

The introduction of reflective practice at Temple Street – an experience with a NCHD Balint Groups

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Reflective practice and medicine – Why?

- Medical errors can be partly attributed to the failure of many health practitioners to engage in reflection upon their practice¹.
- A lack of consensus among educators, researchers and practitioners as to what reflective practice actually entails².
- Critical and independent thinking increasingly important technology advances and increased patient acuity³.
- Recommended as part of self care
- 1. Stein, H.F. (2003). From (Non-) Reflective Practice to Medical Mistakes: A Case Within a Story. Families Systems & Health. 21(4):459-463
- 2. Kinsella, E. A. (2010), Professional knowledge and the epistemology of reflective practice. Nursing Philosophy. 11: 3–14.
- 3. Sewchuk, D. (2005) Experiential learning: A theoretical framework for perioperative education. AORN Journal, 81, 1311-1318



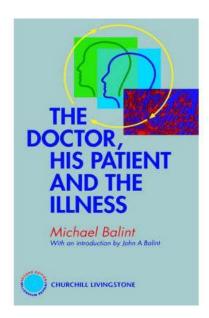
Reflective Practice – where are we?

- Reflective practice including Balint Groups is an established and mandatory part of the curriculum and training experience of Psychiatric and General Practice (GP) trainee's in Ireland⁴.
- Included within Paediatric training not mandatory and typically self directed.

1. Omer, Sami & McCarthy, GM. (2010) Reflective practice in psychiatric training: Balint groups. Irish Journal of Psychological Medicine. 27.



What is a Balint group?



5. Balint, M. (1995) The Doctor, his patient and the illness. *The Lancet.* Volume 265, Issue 6866, 683 – 688



"At the center of medicine there is always a human relationship between a patient and a doctor."





To introduce and evaluate Balint round amongst NCHDs at

Children's University Hospital, Temple Street



Timeline (August – December 2018)



Our Balint Group



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Balint rounds?

A supportive, reflective space thinking about the impact of work upon ourselves whilst providing an opportunity to think in other ways about difficult interactions

Our Balint group principles

At our Balint rounds, kindness and mutual respect will be central along with the following principles which were decided upon by group members. Our group will be :

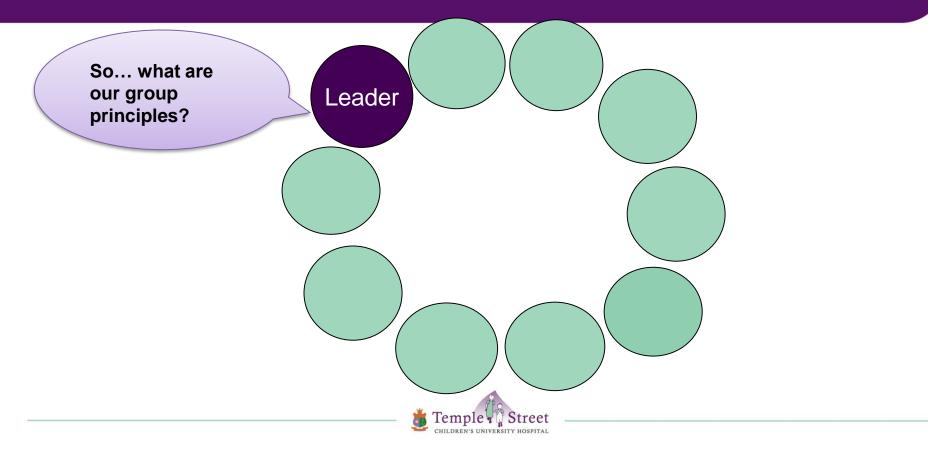
1 Confidential

2 Regularly attended (75% individual attendance)

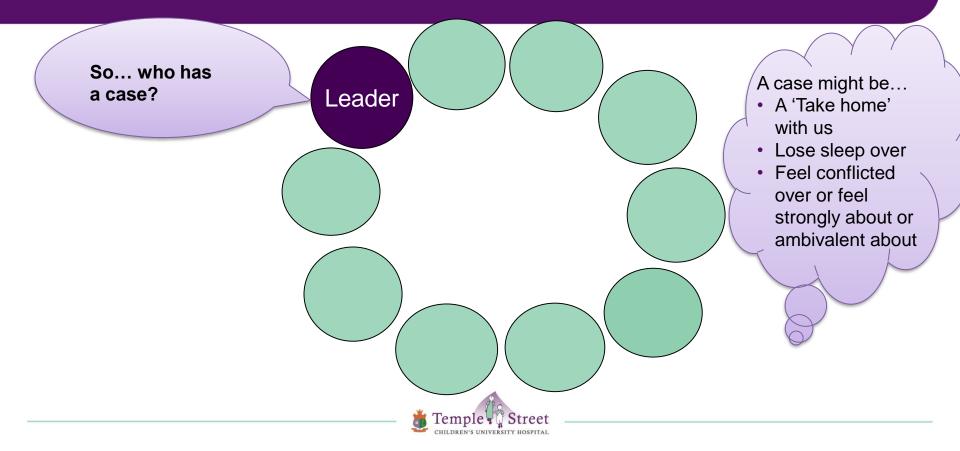
3 Start and finish on time (8-9am)

4 Unplugged - phones on silent, bleep free

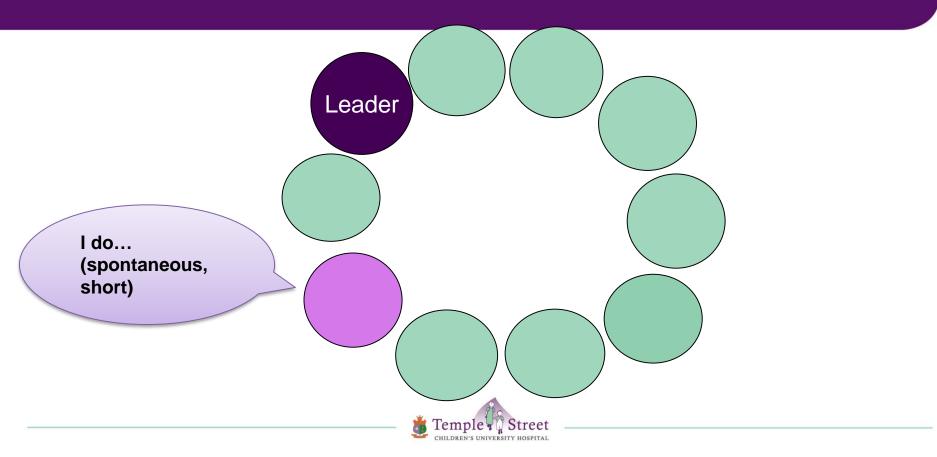
The Group convenes



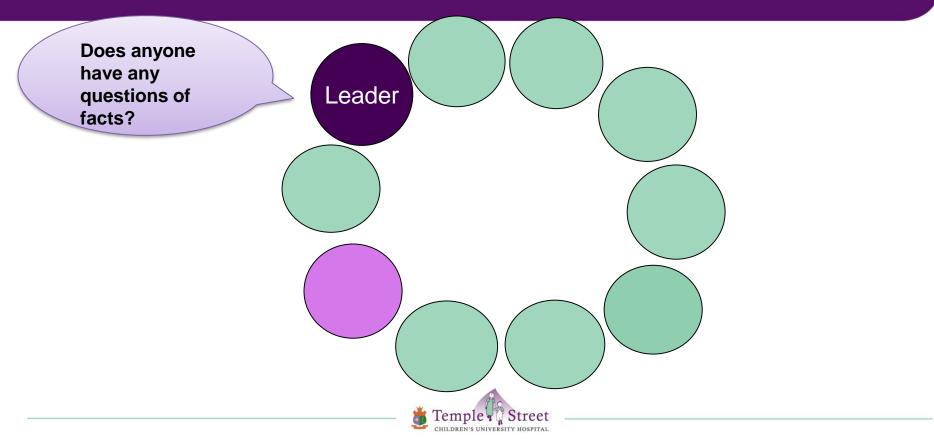
The Group convenes



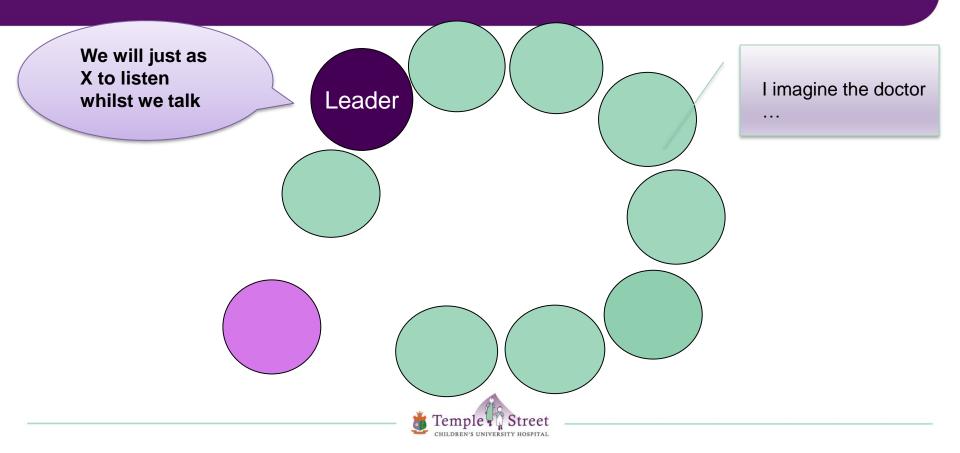
The case arrives



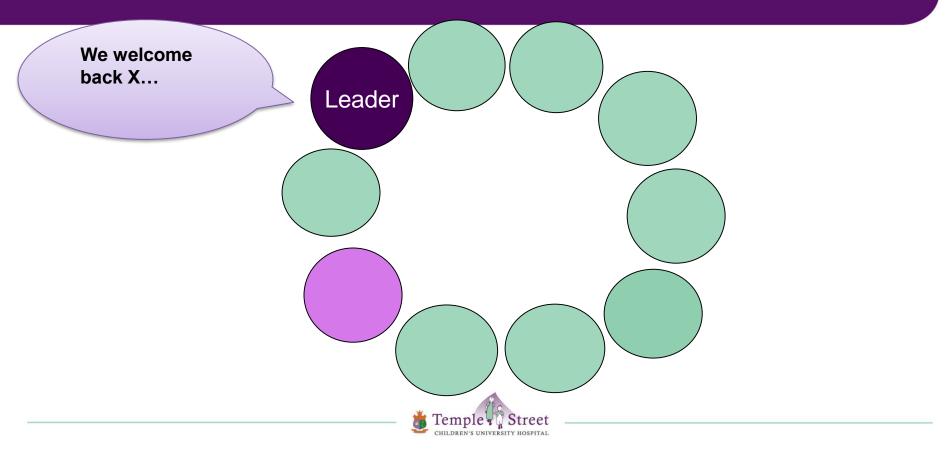
Opportunity for clarifying questions



Group exploration continues









- Vast majority of NCHDs had not participated in formal reflective practice prior to this
- Membership sustained across four months unable to accommodate additional requests for membership
- Continued by request from NCHDs beyond pilot



Evaluation (II)

- Majority reported that Balint group was a useful exercise
- All reported their personal attitude had changed because of their participation
- All reported that they would recommend Balint Groups to peers



Concluding thoughts

- Completed pilot driven by NCHDs and supported by Consultant introducing Balint Group with positive feedback
- Provided feedback within Temple Street and to Paediatric Basic Specialist Training Directors

