

Evidence-Based Interventions for Medical Student, Trainee and Practicing Physician Wellbeing: A CHARM Annotated Bibliography

For the Collaborative for Healing and Renewal in Medicine (CHARM) *Best Practices Subgroup*

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FACILITATED GROUP INTERVENTIONS

Narrative Medicine / Reflection Time

Medical Students

Arntfield SL, Slesar K, Dickson J, Charon R. Narrative medicine as a means of training medical students toward residency competencies. *Patient Educ Couns* 2013;91(3):280–6. doi: [10.1016/j.pec.2013.01.014](https://doi.org/10.1016/j.pec.2013.01.014).

Impetus: This study aimed to understand the potential impact of narrative medicine training on clinical skill development of fourth-year medical students using a mixed-methods approach. Previous narrative medicine studies have demonstrated improvements in team cohesion and perceptions of others' perspectives while decreasing burnout. This study focused primarily on the impact of narrative medicine on ACGME mandated competencies in areas of communication, collaboration, and professionalism.

Description: This study used a grounded theory approach to understand the impact of narrative medicine on both the process of training and its influence on clinical skills. Twelve fourth-year medical students volunteered to participate in a one-month narrative medicine elective. The impact of the elective was evaluated by initially by a survey using open-ended questions (response rate was 11/12, 91%). These answers were used to generate exploratory questions for a focus group (6/12, 50% of the enrolled students participated). Lastly, a few open ended questions were sent at 18 months to all participants (response rate 3/12, 25%). Through iterative thematic analysis, 5 themes emerged: students perceived that attending the sessions (1) helped them develop and improve specific communication skills; (2) enhanced their capacity to collaborate, empathize, and deliver patient-centered care; (3) emphasized that regular self-reflection and reflection about the practice of medicine was valued and felt to be important for personal and professional development; (4) demonstrated that learning narrative medicine methodology was critical to their positive experience; and (5) helped them realize that narrative medicine training is misunderstood by others and perceived as counter-culture.

Contribution: This mixed-methods study contributed to the evidence that narrative medicine can improve physician communication, collaboration and professional identity formation; however, misconceptions about this practice still exist at the medical student level.

Cost: Unknown.

Interns/Residents/Fellows

Winkel AF, Hermann N, Graham MJ, Ratan RB. No time to think: making room for reflection on obstetrics and gynecology residency. *J Grad Med Educ* 2010;2(4):610–5. doi: [10.4300/JGME-D-10-00019.1](https://doi.org/10.4300/JGME-D-10-00019.1).

Impetus: Narrative medicine and reflective practice may help physicians to find meaning and value in their work. There are few studies describing narrative medicine interventions with obstetrics and gynecology (OB-GYN) residents.

Description: Reflective writing workshops (one hour long) were built into scheduled didactic curricular time every six weeks for a total of six sessions over the year. All OB/GYN residents (20 total) in a large academic center were offered the workshops. Topics for the sessions were generated by a resident focus group and final topics were selected by residents via ranking survey, thus increasing buy-in: the topics were life balance, fatigue/frustration, managing expectations, emotional reactions, fear of causing harm, and team

relationships. The sessions included a short reading followed by facilitated discussion and brief written reflection. The intervention was evaluated with pre-and post-intervention administration of the Maslach Burnout Inventory and the Interpersonal Reactivity Index and with a post-intervention satisfaction survey. There was no difference in burnout or reactivity before and after the intervention, although resident satisfaction evaluations showed high acceptance and enjoyment, and some residents reported that it “impacted their experience of residency.”

Contribution: This study is one of few that describes incorporation of a narrative medicine intervention into a residency program for a surgical field, and is therefore a useful addition to prior studies that primarily involved non-surgical fields such as internal medicine and pediatrics. Although the study was a pre-post design rather than a randomized intervention and may have been underpowered to detect changes in burnout, it demonstrates the feasibility of incorporating a wellbeing intervention into a didactic curriculum in an obstetrics and gynecology program, and therefore may be an appealing intervention for similar programs.

Cost: Unknown.

Sikora R, Mongold B, Sedgeman J, Davis SM. Burnout in emergency medicine residents and faculty: an attempt to modify stress response by journaling. *Ann Emerg Med* 2008;51:508. Abstract <http://dx.doi.org/10.1016/j.annemergmed.2008.01.090>.

Impetus: Although written reflection is hypothesized to improve wellbeing, few studies exist describing its impact. The authors sought to measure whether journaling improved burnout in emergency medicine physicians.

Description: Eighteen faculty and residents at a university medical center were randomized to three arms: one control group and two intervention groups assigned to journal after each shift for one month. One intervention group completed directed journaling on specific topics while the other intervention group used free-form, unstructured journaling. All participants completed the Maslach Burnout Inventory (MBI) and submitted salivary cortisol samples before and after the intervention, and the intervention participants participated in a post-intervention interview. There were no significant changes in burnout as measured by the MBI or salivary cortisol between groups over time. There was no description whether the impact of this experience was different between faculty and resident respondents.

Contribution: This pilot study is strengthened by the randomized design with two intervention arms and the addition of biomarker testing, although it was unable to detect a difference among groups, possibly due to the small size and short duration of the intervention.

Cost: Unknown.

Brady DW, Corbie-Smith G, Branch WT. “What's important to you?” The use of narratives to promote self-reflection and to understand the experience of medical residents. *Ann Int Med* 2002;137(3):220-3. [PMID: 12160380](https://pubmed.ncbi.nlm.nih.gov/12160380/).

Impetus: Narratives may improve self-reflection about the experience of residency. Here, the authors describe themes from longitudinal tracking of narratives written by housestaff over the course of residency.

Description: Internal medicine residents in a primary care program at a large academic program wrote narratives twice during their first year of residency and once during their second and third years of residency. They had the option of sharing their writings with each other, with a goal of improving self-reflection skills. Themes from the narratives progressed from search for professional identity and core values in early internship; to disillusionment by the end of internship; to disillusionment and despair during the second year of residency; and finally, to hope and acceptance by the end of residency. No description of an evaluation of the intervention is provided.

Contribution: This publication was one of the first to describe formal incorporation of written reflection into a residency curriculum. Although limited by the lack of randomized design or evaluation data, the emergent themes from longitudinal tracking of resident narratives provide valuable insights into the resident experience to inform future interventions.

Cost: Unknown.

Practicing Physicians

Rabow MW and McPhee SJ. Doctoring to heal: fostering wellbeing among physicians through personal reflection. *West J Med* 2001;174(1):66-9. PMID: [11154679](#).

Impetus: Development of personal awareness skills can help physicians to recognize joys and successes and cope with difficulties of being a practicing physician. Prior to this publication, little information related to the benefits of writing reflection groups existed in the literature.

Description: This study describes a small group reflection intervention called “Doctoring to Heal” with attending and resident physicians in the Division of General Internal Medicine at the University of California, San Francisco. The authors organized evening, opt-in discussion groups that were open to all faculty and residents; 70% of the invited population participated in at least one session. Average group size was 12 (range 6-37). The structure of the session included informal socialization (sharing a meal) followed by brief written reflection using a topical prompt (examples are included in the paper), followed either by participants reading their own piece or randomly selecting someone else’s reflection from a stack for anonymous sharing. A facilitated group discussion followed after all written reflections were shared. The evaluation method is not specified but participants reported qualitative improvements in professional identity, connectedness with colleagues, self-awareness skills, and balance/personal wellbeing.

Contribution: This paper provides a concrete description of a reflection session that incorporates both written reflection and small group discussion that can be adapted to many practice settings. Although the strength of evidence is limited by lack of evaluation of wellbeing outcome measures, the self-reported improvements in wellbeing as a result of this intervention indicate that it is likely to be beneficial and well-received by participants.

Cost: Unknown.

Balint / Small Group Support

Medical Students

Holm M, Tyssen R, Stordal KI, Haver B. Self-development groups reduce medical school stress: a controlled intervention study. *BMC Med Educ* 2010;10:23. doi: [10.1186/1472-6920-10-23](https://doi.org/10.1186/1472-6920-10-23).

Impetus: Stress among medical students is a well-recognized problem with consequences on student mental health, quality of life and performance. However, at the time of this article the quality of data on group interventions was low and there had not been any mandatory programs that had been published.

Description: An entire medical student class in a large medical school in Norway (n=129) was enrolled in mandatory group intervention sessions during their third (clinical) year. They were compared with the subsequent third-year class that acted as a quasi-experimental control group. The intervention consisted of 12 weekly group sessions, each lasting 90 minutes. Participation was mandatory, but students were allowed to choose between two different types of group interventions. “Self-development” groups were based on the model of therapy groups and led by psychiatrists trained in group analytic treatment. This arm of the study sought to improve students' positive resources and personal lives, to increase students' self-esteem and to develop students' personal insights. The second option was “discussion” groups, which were led by experienced general practitioners and included discussion about different topics relevant to students' clinical experiences (e.g. how to handle stress at work, balancing professional and private life, how to handle and communicate with difficult patients, how to "break bad news"). Validated outcome measures were perceived stress (Perceived Medical School Stress (PMSS) scale) and mental distress (SCL-5 of the Hopkins Symptom Checklist, SCL-90). Assessment was completed by both intervention and control groups before and three months after the end of the intervention. Results showed that only the self-development group participants showed a significant reduction in the Perceived Medical School Stress (PMSS) scale. Neither intervention had an effect on mental distress. Qualitatively, the discussion groups were evaluated as being more popular by the students, compared to the self-development groups.

Contribution: This study is unique in that it investigated the impact of mandatory group interventions for clinical medical students and had two intervention arms comparing “self-development” to general “discussion” groups.

Cost: Unknown. Groups were led by psychiatrists or general practitioners, each of whom needed to be available for 12 90-minute sessions during work hours.

Interns/Residents/Fellows

Ripp JA, Fallar R, Korenstein D. A randomized controlled trial to decrease job burnout in first-year internal medicine residents using a facilitated discussion group intervention. *J Grad Med Educ* 2016;8(2):256-9. doi: [10.4300/JGME-D-15-00120.1](https://doi.org/10.4300/JGME-D-15-00120.1).

Impetus: Facilitated group discussion has been shown to decrease burnout among self-selected practicing physicians. This study examined the effect of required facilitated group discussion on burnout for first year IM residents at a large academic medical center in NYC.

Description: Incoming first year internal medicine residents were randomly assigned to intervention or control groups (total n=51; 39 of whom completed both surveys). The intervention groups were designed to be 1-hour meetings twice per month for nine months. The groups were facilitated by psychotherapists with expertise in facilitating group discussion; self-development psychotherapy, however, was not part of the intervention. Sessions were not held in place of existing educational meetings; rather, they were in addition to the daily work expectation for each randomized participant and interns still carried their pagers and could be interrupted. Each session was organized around a theme (e.g. death and dying, coping mechanisms, difficult patients, etc.). The primary outcome was burnout (Maslach Burnout Inventory) and secondary outcomes included items related to sub-optimal patient care, professional behavior and fatigue (Epworth Sleepiness Scale). Results showed that there was no significant improvement in any of the outcomes at the study conclusion. Informal feedback from many of the residents noted that they had ongoing clinical responsibilities during this time and that it did not eliminate their other daily requirements, which increased their stress level.

Contribution: This study showed that participation in mandatory “clinical discussion” groups did not improve burnout, or any of the secondary measures. Results were possibly impacted by the fact that these sessions were mandatory yet not protected from clinical duties. This study highlights the importance of having protected and integrated time for any curriculum in order for it to be successful. Additionally, as with the study above (Holm M, et al.), this study adds to the evidence that clinical discussion groups may not be helpful for medical students and interns.

Cost: Fifty-one residents in both the intervention and control arms received lunch eighteen times. Each group was led by an expert facilitator, who was compensated \$100 per session.

Gunasingam N, Burns K, Edwards J, et al. Reducing stress and burnout in junior doctors: the impact of debriefing sessions. *Postgrad Med J* 2015;91:182–187. doi: [10.1136/postgradmedj-2014-132847](https://doi.org/10.1136/postgradmedj-2014-132847).

Impetus: While there are many studies that characterize the presence of burnout among first year junior doctors (interns), there are few interventions that have proven effective in reducing burnout. This study aimed to examine the prevalence of burnout in a cohort of interns and evaluate the effect of debriefing sessions on reducing stress.

Description: This study was a randomized controlled trial that took place over two months in an urban teaching hospital in Sydney, Australia. A convenience sample of 31 interns was randomized into either the intervention group (n=13), which had four debriefing sessions bi-weekly over two months, or the control group (n=18), which had no debriefing sessions. The debriefing sessions were run by senior faculty and lasted for one hour. Discussion topics ranged from the challenges of internship, common worries, coping strategies, work-life balance, support, and job stress. All participants were given the Maslach Burnout Inventory at the beginning and end of the study period to assess for burnout, as well as a written survey evaluation of the intervention. Focus groups of junior doctors were also conducted to assess the impact of the debriefing program. Results showed that at baseline, 68% of interns met criteria for high burnout in at least one of the three domains of the MBI. Interestingly, female interns had higher levels of burnout compared to their male counterparts (13/15 (87%) vs. 8/16 (50%), p=0.029). The association between burnout and gender remained significant after adjusting for age, unrostered hours and relationship status, with adjusted burnout scores for women on average 9.4 points higher than men (95% CI 1.0 to 17.3,

p=0.027). Post-intervention, there was no significant decrease in burnout between the intervention and control groups. However, the debriefing sessions were well received by participants, with 89% identifying the sessions as a source of emotional support and 61% recommending the intervention to other junior doctors.

Contribution: While burnout was not shown to decrease with the debriefing sessions in this study, findings were limited by sample size. Future studies should employ larger sample sizes and longer term interventions to truly evaluate the effectiveness of debriefing session on junior doctor burnout. Additionally, this study adds to the evidence that this type of “discussion/processing/debriefing” group may not be as effective as “self-development” model of therapy groups led by psychiatrists trained in group analytic treatment.

Cost: Unknown.

Wen LS, Baca JT, O’Malley P, et al. Implementation of small-group reflection rounds at an emergency medicine residency program. *CJEM* 2013;15(3):175-7. Abstract [PMID: 23663465](#).

Impetus: Residency training can be a challenging and isolating experience, and there are limited outlets for personal expression and processing. This paper describes the implementation of a novel curriculum, Emergency Medicine Reflection Rounds (EMRR), that sought to promote humanism among and improve the wellbeing of Emergency Medicine residents.

Description: EMRR is a 1-hour monthly small group meeting where residents were encouraged to share ethically and/or personally difficult clinical encounters. These support groups were facilitated by faculty members, and the curriculum evolved based on verbal feedback from the initial nine resident participants. At the conclusion of the intervention, a survey of four questions was distributed to gain feedback about the program. In survey evaluation of the EMRR program, all participating residents felt that the intervention provided a safe space to discuss challenging issues and that participation in the groups improved their wellbeing.

Contribution: This publication highlights an example of a group-based wellness initiative that is reflective in nature and fosters collaborative learning regarding the professional, personal and ethical challenges of being an EM resident. While feedback was positive, the study was limited in size and evaluation methodology. Future studies on similar interventions should employ larger sample sizes and more rigorous evaluation methods.

Cost: Unknown.

Bar-Sela G, Lulav-Grinwald D, Mitnik I. “Balint group” meetings for oncology residents as a tool to improve therapeutic communication skills and reduce burnout level. *J Cancer Educ* 2012;27(4):786–9.

doi: [10.1007/s13187-012-0407-3](#).

Impetus: Oncology training is especially stressful due to the prolonged exposure to death and dying. Balint groups have been shown to improve communication skills, strengthen doctor-patient relationships, and, potentially, reduce burnout. In this study, the authors aimed to quantify the impact of monthly Balint groups on burnout level of oncology residents.

Description: In this study, Balint-type case discussion groups, with 7-17 residents participating in each group, were facilitated for Israeli oncology residents by a senior oncology physician, a senior palliative care physician and a trained clinical psychologist. The groups took place once per month for nine months and consisted of a 1.5 hour discussion of difficult cases that the trainees had encountered. The impact of the program was evaluated by the Maslach Burnout Inventory (MBI) and an expectations questionnaire completed at the beginning and end of the program. The evaluation of the program demonstrated that the oncology residents felt that their communication skills improved throughout the year. There was a trend towards decreased burnout during the year for junior residents; however, this study is limited by size and lack of a control group.

Contribution: This publication adds to the literature that Balint groups are well received and do show a potential benefit, both in perceived communication skills and possibly burnout. However, larger scale studies with a control are still needed.

Cost: Unknown.

Satterfield JM and Becerra C. Developmental challenges, stressors and coping strategies in medical residents: a qualitative analysis of support groups. *Med Educ* 2010;44(9):908-16.

doi: [10.1111/j.1365-2923.2010.03736.x](https://doi.org/10.1111/j.1365-2923.2010.03736.x).

Impetus: Although stress and burnout are well documented among residents, there is minimal research available to guide interventions. The study sought to qualitatively describe the longitudinal emotional and coping needs of medical residents.

Description: Resident support groups were established and followed for two years. Each group included residents from a single training year who met monthly for one hour. Groups were facilitated by a licensed clinical psychologist. Groups included 7-10 residents, all sharing the same outpatient clinic site. Attendance was voluntary, but in order to increase attendance, groups were held in lieu of the first hour of clinic. Detailed notes from all 72 sessions were analyzed using a derivation of grounded theory. Quantitative measurements of burnout (using The Tedium Index, a 21-item questionnaire that assesses physical, emotional, and mental exhaustion), attendance and satisfaction were collected. Attendance was decent but not 100% (given that an hour of clinic was freed up). Satisfaction was excellent (score of 6.56/7). Self-reported wellbeing was high (6.34/7); however, it was not trended across the study interval. Key qualitative themes that emerged included the importance of understanding resident roles and responsibilities, developing a professional identity as both resident and physician, and building professional confidence. Other themes were reported by postgraduate year (PGY), with different themes and emotions reported by residents in different years. Burnout scores were highest among PGY-1 residents in the second half of the year, and burnout decreased in subsequent years. Resident participants emphasized the critical importance of peer relationships as a source of support throughout training. Residents felt that the biggest strength of the groups was building supportive relationships with peers, while the short duration (1 hour) and low frequency of meetings (once per month) were seen as the greatest weaknesses.

Contribution: The information detailed in this paper can be useful for programs initiating orientations for each of the transitions and for guiding thematic content for longitudinal curriculum planning. The Tedium

Index is not a commonly used burnout measure, although the fluctuation in burnout mostly mirrors what has been seen in other longitudinal studies using the Maslach Burnout Inventory.

Cost: Costs were not discussed, but likely included clinical psychologist salary, and qualitative research costs of transcription.

Ghetti C, Chang J, Gosman G. Burnout, psychological skills, and empathy: Balint training in obstetrics and gynecology residents. *J Grad Med Educ* 2009;1(2):231–5. doi: [10.4300/JGME-D-09-00049.1](https://doi.org/10.4300/JGME-D-09-00049.1).

Impetus: With the new ACGME and ACOG (American College of Obstetricians and Gynecologists Council) emphasis on resident professionalism and interpersonal communication skills, this study assessed the impact of an intervention using Balint support groups on burnout, behavioral-medicine skills, and empathy among OB/GYN residents in a large academic medical center. Prior to this study, Balint groups had been shown to enhance understanding of the doctor-patient relationship, help develop empathy, improve job satisfaction and reduce burnout.

Description: The 1-hour Balint groups were scheduled monthly for an entire academic year during mandatory educational time. One group consisted of first- and second-year residents; the other was composed of third- and fourth-year residents. Each monthly session was facilitated by two Balint-trained faculty members. All residents participated in the monthly Balint sessions; however, study enrollment was voluntary and only 17 of 36 residents completed baseline and 12-month questionnaires. Outcome measures included the Psychological Medicine Inventory (which has been used to evaluate the effects of Balint training and assesses residents' levels of interest, ability, or confidence in dealing with psychological aspects of patient care), the Maslach Burnout Inventory, and the Jefferson Scale of Physician Empathy. The majority of participants were first- or third-year residents. High burnout was very prevalent at baseline and trended towards improvement but without statistical significance. The composite Psychological Medicine Inventory scores also showed some non-significant improvement. However, three individual questions on this inventory did have significant improvements: "ability to use consultation from social workers, psychologists, psychiatrists, and community mental-health agencies"; "ability to make appropriate treatment decisions based on patients' psychological needs"; and "ability to be psychologically therapeutic with patients." There was no significant change in empathy scores.

Contribution: This study is limited by its small sample size (17 residents), lack of a control group, and likely selection bias (only 47% of residents enrolled in the study). The low enrollment highlights the challenge of creating and measuring interventions in the resident population. However, participation in 12 monthly Balint groups had significant impact on residents' ability to be psychologically therapeutic with patients, make appropriate treatment decisions based on patients' needs and to utilize consultative services to better meet psychological needs.

Cost: The groups were led by four faculty members, three of whom were credentialed as Balint group leaders. There is no mention of extra reimbursement for faculty time.

Practicing Physicians

West CP, Dyrbye LN, Satele D, Shanafelt TD. **A randomized controlled trial evaluating the effect of COMPASS (Colleagues Meeting to Promote And Sustain Satisfaction) small group sessions on physician wellbeing, meaning and job satisfaction.** *J Gen Intern Med* 2015;30:S89. Abstract.

doi: [10.1007/s11606-015-3271-0](https://doi.org/10.1007/s11606-015-3271-0).

Impetus: A recently published randomized controlled trial (see following citation) showed that participation in regular facilitated physician support groups improved physicians' sense of meaning and decreased depersonalization; however the intervention was time-intensive (one hour of protected time per week) and thus costly. This study evaluated whether a less time intensive and less structured intervention would also be beneficial.

Description: A total of 125 academic internal medicine faculty volunteered to enroll in the study and were randomized. The intervention arm consisted of bi-weekly small group meetings over six months. The groups were self-formed and the meetings consisted of a 15-minute discussion of an assigned topic (work-life balance, medical mistakes, meaning in work, and resiliency), followed by 45 minutes for a shared lunch or other group activity that was determined by each individual group. Control participants were wait-listed to complete their own small groups at the 6-month mark. Outcome measures included overall quality of life (LASA-QOL), the Maslach Burnout Inventory, the 2-item PRIME-MD depression screen, the Empowerment at Work Scale assessing meaning from work, the Social Isolation PROMIS instrument, and the Physician Job Satisfaction Scale. Surveys were given quarterly. Results showed that participation in the intervention led to significant improvement in overall quality of life, sense of meaning, job satisfaction, social isolation and in the depersonalization and personal accomplishment domains of burnout. Preliminary data collected six months after the intervention ended showed sustained benefits.

Contribution: This study suggests that a less time-intensive and relatively unstructured intervention can have a meaningful and clinically significant impact on several outcomes related to wellbeing.

Cost: The 64 participating physicians received \$20 per session for meal expenses.

West CP, Dyrbye LN, Rabatin JT, *et al.* **Intervention to promote physician wellbeing, job satisfaction, and professionalism: a randomized clinical trial.** *JAMA Intern Med.* 2014;174(4):527-533.

doi: [10.1001/jamainternmed.2013.14387](https://doi.org/10.1001/jamainternmed.2013.14387).

Impetus: Physician burnout is a well-recognized problem, but most intervention studies focused on individual-level strategies such as mindfulness, which put the onus on the physician to make time to engage in a self-care activity. The goal of this study was to evaluate the impact of participation in facilitated support group sessions, for which the time was protected by the employer. Thus, this study is both an organizational-level intervention as well as a small-group intervention.

Description: A total of 74 academic Internal Medicine physicians were randomized to participate in a facilitated small group session or unstructured protected time. All participants received one hour of protected time every other week. Outcome measures included the Physician Job Satisfaction Scale, the Empowerment at Work Scale, the Medical Outcomes Study Short-Form Health Survey (which measures mental and physical health), the Maslach Burnout Inventory, the Perceived Stress Scale, the 2-item PRIMEMD (which screens for depression) and the Jefferson Scale of Physician Empathy. Quality of life

and fatigue were measured by a single-item linear analog scale. In addition to study participants, 350 physicians not participating in the intervention were also surveyed in the same interval. The intervention group showed significant improvement in empowerment and engagement at work. Rates of high depersonalization also decreased. The proportion of participants strongly agreeing that their work was meaningful also increased whereas the proportion decreased in the control and non-study cohorts, a finding that was statistically significant. These changes were evident by three months after the study and persisted at 12 months. There were no statistically significant changes in stress, symptoms of depression, quality of life or job satisfaction among the intervention group, control group and non-participants. Interestingly, rates of depersonalization, emotional exhaustion, and overall burnout decreased substantially in the trial intervention arm, decreased slightly in the trial control arm, and increased in the non-participants, all of which were statistically significant findings.

Contribution: This study is the first randomized trial evaluating an initiative with employer-provided protected time. Additionally, it showed that participation in a structured small group intervention format had a meaningful impact on several physician wellbeing measures.

Cost: The system supported one hour of paid time every other week (equal to 0.9% full-time equivalent).

Kjeldmand D and Holmstrom I. Balint groups as a means to increase job satisfaction and prevent burnout Among General Practitioners. *Ann Fam Med* 2008;6;138-145. doi: [10.1370/afm.813](https://doi.org/10.1370/afm.813).

Impetus: General practitioners (GPs) face one of the highest burnout rates in medicine and often show signs of exhaustion and job dissatisfaction. This qualitative study aimed to evaluate Balint groups as an intervention to improve general practitioners' satisfaction with their work.

Description: Semi-structured interviews with nine GPs who had Balint groups experience ranging from 3-15 years were transcribed and analyzed using the empirical phenomenological psychological method. Thematic analysis demonstrated that GPs perceived that their Balint group participation influenced their work life by improving competence in the physician-patient encounter (self-awareness, handling difficult emotions, understanding the patient more holistically), professional identity (learning one's limits, increased tolerance towards colleagues), and a sense of security (nurturing relationships with colleagues, not feeling alone, feeling supported). These impacts led to a base of endurance and satisfaction, enabling GPs to "rediscover" the joy of being a physician.

Contribution: This qualitative study highlights the many mechanisms through which Balint groups increase satisfaction with work. Though promising, this is a small study that is based on subjective views of only nine GPs and saturation of themes was likely not reached.

Cost: Unknown.