2014 APPD Spring Meeting
Workshop #16

A Taste of Balint:
Introductory experience with the Balint group model to enhance empathy and professional development among pediatric residents
None of the presenters has any conflicts of interest to disclose.
“At the center of medicine there is always a human relationship between a patient and a doctor.”

-Michael Balint, MD
What is the function of a Balint Group?

• To provide a safe place for reflection on troubling cases
• To reflect on “blind spots” or assumptions re: the doctor/patient relationship
• To help members feel less isolated, more open to learn, and less conflicted
• To help members develop a “tool” for metabolizing emotional aspects of work
Upcoming Training Opportunities

• Balint Leadership Training Intensive: April 24-27 in Seattle (sold out)
• First National Meeting of the American Balint Society: July 20-23rd in Estes Park, CO
• Balint Leadership Training Intensive: Oct. 16-19 in Jonesborough, TN
• American Balint Society
  http://www.americanbalintsociety.org/
Resources

- American Balint Society
  http://www.americanbalintsociety.org/

- Local family medicine programs

- Phil Phelps
  Chairman, ABS Expansion Committee
  412-623-6648
  phelpa@upmc.edu
Competencies and sub competencies are incorporated into Balint Groups

- Professionalism
- Communication
- Practice Based Learning and Improvement
- Patient Care
Professionalism

• PROF1 Empathetic practitioner
  ▪ “Is a proactive advocate on behalf of individual patients, families and groups of children in need.”

• PROF2 A sense of duty and accountability
  ▪ “Extends professional role beyond the care of patients and sees self as a professional who is contributing to something larger.”

• PROF3 Ethical behavior
  ▪ “…has excellent emotional intelligence about human behavior and insight into self...”
Professionalism

• PROF4 Self-awareness leading to help-seeking behaviors
  ▪ “..has the personal drive to learn and improve results in the habit of engaging in help-seeking behaviors and explicitly role modeling and encouraging these behaviors in residents.”

• PROF6 Acceptance of ambiguity
  ▪ “..seeks to understand patient/family goals for health and their capacity to achieve those goals
  ▪ ... emphasizing patient/family control of choices
  ▪ ...remains flexible and committed to engagement with the patient/family throughout the patient’s illness
  ▪ ... openly and comfortably discusses strategies and outcomes...”
Communication

• ICS1 Communicate effectively
  ▪ “Connects with patients and families in an authentic manner that fosters a trusting and loyal relationship;
  ▪ handles the gamut of difficult communication scenarios with grace and humility.”

• ICS2 Develop and manage human interactions
  ▪ “Intuitively perceives, understands, uses and manages emotion to improve the health and well-being of others and
  ▪ to foster therapeutic relationships...”
Practice Based Learning and Improvement

- PBLI4 Incorporate formative evaluation feedback into daily practice:
  - “Demonstrate professional maturity and deep emotional commitment that lead to deliberate practice and result in the habits of continuous reflection, self-regulation, and internal feedback and that lead to continuous improvement...”
Patient Care

• PC5 Develop and carry out management plans:
  ▪ “...has insight into one’s own assumptions and values
  ▪ focus on the patient/family values in a bidirectional conversation about the management plan.”