



ACGME Competencies and Balint Work
In
Family Medicine Residency Programs
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The ACGME and the American Board of Medical Specialties require that residents demonstrate competency and minimum skills in specific content areas. Under the ACGME plan, all medical specialties share the same six Core Competencies and twenty-five associated required skills. In order to meet these requirements, residencies use a number of teaching methods. Balint is a method that addresses many of the ACGME core competencies and associated skills. Because Balint work can train resident physicians in both ACGME core competencies and RRC curricular goals, the American Balint Society supports making Balint training a mandatory part of the Family Medicine residency curriculum.

1. What is a Balint group?

The Balint group process is an experiential model in which residents meet regularly to examine the doctor-patient relationship. Group members listen to the presenting doctor's story and then discuss the case, with a concentration on the physician-patient relationship. The purpose of the group is to help the physician understand the physician-patient relationship rather than to advise the physician on treatment options. This process may also provide important information about the patient's feelings. Balint groups are a unique way to examine difficult situations in a non-threatening way. The group provides the opportunity to sit with uncertainty and complexity without pressure to arrive at an answer and without diminishing one's sense of self-worth as a physician. Being able to tolerate uncertainty is a necessary and important component of the maturation of physicians. In addition, resident-physicians frequently understand the doctor-patient relationship in a more empathic way, and so are able to rekindle therapeutic efforts with patients. As a result of working in a group over a period of time, resident-physicians can recognize their habitual patterns of behavior with various types of patients. Balint work encourages self awareness and self reflection and helps residents to learn when to examine their reactions to an interaction with a patient.

2. How does the Balint Group satisfy the ACGME core competency requirements?

The numbered list below enumerates the skills and attitudes enhanced or encouraged by Balint groups. The list of core competencies in the following table indicates the various ways these skills satisfy the ACGME core competencies.

1. Improves listening skills with both patients and colleagues
2. Encourages integrative, creative and divergent thinking leading to novel approaches to recurring problems
3. Encourages empathy; empathic skills are modeled; residents are able to experience themselves in the place of both the patient and the physician
4. Improves observation skills
5. Develops and encourages a repertoire of behaviors that may be therapeutic for a variety of patients
6. Increases sensitivity to and skill in addressing psychological aspects of the patient's illness
7. Improves ability to hear and react to difficult cases of colleagues in a gentle, supportive manner
8. Demonstrates a method for appropriately expressing frustration, pain and joy
9. Encourages camaraderie and intimacy among group members, thereby enhancing team work, communication and mutual support
10. Encourages self-reflection
11. Encourages self-evaluation
12. Improves satisfaction of practicing physicians

PATIENT CARE (1, 2, 3, 4, 5, 6, 10, 11, 12)

MEDICAL KNOWLEDGE (2, 5, 6)

INTERPERSONAL AND COMMUNICATION SKILLS (1-11)

PROFESSIONALISM (1-4, 10, 11, 12)

SYSTEMS-BASED PRACTICE (2)

	1	2	3	4	5	6	7	8	9	10	11	12
PC	X	X	X	X	X	X				X	X	X
MK		X			X	X						
ICS	X	X	X	X	X	X	X	X	X	X	X	
P	X	X	X	X						X	X	X
S-BP		X										

3. How does Balint meet the Behavioral Science curriculum goals required by the RRC?

Having a Balint Group experience in the curriculum satisfies curricular requirements listed in the program information form used to prepare for an RRC site visit. The following competencies are listed in the PIF and are part of the Balint group experience:

- components of family structure
- family structure and dynamics
- human development
- end-of-life issues
- role of the family in illness care
- emotional aspects of non-psychiatric disorders
- the physician-patient relationship
- normal psychosocial growth and development in individual and family
- stages of stress in the family lifecycle
- sensitivity to gender, race, age and culture differences in patients
- medical ethics including patient autonomy, confidentiality and issues concerning quality-of-life
- factors influencing patient compliance
- growth and development from newborn to adolescent
- management of emotional problems in children
- socio-cultural parameters in the older patient

The American Balint Society offers two pathways for training in Balint group leadership. A Balint Leadership Training Intensive is a four-day didactic, experiential and analytic course to introduce and refine the skills of Balint group leadership for physicians,

residents and behavioral science educators. To develop more complete skills, leaders are encouraged to apply to the Balint Leaders Credentialing process, which provides developing leaders with supervision in the attainment of more in depth skills. The Council of the American Balint Society endorses leader training to ensure integration of the ACGME core competencies and the RRC curricular goals into Balint training for residents.

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