**Balint Group Support and Growth for Junior Doctors**

Project Team Roles & Responsibilities

* Dr Matthew Macfarlane – chief investigator. Project design, subject recruitment, administering outcome measures, data analysis
* Dr Andrew McKensey – investigator. Facilitator for Balint Group, administering outcome measures
* Dr Luciano Diana – investigator. Facilitator for Balint Group, administering outcome measures

Resources

* Sites for Balint Group provided by Illawarra Shoalhaven Local Health District
* Funding for purchasing rating scale outcome measures and paying facilitators provided by an unrestricted grant from NSW Health under its ‘JMO Be Well’ initiative

Background

Medical students and JMOs begin their training with high levels of empathy for others. Over the course of training, this empathy measurably decreases due to long hours, adverse working conditions and sheer number of patients seen (West et al 2018). Loss of empathy leads to burnout. There is evidence that Balint Groups can prevent this empathy decay in the medical student population (Airagnes et al 2014), with consequent benefits in their mental health and progress through training.

Balint groups are a type of facilitated support group that has evidence for improving medical student empathy for patients and each other, and subsequently preventing burnout. There have been a number of studies in medical students (outlined below), and all indicators are that this benefit would continue in the JMO group, but further research is needed.

The project would be aimed at establishing an initial Balint Group with local psychiatrists who are trained in this area, while simultaneously training co-facilitators who can continue the groups on a wider scale within the LHD. There would also be outcome measures taken pre- and post-intervention to assess effects (with a control group), with the aim of expanding the evidence base for the intervention in this region. Balint Groups have evidence for their use in medical students, primarily in studies performed overseas (O’Neill et al 2015, Airagnes et al 2014, Attachment D and E), as well as with psychiatry trainees in Australia (McKensey et al 2016, Attachment B). In Australia, Balint groups with JMOs have comparatively little evidence and there is benefit in extending the evidence base in this employment group – this proposed study would fill the gap in the literature in this regard.

Please see the attached information about Balint Groups for more information on the details of how the groups work – from [www.balintaustralianewzealand.org](http://www.balintaustralianewzealand.org) . These groups are relatively infrequent (once per month), can be attached to existing JMO teaching programmes, and allow a supported environment to explore the frustrations and stressors inherent in caring for the sick and infirm.

Project Design

This is a randomised controlled trial of Balint groups in first-year doctors. Potential participants will be approached at intern orientation sessions, the study will be discussed, potential participants can ask questions and written information sheets and consent forms provided. There are no exclusion criteria in this group outside of consent. Consenting participants will be randomised to ten Balint sessions over the course of 12 months, or to a wait-list control group.

Balint groups would be 10-12 participants, with two groups running concurrently – one at Wollongong Hospital and one at Shellharbour Hospital. Both groups will be facilitated by Balint-trained psychiatrists. Participants are free to leave sessions or terminate their involvement at any time.

In Years 2 and 3, this process will be repeated, leading to a total sample size of 30-36 in active group, and a similar sized control group. This allows for an 80% power to detect a 15% difference between groups on the rating scale scores at the 95% significance level.

Simple demographics, including participant age and gender, will be elicited. Outcome measures are Jefferson Empathy Scale and Maslach Burnout Scale, administered at study entry, six months and 12 months. Early drop-outs will be assessed in an intention-to-treat analysis, with last observation carried forward.

Data will be de-identified and stored in a locked filing cabinet, to be destroyed seven years post-conclusion of the study. A de-identified Excel spreadsheet will be kept of the collated data, on a password-protected account. Analysis will be comparing of means in scores on the two identified rating scales at each of the three time points.

Results, Outcomes and Future Plans

Individual data will be kept and disposed of as above. If any mental health difficulties are suspected or identified by the Balint facilitators or evident in the course of administering rating scales, usual procedures will be followed in noting a colleague in difficulty – discussing with the person in question, encouraging use of Employee Assistance Programme and/or pastoral care from their Director of Prevocational Training, with contact of acute mental health services in the unlikely event of a psychiatric emergency. Collated results will be disseminated within ISLHD to the medical workforce via Grand Round meetings and occasions of intern teaching.

The results will be collated, written up and submitted for publication to a peer-reviewed journal.