Behavioral Science and Medical Education: The Role of Reflective Exercises in Developing Medical Professionalism

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Introduction

In the context of medical education, reflective exercises provide the opportunity for behavioral scientists to create an emotional learning environment for residents. This environment differs pointedly from the fast-paced and stressful characteristics of traditional residency education and allows residents the time and the support to identify and process the difficult experiences and emotions they encounter during their practice of medicine. It is the goal of this study to dispel some of the arguments against the value of behavioral science in medical education by studying the effects of reflective programs (i.e. Balint groups and medical retreats) on medical professionalism.

Method

- **Balint groups**: structured group meetings that focus on the emotional impact of one patient case on a member of the group. The goal is to offer focused feedback that helps the presenter uncover emotions about their case and move toward constructive self-awareness.
- **Medical Retreats**: combine a number of different reflective processes. Common themes include small group discussion, case presentations, role play, and physical activity.
- **Data**: A total of 50 peer-reviewed papers were collected and analyzed from a number of different databases using 'Balint group' and 'Retreats AND Medical education' as key words.

Results

Table 1

Balint Group Quantitative Data

Article	Participants	Instruments	Topics/Variables	Results
(Abeni et al. 2013)	30 (8 Caregivers + 10 physicians + 12 nurses)	REM-71 + SAT – P + GCQ	Defense mechanisms, satisfaction, process	Maturation of defenses, no effect on satisfaction, improved group climate & - conflict
(Adams et al. 2006)	7 residents (+ 6 control)	PMI + Musick 360 degree eval.	Psychological medicine skills; professionalism	No effect on psychosocial efficacy or professionalism
(Amiel et al. 2006)	17 GPs (+ 17 control)	OSCE	Breaking bad news (BBN)	No effect on BBN
(Cataldo et al. 2005)	74 GPs (+ 40 control)	JPSE + Work Satisfaction Survey	Empathy, work satisfaction	No change in empathy or work satisfaction
(Ghetti et al. 2009)	17 Residents	MBI + PMI + JSPE	Burnout, mental health skills, empathy	No effect on burnout, psychosocial self-efficacy, empathy
(Kjeldmand et al. 2004)	20 GPs (+ 21 control)	Questionnaire (own design)	Workload, control, satisfaction, quality of life, cooperation, training, health, attitudes to psychosomatic patients	Experienced BG participants had overall higher scores (except for "workload")
(Rabinowitz et al. 1994)	13 Nurses	PMI + part. listing important mental health topics	Mental health skills, burnout, psychosocial repertoire	Increase in psychosocial efficacy and decreased burnout (for long-term part.); no effect on psychosocial repertoire
(Sekeres et al. 2003)	28 Medical Fellows	Attitudes + evaluation questionnaire	Attitudes, evaluation of BG	No effect on attitudes (only in "view of oneself as a physician"); BG considered safe group, decompress, social activity
(Turner and Malm, 2004)	6 Residents (+8 control)	PMI	Psychological medicine skills	Increase in psychosocial self-efficacy

Table 2

Balint Group Qualitative Data

Article	Data + Participants	Topics	Findings
(Dahlgren et al. 2005)	Semi-structured interviews with 3 BG part. (physiotherapists)	Process; effects	8 process elements grouped into 4 phases (e.g. expression of difficulties, meeting other perspectives, applying insight)
(Graham et al. 2009)	Semi-structured interviews with 17 BG part. (psychiatrists)	Process; effects	**Process**: Self-reflection; **effects:** awareness of own and patients' feelings, new perspective & understanding
(Kjelfmand & Holmstrom, 2010)	Semi-structure interviews with 9 BG part. (GPs)	Process; effects	**Process:** sense of security, endurance, & satisfaction **Effects:** competence in d-p encounter, different aspects of professional identity
(Salander & Sandstrom, 2014)	Observation of 63 resident BG meetings (field notes)	Themes	3 categories: communication challenges (cc) in d-p relationship, cc in an organizational context, cc in relation to patients' family
(Samuel, 1989)	Tape records; leader's notes; group attitude questionnaire by 11 BG part.	Themes; process; effects	**Theme**: personal themes; **process:** identification with cases, use of group for immediate help; **effect:** maturation of defenses, some positive change in attitudes towards patients
(Torppa et al. 2008)	Leaders notes on 2 BGs (medical students)	Themes	Feelings related to patients, building professional identity, negative role models, cooperation with other professionals
(Van Roy et al. 2014)	Observation notes	Process	Characterizations of change in part.

Table 3

Medical Retreat Data

Article	Participants	Topic + Variables	Process	Results
(Alexander et al., 2006)	56 Residents (retreat n= 37; control n = 19)	Pain & symptom management, communication skills, & self-awareness	Small group teaching with lecture, discussion, & role-play. "Trigger tapes"	Increases in skill rating of BBN, information giving, & responding to emotional cues. No change in communication skills
(Back et al., 2007)	"Leading residents" + senior clinical faculty	Developing a cooperative relationship, BBN, discussing palliative care & DNR	Small group discussion, skill practice sessions. Cognitive road maps BBN. Role play	Significant improvement in BBN and transition skills.
(Fryer-Edwards et al. 2006)	Oncology fellows	Evaluation of small group teaching of communication skills	Small group discussion; Role play; Evaluation + Feedback	Improvement of communication skills + approval of small-group teaching
(Stoller et al., 2004)	1st-year residents	Teambuilding + leadership	Teambuilding survival exercise + Pictionary + team based discussion of leadership + small group discussion	Redefined leadership role
(Szmuilowicz et al., 2010)	49 PGY-2 residents	Communication skills (End-of-life) + responding to emotions	Teaching modalities + role play	Improved ability to BBN and respond to emotions. Increased confidence in EOL conversations
(Yuen et al., 2013)	29 interns	ICU communication skills	Small group discussion + Role-Play + large group debriefing	Improved BBN, d-p communication. Learned importance of expressing empathy and understanding patients' family.

Discussion

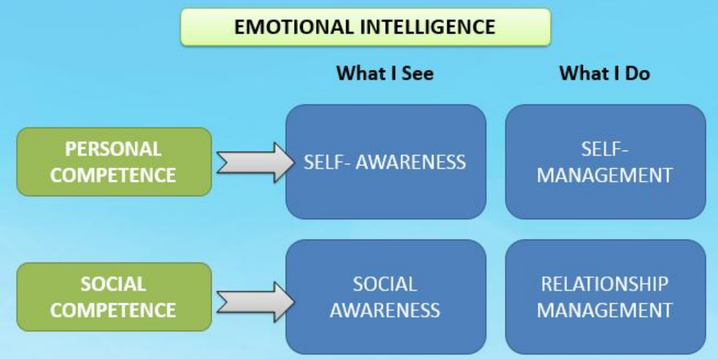

Figure 1. Four Core Emotional Intelligence Skills

Conclusions

The results demonstrated very diverse research topics, with few studies focusing on the same processes and results within their reflective programs. Although the qualitative data reliably reported that self-reflection provides medical residents and doctors some benefit, researchers have failed to reflect this benefit in quantitative terms. Nevertheless, common themes within the qualitative data suggest that the reflective exercises were effective in increasing participants' emotional intelligence (EI). As EI and medical professionalism share important qualities and components, future research should be conducted to quantitatively measure the effect of reflective programs on EI. Introducing EI measurements in a medical education program may provide an evidence-based classification of the type of non-technical skills provided by the behavioral sciences that medical training has traditionally found hard to address and incorporate into the standard curriculum.

REFERENCES

1. On back