

# Addressing Well-being, Burnout, and Professional Fulfillment in Child and Adolescent Psychiatry Trainees during the COVID-19 Pandemic through Implementation of a Virtual Balint-like Group: A Pilot Study

Megan D. Chochol (✉ [chochol.megan@mayo.edu](mailto:chochol.megan@mayo.edu))

Mayo Clinic

**Eric Pease**

Mayo Clinic

**Cosima Swintak**

Mayo Clinic

**Uma Anand**

Mayo Clinic

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## Short Report

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# Abstract

**Objective:** Physicians, including psychiatrists and psychiatry trainees, are at higher risk of burnout compared to the average working population. The COVID-19 pandemic heightens this risk. The purpose of this pilot was to enhance professional fulfillment and sense of professional support while decreasing risk of burnout in Child and Adolescent Psychiatry (CAP) trainees' through virtual delivery of a novel Balint-based well-being curriculum.

**Methods:** The pilot included six CAP trainees. The 8 fortnightly 60 minute sessions were co-facilitated by a psychologist and psychiatrist. Sessions combined emotional awareness skills with a Balint-based approach to case review. The authors assessed trainee well-being, professional fulfillment, and sense of professional support pre- and post-intervention with the Well-being Index (WBI), Stanford Professional Fulfillment Index (PFI), and the authors' own supplemental survey questions assessing sense of professional support.

**Results:** Trainees found the curriculum feasible and useful. Pre- and post-intervention surveys showed a 23.3% reduction in burnout ( $p=0.027$ ) as well as significant improvements in happiness at work, enthusiasm toward work, sensitivity to others, and connectedness with colleagues. The authors found positive trends in additional aspects of professional fulfillment and sense of professional support.

**Discussion:** A novel well-being curriculum focused on combining emotional awareness skills with a Balint-like approach enhances professional fulfillment and a sense of professional support and decreases the risk of burnout, even when delivered virtually. Virtual delivery is especially important as such platforms play prominent roles during COVID-19. This pilot demonstrates feasibility and utility, and supports the planned expansion of this low-cost, high-value intervention for trainee well-being.

## Background

The COVID-19 pandemic has challenged our healthcare system and the clinicians within it. Social distancing has disrupted typical onboarding and community-building activities for new and continuing trainees. Simultaneously, remote patient care and didactics have limited formal and informal opportunities for peer interaction and mentor support. Front-line health care workers are reporting symptoms of depression, anxiety, and burnout in the setting of COVID-19 [1] and trainees may be particularly impacted [2].

Physicians and physicians-in-training already had higher rates of burnout compared to the average working population prior to the COVID-19 pandemic, and psychiatrists and psychiatry trainees face unique risk factors for burnout in their profession [3, 4]. Physician burnout is a work-related syndrome involving emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment [5]. This affects approximately 50% of both physicians in training and practicing physicians in all specialties, and can lead to inadequate patient care, ineffectiveness professionally, and harm to physicians, including, but not limited to, substance abuse, clinical depression, and suicidality [6]. The largest meta-

analysis to date found that both individual (including mindfulness training, stress reduction approaches) and structural or organization interventions (including change in duty hour requirements) resulted in significant reductions in burnout [6].

Balint groups originated in primary care settings and have been widely used worldwide to provide a forum for clinicians to gather with peers to reflect on emotions aroused by challenging doctor-patient interactions [7]. They target a variety of outcomes, including psychological mindedness, burnout and well-being, attitudes, and knowledge [7]. Balint group participation has been shown to prevent resident burnout and may help trainees become more patient-centered by improving communication skills and empathy [8, 9]. Practicing physicians reported that participation in Balint-like groups had provided them a format to reduce isolation and process emotional interactions [10] and enhanced perceived social support among physicians working with palliative care patients [11].

Virtual facilitation and participation in Balint groups is a recent development, and to our knowledge only one study of outcomes has been done, demonstrating significant reduction in COVID-19-related anxiety in a small group of health care workers in Iran [12]. There is no literature to date describing the feasibility, utility, or impact on outcomes with virtual delivery of Balint groups for trainees. We hypothesized that virtual delivery of a novel well-being curriculum focused on combining emotional awareness skills with themes from the Balint approach would enhance well-being and professional fulfillment, provide a sense of professional support, and decrease burnout risk in Child and Adolescent Psychiatry (CAP) trainees.

## Methods

The pilot study population included all six CAP fellows who participated in a total of eight 60-minute sessions from January 2020 to June 2020. Participation was voluntary. A clinical psychologist with the Department of Student Services and a psychiatrist trained in CAP working in the Department of Psychiatry co-facilitated all sessions. Neither facilitator was working with the trainees in a clinical or evaluative role. The facilitators held groups at noon every two weeks via the HIPPA-compliant Zoom virtual platform to promote social distancing in the setting of COVID-19.

Facilitators began each group with a reflective exercise to help participants enter a more emotionally rather than intellectually grounded mindset to facilitate Balint-style case discussions. This exercise lasted 5-10 minutes. After the exercise, one of the group members volunteered to share a challenging case. No trainee was pre-assigned the responsibility of presenting a case prior to the meeting; sharing was voluntary. The presenting trainee informally reviewed his or her clinical case with an emphasis on the emotional aspects of the case for approximately 5-10 minutes, after which group attendees asked clarifying questions for another approximately 5-10 minutes. Consistent with the Balint model, the presenting trainee “exited” the group by turning off his or her camera while still observing and listening to the group discussion. For approximately 10 minutes, the other trainees and the group facilitators processed the case and their emotional responses. Afterwards, the presenter returned to the group and

had the opportunity to respond to the group's commentary, stimulating further discussion until the end of the hour.

The validated Well-being Index (WBI) [13] and the validated Stanford Professional Fulfillment Index (PFI) [14] were used to assess well-being and professional fulfillment. The authors developed supplementary survey questions to assess trainees' sense of professional support. These three measures were administered pre- and post-intervention. Data was collected anonymously using an invited electronic survey through the Google Forms platform. Results were analyzed using descriptive statistics and included qualitative and quantitative data. Unpaired t-tests were utilized to compare pre- and post-intervention responses and determine statistical significance with a p-value <0.05.

## Results

All six child and adolescent psychiatry fellows completed pre- and post- implementation measures. Self-report of trainee perception of burnout improved by 23.3% following participation in the Balint-based intervention ( $p=0.027$ ) (Figure 1). There was also a 16.7% improvement of trainee report of feeling happy while at work ( $p=0.049$ ). Additionally, a 23% improvement in enthusiasm towards work ( $p=0.034$ ), a 16.7% increase in feeling more sensitive to the feelings and emotions of others ( $p=0.049$ ), and a 30% improvement in feeling connected with colleagues ( $p=0.016$ ) were found. No impact was seen in the overall trainee Wellbeing Index (WBI) scores.

Additional findings that were notable but not statistically significant included a 16% improvement in trainee report of feeling they contribute professionally in a way in which they value most, a 20% improvement in trainee perception of peer support at work, a 23% improvement in trainees' comfort level providing feedback to peers on their clinical work, and a 23% improvement in trainees reporting having a setting in which difficult cases are able to be discussed openly, without fear of judgment or retaliation (Figure 2).

## Discussion

Medical education has embraced expanding social media and video conferencing technologies in the setting of COVID-19 restrictions [15] and institutional organizations are guiding program directors in these unprecedented times, as evidenced by online content dedicated to COVID-19 [16, 17]. Training programs can use these technologies in innovative ways to mitigate the isolating effects of COVID-19 on trainees. This novel well-being curriculum focused on combining emotional awareness skills with themes from the Balint approach does have the potential to enhance well-being and professional fulfillment, provide a sense of professional support, and decrease burnout risk in CAP trainees. The authors implemented a video-conferencing platform in a new way to augment social support and a sense of community at work, which are main drivers of burnout or professional engagement in physicians [18]. Even though the curriculum was delivered virtually, results are in line with positive findings from a small Balint group

initiative in psychiatry trainees that was done in person [19] and a small virtual Balint group of family doctors [20].

Trends from this pilot intervention suggest that the virtual Balint-based intervention is not only feasible but can offer trainees an opportunity to feel more connected with peers, have a safe setting to discuss challenging clinical scenarios, and develop a skillset that allows them to provide feedback to peers while identifying the emotional impact that physician-patient relationships have during clinical encounters. The main limitation of the pilot is the small sample size with only six subjects, limiting statistical power. Additionally, four of the six child and adolescent fellows had prior professional experience with one of the group facilitators that may have positively or negatively impacted the results.

The results support expansion of this well-being curriculum to all Psychiatry resident and fellow trainees. A larger sample size will permit higher quality study design and improved statistical power to guide further expansion to trainees across disciplines. With this in mind, the authors are providing training in the Balint model to select voluntary faculty members. This group of trained faculty will maintain fidelity to the Balint tradition and serve as an ongoing resource by leading groups and by training other faculty. Furthermore, the authors anticipate engagement in the Balint training program, which includes participation in an embedded Balint group, will enhance social connectedness and a sense of professional support among participating faculty during COVID-19.

## Declarations

IRB and COI information can be found in the supplemental files section.

**Conflict of Interest:** The authors declare no competing interests

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## Figures

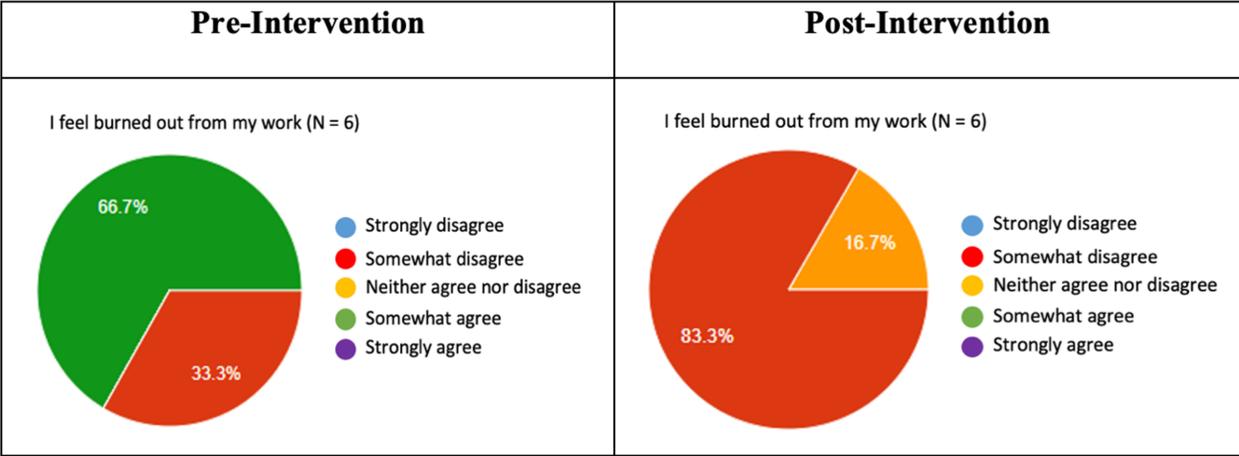
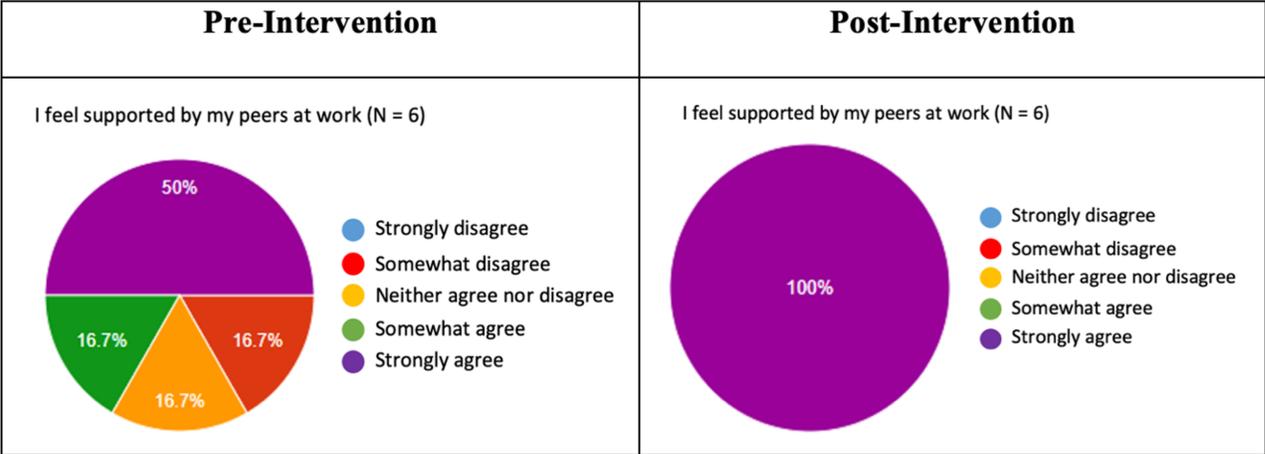


Figure 1

Self-report of trainee perception of burnout improved by 23.3% following participation in the Balint-based intervention. (p= 0.027)



## Figure 2

Self-report of trainee perception of support by peers at work improved by 20%, although this finding was not statistically significant.

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [BalintIRBexempt.pdf](#)
- [ICMJEexemption.docx](#)