

Balint Groups: Definitions and User's Guide

History and Purpose:

- format invented last century by Michael and Enid Balint
- gives physicians the chance to **think out loud** with colleagues about **thorny or complex treatment relationships**

Necessary Elements:

- professional role, leading to development of a **professional self**;
- **ongoing relationships** with power/responsibility imbalances;
- **confidentiality**: what's said in Balint stays in Balint;
- **mutual respect** among members – if I hear something I would “never” do, I try to imagine how/when I possibly could do it;
- **taking turns** – tolerating silences to allow divergent thinking to develop
- **steadiness** in membership and meetings (results are dose dependent).

Format:

- a leader asks **“Who's got a case?”**
- a **typical or problematic interaction** with a specific patient is presented; this should not be pre-planned.
- the members ask clarifying questions just to fill in blanks where possible;
- the presenter ‘steps back’
- the group ‘takes’ the case and begins tackles relational questions;
- **What is it like to be this provider?**
- **What is it like to be this patient?**
- **What is going on in this provider/patient relationship?**

Results:

- **lower** sense of **isolation**
- **higher** job **satisfaction**;
- **lower** **burnout** risk
- **improved** **provider-patient** **relationships**.