A Taste of Balint:
Introductory experience with the Balint group model to enhance empathy and professional development among pediatric residents
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Goal
Show that implementation of a Balint group experience in pediatric residency training is feasible and acceptable

Theme
Taste of Balint for the residents // Taste of Balint for workshop attendees
Agenda

• Introductions
• What is Balint?
• History of Balint at CHP
• CHP resident feedback
• Balint group experience
• Group debrief
• Implementation
  • Milestones
  • Logistical concerns
  • Additional training, resources
What (and who) is Balint?
“At the center of medicine there is always a human relationship between a patient and a doctor.”

-Michael Balint, MD
Michael Balint

- Born in 1896 in Budapest, son of a GP
- Psychoanalytic training in Berlin and Budapest, emigrated to London, worked at the Tavistock Clinic
- He and his wife, Enid, began the training/research seminars for GPs after WW II
- 1957 “The Doctor, his Patient and the Illness” published
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
What are the characteristics of a Balint Group?

- Two leaders
- Focus on doctor-patient relationship
- Preference for an ongoing case
- Fixed membership (ideally)
What a Balint Group is not

• Prescriptive, didactic
• Problem solving, advice giving
• Psychotherapy group
• Traditional case consultation group
• Topic discussion group
What are the Ground Rules?

Confidentiality → Respect, Turn Taking

Avoid Advice → Ownership
What makes a “good case”? 

- Patients with whom we have ongoing relationships 
- Patients about whom we feel conflicted or strongly 
- Patients who leave us feeling unfinished, whom we lose sleep over 
- Patients who bubble up in the moment
How is a case presented?

• Presentations are spontaneous
• Basic information about the patient and medical issues
• Description of the doctor-patient relationship
• Aspects of the case you find challenging or conflicting
History of Balint at CHP

Goals:

• Focus on building wellness into the training experience
• Provide time for reflection
• Opportunity to link block rotations with a longitudinal experience
• Opportunity for residents to consider their own development along Milestones in several subcompetencies

Implementation:

• Many logistic challenges
CHP Resident Feedback

- Anonymous, voluntary self-administered survey
- Adapted from VCU Family Medicine Evaluation of Balint Group Experience survey
  - Group environment
  - Group leader characteristics
  - Skill development
  - Overall evaluation of Balint group experience
- Original questions added
  - Help manage stress
  - Good use of time
  - Recommend that Balint group continues
  - Describe the impact Balint has had, positive or negative
CHP Resident Feedback

- All PL-2 residents attending annual retreat
- 32 residents completed the survey
  - 29 surveys analyzed
  - 3 reported <1 month experience with Balint, so excluded from analysis
CHP Resident Survey

Group Environment*

- Safety
- Relationship
- Exploration

*Source: Virginia Commonwealth University Family Medicine Evaluation of Balint Group Experience
CHP Resident Survey

Group Leaders*

*Source: Virginia Commonwealth University Family Medicine Evaluation of Balint Group Experience
CHP Resident Survey

Skill Development*

*Source: Virginia Commonwealth University Family Medicine Evaluation of Balint Group Experience
CHP Resident Survey

Overall Evaluation*

*Source: Virginia Commonwealth University Family Medicine Evaluation of Balint Group Experience
CHP Resident Survey

• “I think Balint was very useful in terms of developing skills to objectively reflect on the "healthcare experience" from another person's point of view.”
• “Reflection on difficult cases has been helpful going forward in residency and provided insight to other resident's thoughts surrounding difficult patient encounters.”
• “Increased empathy from viewing experiences from all perspectives.
• “Explore stressful patient encounters in a new environment to uncover different aspects/stressors that perpetuate burnout and need to be processed”
“Allows for self reflection, but doesn't always offer helpful solutions which can be frustrating. Does help remind us the importance of empathy.”

“Allows us time to reflect on these experiences, but I'm not sure if it has brought meaningful change to my practice.”

“It's a nice hour but I'm unsure if there's a lasting effect”

“Neutral -- I have these conversations regularly with my co-workers casually with or without Balint group”

“The time of it -- 8 am on a Tuesday -- immediately makes me cranky about being there...”
## Balint Group Experience

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<thead>
<tr>
<th>Group</th>
<th>Room</th>
<th>Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Haymarket</td>
<td>Evelyn Reis/Albert Lichtenstein</td>
</tr>
<tr>
<td>Blue</td>
<td>Picasso</td>
<td>Dena Hofkosh/Phil Phelps</td>
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<tr>
<td>Purple</td>
<td>Columbian</td>
<td>Steph Dewar/Paul Scott</td>
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Group Debrief
Balint Group Implementation
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.”
How do Milestones inform the use of Balint in pediatric training?

(Think-Pair-Share)
Scheduling and Logistical Concerns

• Challenges:
  - Find Balint experts
  - Find time in curriculum
  - Buy-in from program leadership
  - Buy-in from faculty
  - Buy-in from residents
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.americanbalintssociety.org/
Resources

• American Balint Society
  http://www.americanbalintssociety.org/

• Local family medicine programs

• Phil Phelps
  Chairman, ABS Expansion Committee
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References


The Pediatric Milestones Project, A Joint Initiative of the ACGME and the American Board of Pediatrics.
Workshop Evaluation

We welcome your feedback!

Please complete your online survey:
www.appd.org/amsurvey/