunteers who had undergone a further selection process it was expected that the students would recognise the value of the doctor-patient

relationship, but their responses revealed that most students had initially underestimated the value - for a patient - of a consultation with a *student*. Five commented that the patient could benefit from “being listened to”, but most comments referred to the student having more time, being less formal/threatening/patronising, being “impartial without a doctor’s duties or family’s vested interest” or just “relieving the boredom of being in hospital” or a “friendly face”. One student felt that the patient would benefit from knowing that they helped to educate doctors, another felt that patients may feel that the student was “annoying”, that there is little to be gained and another that “bad” communication could lead to “uncertainty, confusion, loss of faith in the system....”

In the second questionnaire, after the group, they answered in more depth. They felt that the patients would feel free to discuss “trivial” problems, “voice opinions and fears”, feel “valued as an individual, not just an illness”.

**Question 3:***how does the relationship affect the perception of care:*

The students recognised the value of good communication and a trusting relationship with the patient. There was little difference between the two questionnaires although in the second a student commented that patients enjoy helping students by sharing their experiences and that “some shift in power (towards the patient) helps them to feel incorporated into the hospital system as they realise they have an important role.”

**Question 4 (a):***the effect on the student’s attitude to work:*

Before the group two students said they thought it would help them to take their work “more seriously” and “read up about the patient’s condition” and two said that they would become more confident. Three mentioned the value of learning from others’ experiences; one that it would help the student-patient relationship and another that it would help “to paint a complete picture of the patient.”

After the group, seven referred to feeling less isolated, more confident or being better motivated “I feel less isolated in terms of difficulties in dealing with patients”; “I was more motivated to spend time with the patient and consider all aspects of the consultation, not just the medical facts.” “it enabled me to discuss any concerns and put my experience combined with other’s in a more meaningful context.”

Four referred to an improvement in their communication skills especially when dealing with difficult situations “I feel more confident, less inhibited when talking to patients...you never know what to expect.....they are all individuals, we should not stereotype patients because of their condition or how they look, but listen to what they tell you.” Another wrote: “my communication skills benefited greatly, identifying aspects that were difficult and common to others. I think it is a more useful way of learning than being given tips on ‘how to communicate’.”

**4(b)***the effect on the student’s attitude to the patient;*

The responses to this in the first questionnaire highlighted some anxieties: one student commented: “constant reminder to keep my emotions under control, to avoid excessive sympathy” (1) and another: “I may show less empathy as my goal would be taking a full and correct history”(2) and a third: “it may force us to look at the bigger picture, not just the pathology and condition, but then again, it might do nothing.” (9) However responses to the second questionnaire for the same students were:

“I’ve learnt to attempt to become more aware of non-medical things that trouble patients.....to rediscover elements that were overlooked initially that were picked up by the group and that change the initial impression of the patient” (1) The second: “it

makes me take more time to listen. ....I hope that I can empathise with patients, I realise it must be hard for them away from their families and daily surroundings.” (2)  
“critiquing your attitude/approach made me think twice before saying something to the patient”. (9)

Other comments were: “it has increased my awareness of the patient’s attitude and personality and helps me to understand how they initially presented and their particular worries” and “I am more sensitive to each patient as an individual”. Also: “It encouraged me to think about the patient as a whole, not as the patient with hepatomegaly.”

In general this question demonstrated a new emphasis on the whole person approach and the valuing of the patient as a person.

**Question 5:** *how the student’s feelings are affected by the patient:*

Initially anxieties were expressed; “I can empathise....but have to control emotion when the patient is distressed” but after the group the same student wrote; “I have become emotionally stronger as the year progressed. I can empathise but detach myself when I leave and move on.”

Two students related the emotions to the student’s own life experiences and four felt that the student is more vulnerable than the doctor: “as a student you are unsure of yourself and what you do, which makes you very sensitive to the patient’s reactions - positive and negative.”

However in the second questionnaire there was evidence of more confidence: “Recognising these emotions and understanding why the patient has elicited them is a useful skill and helps the student behave appropriately to the patient” and “Students’ feelings can be profoundly affected by the patients as demonstrated by the spectrum of emotions we discussed each week. ....I am still deeply saddened by patients with terminal illness or elderly people who are unable to take care of themselves, but I am amazed by those who overcome terrible illnesses. They make me realise that Medicine is worthwhile studying and spur me on.”

**Question 6:** *how students cope with anxiety and uncertainty:*

There was little change. Most students stated in both questionnaires that they cope by discussing the cases (anonymously) with colleagues, relatives or friends. However, one student said in the first questionnaire: “I speak to family and friends, I would not feel confident talking to a senior medical professional” but afterwards: “I discussed them in the group who analysed a topic from many different angles so I would see new viewpoints...Now I feel more confident to discuss work with my fellow colleagues.”

Another initially: “Discuss with peers; go to the pub; tell everyone I am going to quit” and after “talk to other medics mostly.”

**Question 7:** *comments on the students’ experiences in the group:*

It was clear that the students felt the experience had been worthwhile:

“The discussions enabled me to resolve some concerns that I had not been able to bring up.”

“To be able to take time out during the week and reflect on my experience on the wards allows me to think about what I did well and what I found difficult. ....It has been good to hear colleagues’ experiences and develop new friendships.”

“I’ve been reassured - and consequently feel more confident in myself - by other peoples’ stories of difficult patients and bad experiences....I’ve also learned to

challenge assumptions I make about patients and other professionals and consequently look at situations in a different light.”

“It gave me an opportunity to talk about issues that we would not otherwise have had the chance to discuss.”

“It also gave an outlet to puzzle out unusual situations and to laugh at funny or awkward situations.”

“I found myself looking forward to the sessions in order to relieve worries or concerns about patients.”

“Sometimes some issues are covered for far too long, in far too much unmerited depth, but I guess that is the nature of psychology. Otherwise positive attitudes and good people, good to share stories.”

“The group was a very enjoyable opportunity to discuss anything you had ever felt concerned/annoyed/saddened/irritated etc.. with a patient and know that you would be listened to by non-judgemental individuals who were able to discuss intently a patient or problem they had never encountered.”

**Question 8:** *how well did the group achieve the aims and objectives:*

All the students felt that we had achieved the aims and objectives, but one student stated that she had not increased awareness of the emotional meanings of patients’ symptoms, but another felt “the over-analysis of the patient’s symptoms with relation to their psychology may have been less useful.”

**Question 9:** *whether the group would be of use to other students:*

All the students felt it would be useful, but two mentioned that it should be voluntary. They pointed out that the students needed to be motivated and committed in order for the group to be successful.

**The future:**

The Medical School has agreed to increase the funding so that we will be able to have three groups in the next academic year. There is also a plan to undertake more detailed research in the future. There will be a further qualitative evaluation but also a comparative study to identify the relative strengths of the Balint Group and the Student psychotherapy Scheme.

**Conclusion:**

The authors thoroughly enjoyed the experience of this experimental group and were surprised by the enormous enthusiasm and commitment shown by the students. They felt it was a very worthwhile and enjoyable experience and that it fulfilled the aims of encouraging the exploration of emotional aspects of the students work, improving communication between students and patients and above all in valuing reflection.

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<sup>i</sup> Balint M (1969) Training medical students in patient-centred medicine. *Comprehensive Psychiatry* **10**: 249-258

<sup>ii</sup> Ball DH, Wolff HH (1963) An experiment in the teaching of psychotherapy to medical students. *Lancet* **1**:214-217

<sup>iii</sup> Shoenberg P (1992) The student psychotherapy scheme at University College and Middlesex School of Medicine: its role in helping medical students to learn about the doctor-patient relationship. *Journal of the Balint Society* **20**: 10-14

<sup>iv</sup> Shoenberg P and Suckling H (2004) *Journal of the Balint Society*

(1973 words)

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**Table 1**

**AIMS AND OBJECTIVES:**

**Aims of the Group Sessions:**

1. To provide the students with an opportunity to explore the emotional aspects of their work in a safe environment
2. To increase the students understanding of their patients' communication
3. To provide support and supervision\* for the students
4. To encourage the students to reflect on their work

**Objectives:**

*After the course the students will:*

1. Be able to consider their clinical encounters in a new light
2. Become aware of the significance of the relationship between the doctor/student and the patient
3. Be able to recognise the feelings which are evoked by the interaction with the patient and be able to use these for the benefit of the patient
4. Become aware of the emotional meanings of patients' physical symptoms
5. Be able to use the group to express and process anxieties and frustrations about their work
6. Recognise the inherent value of the consultation itself
7. Become aware of their own limitations
8. Value their own humanity and personality and the effects of these on the patient

\*supervision in the psychotherapeutic sense

**Table 2**

**Evaluation Questionnaire s**

*Addition included in the second Questionnaire are shown in italics.*

Please will you answer the following questions:

1. What can a patient gain from a consultation with a medical student?
2. How do you think the **relationship** between the student (doctor) and patient affects the patient's overall care?
3. How do you think the **relationship** between the student (doctor) and patient affects **the patient's perception of care?**
4. How do you feel the ability to discuss your patients in a professional setting would affect / *affected* your attitude
  - a. to your work?
  - b. to the patient?
5. How do you feel the student's (doctor's) feelings are affected by the patient?
6. How do you cope with anxiety and uncertainty about your work with patients?
7. Please feel free to add any further comments:
8. *How well do you think the group has achieved its aims and objectives?  
(a copy of the aims and objectives is enclosed)*
9. *Please let us know whether you think a group like this would be of value to other students.*
10. *We hope that it will be possible to write up the work of the group and the material from the questionnaires for publication, it would be anonymised.  
Please will you indicate that you give your permission for this.*