**Balint Group or Balint Seminar** Many types of groups used in residency training have been called Balint groups and are not. The Balint group, an unique and specific type of group case discussion, properly framed and conducted over time by a trained leader will often result in participants’ increased ability to empathize with their patients and to use their doctor patient interaction as a valuable diagnostic and therapeutic tool. A wonderful additional benefit is the humanization of medicine for the doctor and patient and an antidote to physician burnout. The references and resources below are chosen to help residency faculty understand the Balint group process, describe it to participants and other faculty, sell it to administration, access leader training and appreciate the importance of obtaining such training, avoid problems that undermine Balint groups’ success and stay the course. Several very helpful ones are not published per se or are hard to find in print but may be accessed through the websites of the American, British and Australian Balint Society websites, links provided.

**Books:** Prices in parenthesis are quoted as list price and lowest available price at Amazon.com. If you are an STFM member, please use the STFM Amazon portal at the bottom left of the STFM home page at [http://www.stfm.org](http://www.stfm.org)


- This book is dense to read and sometimes hard to come by, but the introduction to Chapter 1 and Appendix 1 are worth it. What it is all about and how to lead, from the horse’s mouth.


- Examples from a real practice on why self-awareness in the doctor patient relationship is so important with reference to Balint groups as a way to learn it.
Articles:


- A lucid, cogent overview of the history, method, leadership requirements, group process and potential outcomes of Balint groups by a master leader.


- Helps to define the essential ingredients that make a Balint group work and discriminate it from other group training exercises.


- Classic article elaborating how Balint groups are conducted and led, and why they are worthwhile training for family physicians in the US.


- Family physicians would be best served by training that doesn’t teach them psychiatry or psychotherapy but which helps them develop their own interpersonal skills, specifically empathy, listening and self-awareness.


- Making a good case for why the skill of empathy makes for better doctors and how Balint groups can help train doctors to use empathy in practice.


• Qualitative research that documents the alleviation of isolation physicians experience when they participate in a Balint group. Good to provide the article to administrators to bolster claims about the process and to show that Balint is an accepted activity for practicing physicians in other countries.

- A handout for new participants explaining what happens in Balint groups and how to participate.

Margo, G. and Margo, K. *Balint groups vs support groups*. Available on the American Balint Society website/resources. click **HERE**

- A handout explaining the differences between two groups that are often confused and mistakenly blended in residency programs.


- A delineation of how many of the RRC required competencies are met by Balint groups in residency training. Essential reading for program directors

On-line Resources: The American Balint Society (ABS) website ([http://americanbalintsociety.org](http://americanbalintsociety.org)) has;  
1) a section on resources and links to seminal articles.  
2) a section on where to get leadership training click **HERE**  
3) a section listing other Balint Societies with links to:

The Australian Balint Society **www.balintaustralia.org** The Australian Balint Society has a list of resources that includes an extensive annotated bibliography and is worth checking out.

The (British) Balint Society **balint.co.uk/**

References considered Classics noted by *
We welcome your feedback! To comment on or suggest a new resource to this page, please click on the comment box below and follow the Instructions. For any suggested resources, please include: (a) a rational for the suggestion; (b) whether or not you have used it; and (c) how you think it could best be used by others.

Laurel Milberg, PhD, page monitor.