

BRIEF COMMUNICATION

Informational, Interpersonal, and Intrapersonal Communication in a Family Practice Resident Support Group

GARY L. ARTHUR¹, J. LEBRON MCBRIDE² & SHELLEY JACKSON³

¹Georgia State University, Atlanta, GA, USA; ²Floyd Medical Center Family Practice Residency Program, Rome, GA, USA; and ³Texas A & M University, Corpus Christi, TX, USA

ABSTRACT **Context:** *This prospective study compared group process literature to topics utilized in a yearlong family practice resident support group.*

Objectives: *The basic hypothesis was that resident support groups function in ways that are similar to other groups to the extent that the literature on group process could contribute to our understanding of support groups for residents.*

Method: *Ten possible discussion topics were grouped along a continuum from informational to interpersonal to intrapersonal.*

Analysis: *Data were subjected to three repeated measures of analysis of variance (ANOVA).*

Findings: *Results reflected that informational topics did not decrease, interpersonal topics did increase significantly, yet intrapersonal topics did not reflect any significant changes over the course of study.*

Discussion and Conclusions: *The preliminary findings indicated the research literature on group process may have application to resident support groups. When more formalized groups like Balint groups are not available, support groups may offer a forum to facilitate the interpersonal and intrapersonal discussions and communications of residents. Recommendations derived from the support group experience and the research are given.*

KEYWORDS *Medical education support group, resident education, resident communication.*

Author for correspondence: Gary L. Arthur, EdD, Georgia State University, Department of Counseling and Psychological Services, University Plaza, Atlanta, GA 30303-308, USA. Tel: +1-404-651-3426. Fax: +1-404-651-1160. E-mail: garthur@gsu.edu

Various didactic and experiential methods have been used in medical education to promote physician interpersonal and intrapersonal awareness (Novack *et al.*, 1997). One of the major approaches for enhancing self- and other awareness and for training medical students and residents to respond empathetically to patients is participation in a group. This brief communication reports on one such resident support group. The basic hypothesis was that resident support groups function in ways that are similar to other groups to the extent that the literature on group process could contribute to our understanding and facilitating of support groups for medical residents.

Methods

Six interns in a family practice residency and a group leader participated in a support group and served as participants in this study. For the research, 10 discussion topics were placed along a continuum and sorted into one of three group stages as seen in Table 1. The topics were conceptualized by the authors along this continuum to reflect from a less to more personal involvement in communication (task–information, interpersonal–relational, intrapersonal–internal) by the residents. Group stages were divided into early, middle, and late and paired with topics along this continuum.

Normally the beginning group stage is associated with a fairly high need for structure, inclusion, and orientation (Carey, 1995; Gladding, 1991). Tuckman and Jensen (1977) refer to this stage as “Forming” and as a time when members become comfortable with one another. It was anticipated that the initial topics would have a more outward and factual focus.

According to Tuckman and Jensen, members next enter the stages of “Storming and Norming” wherein issues surface and members work toward resolution (1977). The topics in this stage involve relationships in the

Table 1. Resident support group objectives by stages

Early stage Informational	Middle stage Interpersonal	Late stage Intrapersonal
Resident education	Supervisor resident-attendant	Resident emotional support
Professional role	Resident-nurse	Feelings generated in resident
Support balint group dynamics	Resident-patient	Resident personal/family Patients' emotional, psychological, and family dynamics
Informational →	Interpersonal objectives →	Intrapersonal objectives

physician's work. During this time the interns were expected to share and seek support in issues related to communication and interpersonal interactions with a nurse, patient family member, or a supervisor.

The final stages according to Tuckman and Jensen are "Performing and Adjourning". This is a time when group work is performed and closure takes place. The final level of involvement in the group process was considered to be intrapersonal and involve sharing at a deeper level of self-disclosure.

Results

The six residents had an overall 89% attendance rate over the yearlong twice-monthly meetings. Data were summed for each participant and for each session. The data were then combined for each month resulting in 10 observations that were utilized for the analysis. Three repeated measures ANOVA were used to test the hypotheses in this study (Stevens, 1992).

The results indicate that over the course of the group, there was a significant difference in the frequency of discussion of task topics. However, there was no significant difference between the frequency of discussion of task topics when comparing the early and middle sessions to the later sessions.

A second repeated measures ANOVA was done to test the hypothesis that there was a significant increase in the discussion of interpersonal topics over the course of the group. Summary scores of the interpersonal topics from early, middle and late sessions of the group were compared. A repeated measures analysis of variance (ANOVA) indicated that there was a significant difference in the discussion of interpersonal topics ($F=8.835, p < 0.005$) over the course of the group. Additionally, results indicated that interpersonal topics were discussed more often during the latter sessions of the group compared to the early and middle sessions ($F=7.641, p < 0.05$).

Finally, a third repeated measures ANOVA was used to test the hypothesis that the group intervention would increase the participant's discussion of intrapersonal topics such as personal or family dynamics, emotional support of the resident, and feelings generated in the resident as a result of the patient. Summary scores of the intrapersonal topics from early, middle and late sessions were compared. These results indicate that the discussion of intrapersonal topics did not significantly increase or decrease over the course of the group.

Discussion

This research is one of the very few which collected immediate feedback from a family practice resident support group. The significance of this research is its assessment of how the group members utilized the support group (task, interpersonal, intrapersonal).

Group member choices in interpersonal topics appeared to follow group process, reflecting a significant increase in frequency when expected; however, this was not true for group choices in task or intrapersonal topics. Two distinct observations were noted which appear to be different than expected for group process. The first observation was that normally group process would expect informational topics to take priority early in the group process and then to diminish over time. However, this group's use of task topics significantly increased over the middle and later stages of the group when compared to the initial stage.

Another noted difference in group process was that intrapersonal topics did not follow expectations. There was not a significant difference in discussion of intrapersonal topics over the course of the year. It was noted that for two of the three topics (emotion/family and resident feelings) the frequency average was often greater at the beginning and middle stages than task or interpersonal topics.

Although each support group has some of its own dynamics, these preliminary findings indicate the research literature on group process may have application to resident support groups. Recommendations derived from our experience and/or research and avenues for additional research include:

- Support groups for persons in the medical field may benefit from the structure of a list of topics that are identified as being appropriate for group discussion. This may make the group experience less ambiguous.
- Task topics may play a different role in medical training groups than other groups. The medical education emphasis on intervention and “doing” may encourage more frequent use of task oriented discussions. Therefore, facilitators should understand the value of task discussion topics for residents.
- Family practice residents may be more open to intrapersonal discussions than is often indicated in the literature on medical education. Providing the opportunity for discussion of intrapersonal topics can, of course, be of great value in self-discovery and physician/patient relationships.
- Especially where more formalized groups like Balint groups are not available, support groups may offer a forum to facilitate the interpersonal and intrapersonal discussions and communications of residents.

References

- CAREY, G. (1995). *Theory and practice of group counseling*, 2nd edn. Pacific Grove, CA: Brooks/Cole.
- GLADDING, S.T. (1991). *Group work: a counseling speciality*, 2nd edn. Columbus, OH: Merrill.

- NOVACK, D.H., SUCHMAN, A.L., CLARK, W., EPSTEIN, R.M., NAJBERG, E. & KAPLAN, C. (1997). Calibrating the physician: personal awareness and effective patient care. *Journal of the American Medical Association*, 278, 502–509.
- STEVENS, J. (1992). *Applied multivariate statistics for social sciences*. Hillsdale, NJ: Lawrence Erlbaum.
- TUCKMAN, B.W. & JENSEN, M.A.C. (1977). Stages of small group development revisited. *Group and Organizational Studies*, 2, 419–327.