

An Introduction to BALINT Groups

Assembled by representatives of:
The American Balint Society

Acknowledgement for initial presentation-
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1

Medical Education and Practice

- Focus on physiology, disease mechanisms, diagnostic and therapeutic
- Plenty of case discussions, group meeting
 - Easily go into toxic venting
 - Judgmental second-guessing
- Feeling of being
 - Isolated, unsupported, unheard
 - Sometimes judged or criticized
 - Possibly worse than before
- Push towards efficiency and productivity

2

Provider Burnout- WHO



- Syndrome
 - Chronic workplace stress
- Reduced professional efficacy
- Prevalence $\geq 50\%$
 - Similar in medical students and trainees


<https://www.who.int/standards/classifications/frequently-asked-questions/burn-out-an-occupational-phenomenon>
 Singh R, Volner K, Marlowe D. Provider Burnout. [Updated 2023 Jun 12]. In: StatPearls. 2023
<https://www.resilienceinhealthcare.com/resources/physician-burnout>

3

What can we do?

- Support Personal Resiliency
 - Self-care, stress regulation, meditation
 - Establishing healthy boundaries/limits
- Improve Workplace Culture
 - Create a culture of support
 - Learn to navigate conflict with patients and colleagues
 - Balint Groups

4



One of Michael Balint's core assumptions:

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

“...reflection on our observations can lead to better understanding...”

“Understanding makes us better physicians”

5



Balint Groups

- Designed to foster the capacity for
 - Empathic reflection
 - Imaginative speculation
 - Divergent thinking
- Deepens insight and self-awareness
- Have been shown to improve participants' wellbeing
- Balint groups exist worldwide

6



Unique Characteristics

- Structured group: leader and members
- Single case discussion
- No preparation, no notes
- Focus on Dr.–Pt. Relationship
- Emphasis on elaboration and flexibility
- Method for expressing frustration, pain and/or also joy
- Allows you to sit with feelings, uncertainty and complexity

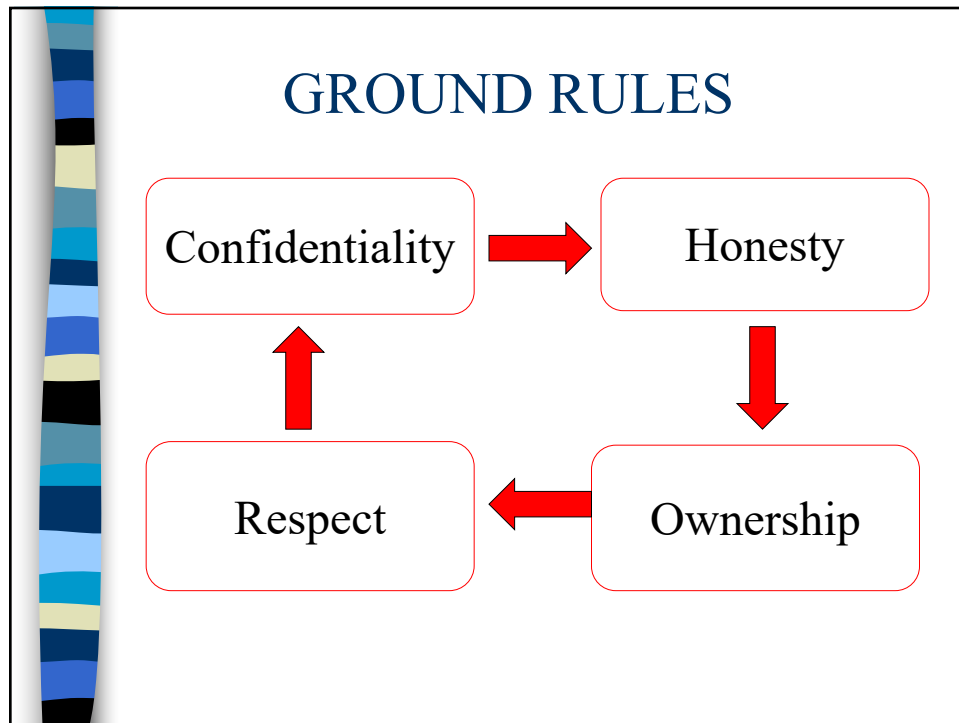
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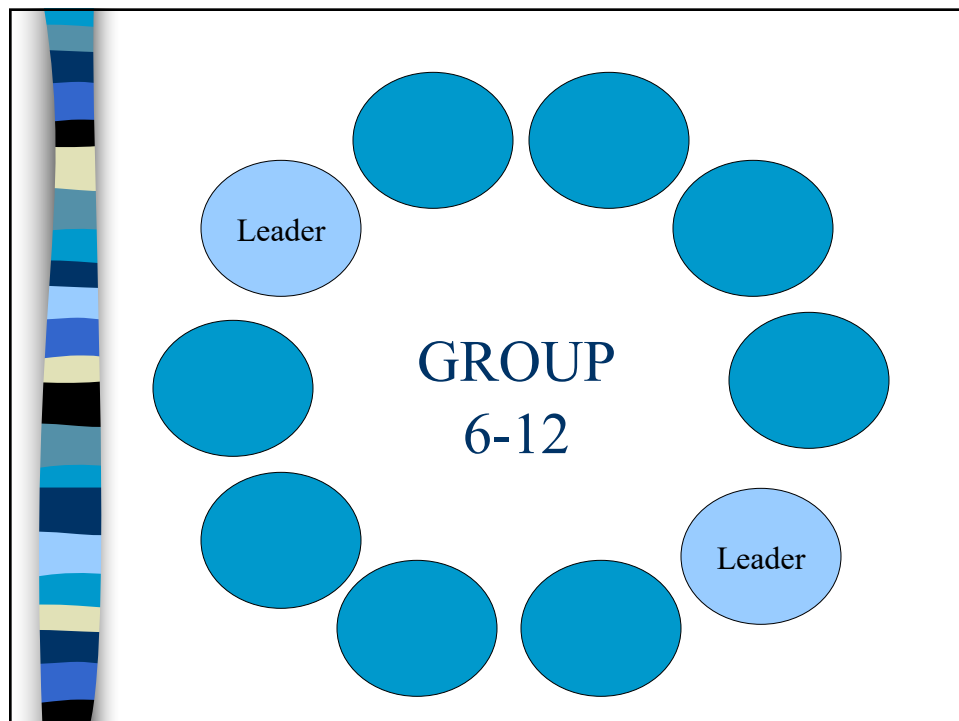
CASES

- Patients who
 - we take home and think about
 - raise inner conflict or strong feelings
 - leaves us feeling baffled or confused
- Difficult interactions within the healthcare system


8



9



10




Leader

- Keep discussion focused on the physician and patient relationship
- Encourage speculation
- Act as a time-keeper

Use "I" statements

11



Presenter

- 5 min total
- Bring the basics only
 - Patient and/or family
 - Medical situation
- Focus on the relationship
- Then becomes "a fly in the wall"
- Come back at the end for a debrief if they wish to

12



Members

- Bring speculations
- “I” statements
 - As a physician, I wonder...
 - If I were the mother, I would feel...
 - I imagine “the patient” (could use patient’s name) to be...
- Discussion with the group, NOT directed to the presenter