

Helping Doctors Develop

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Developing to your full potential means staying open to other people, because learning new points of view and understanding undreamt of perspectives can influence how you do everything. So the crucial question is how to ensure that people keep their openness while they consolidate their medical excellence. After all, closing off is one of the hallmarks of burnout, the opposite of development, a huge loss of potential.

My answer is Balint groups. Their reflective focus on the provider-patient relationship gives practice in reaching that goal of staying open. They've been around for decades¹ and they work in training and beyond^{2,3}, but they can be a hard sell. Balint groups are "just" case discussions, where learning is experiential rather than didactic. In Balint groups we let ourselves look deeply, trying to relax our natural defenses. Obviously, people in medicine need strong defenses, and they get plenty of practice in raising them and keeping them in place. The trouble comes when defenses rigidify, limiting you, even impairing your thinking. Skill in relaxing defenses helps protect against burnout, but it's hard to master. Balint groups keep your mind nimble and your intuition accessible.

The story of one group will illustrate what I'm talking about. Its circumstances were unusually vivid, but the work its members did and its results are good examples of what these groups offer.

The day after September 11, 2001 I led a group for third year Family Medicine residents. It was only our third meeting together. Relaxing of defenses, even for the hour of a

Balint meeting, still seemed to them like a bad idea. These doctors worked in clinics serving university families and people who had trouble finding care: immigrants, homeless, socially marginal people. The residents often wanted to feel more impervious, untouchable, not more open.

The events of September 11th swamped a lot of peoples' defenses, including the patients' and the doctors'. When the Balint group met the next day, they talked about the impact of the events immediately. They had performed their regular clinic duties on 9/11, and they had mentioned the attacks to patients because they had been trained to check how people were handling stress.

The results moved them deeply. Every patient wanted to talk about it, some in a pressured way, some with visible relief. One obviously distressed woman tried awkwardly to change the subject to how the doctor was managing. Her doctor experienced first-hand how driven this patient was to care for others at her own expense. When the resident reviewed this experience with her colleagues, it shed new light on the patient's difficulty doing reliable self-care, and strengthened the shaky doctor-patient alliance.

Every patient responded. The physicians working with war refugees heard about their patients' lives and traumas for the first time, though they had tried to get those histories for months.

Because they stayed open the doctors appreciated their own experiences and others' more fully. One patient shared a horrifying story of surviving genocide and starvation. On reflection the doctor could glimpse the constant fear and mistrust his patient had lived through and how that had made forming new bonds in a new land harder. In a prior group, when invited to consider what it might be like to be a certain patient, that doctor had said, "I have no idea and I don't want to know!" To his surprise, he was now grateful for his patient's letting him in on such pain.

The events of 9/11 challenged the residents in ways that could only be met with emotional work. That work made real the relationships of astonishing vulnerability and trust that are part of the profound joy of medicine.

In practice people in medicine may face ugly, hard aspects of humanity. They will face helplessness, fear and grief in themselves and their patients. To develop to their full potential they must stay open to growth nonetheless. Offering Balint groups shows that we expect and provide opportunity for the hard emotional work that supports that openness. My example comes from more than a decade ago: what Balint groups instill may not be the latest thing, but something timeless. Unlike so much of what medical providers need to know, such lessons are not taught directly, but they can be learned with a combination of experience and effort. With the brief reflective respite of a Balint

group, we provide the chance for people to make that effort, to stay open, and to develop to their full potential.

References:

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