

Does Anyone Have a Case? The Balint Group Experience

By Cecilia Runkle, PhD
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So begins another Balint group for clinicians. Using a case presentation model in a facilitated discussion format, clinicians are invited to explore the clinician-patient dynamic. The deceptively simple process can enable clinicians not only to learn more about the perspectives of the patient but also to foster greater satisfaction in the practice of medicine. This is one possible method of practice-based learning that we are exploring to reinvigorate our vocation.

Since the 1950s, Balint groups have been used in medical schools, residency programs, and among practicing clinicians worldwide. Recent articles document the value of these groups in preparing clinicians for practice as well as provoking insight, personal growth and satisfaction among those clinicians who have been practicing medicine for some time.¹⁻³ According to the American Balint Society Mission Statement, the goal of the Balint Group experience is “for the participants to transform uncertainty, confusion and difficulty in the doctor-patient relationship into understanding and meaning that nurtures a more therapeutic alliance between clinician and patient.”⁴

For over two years now, the Department of Medicine at Kaiser Permanente (KP) Oakland has sponsored a hybrid Balint/Practice Inquiry group for physicians, which combines evidence-based medicine with the traditional Balint approach. Every two weeks, a drop-in discussion is held, with lunches and meeting space provided by the department. Recently, Eric Lipsitt, MD, and Laura Morgan, MD, from the KP Oakland Medicine Department, with Cecilia Runkle, PhD, from Regional Physician Education and Development and Lucia

Sommers, DrPH, author of the *Practice Inquiry method*, attended a *Balint Leaders Intensive* course in Portland, Oregon.

The Intensive

Over a four-day period, we participated in seven Balint groups, with opportunities to co-lead. Each session was followed by a one-hour debriefing of the group’s interaction: what was observed in the leaders’ and group’s behavior? Did facilitators provide a safe environment for presentation and discussion? What could leaders have done to improve the way in which the group addressed both the clinician’s and patient’s perspectives? What occurred unexpectedly and how was it handled? One session was videotaped. Later in the day, the group observed and commented on facilitators’ interventions.

The Value

The practice of medicine is often referred to as the “art of medicine.” Our experiences in participating in and co-facilitating Balint groups reflect this adage. After a case is presented and clarifying questions answered, the presenter listens while the group verbally shines a light on the case from many perspectives. Gradually, the picture becomes three-dimensional, with many shades and possible meanings. The presenter is then invited back into the group discussion, free to view the picture of their case from new directions. Sometimes, a presenter will put further touches on the picture; sometimes one will paint it over completely; sometimes one will simply contemplate a new picture they’d not been aware of before. In all cases, for all participants, there is a change in perception that leads to finer practice of the art of medicine.

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Laura Morgan, MD, (left) is a family physician working in primary care in the Northern California Region for the past 13 years. She has authored *Surviving and Thriving at Kaiser Permanente*, a manual for physicians, and continues to seek ways to improve the quality of professional life for her peers.

Eric Lipsitt, MD, (right) is an internist and is Oakland’s elected representative on the TPMG Board of Directors. He is also the Chair of the Physician Health & Wellness Committee in Oakland. E-mail: eric.lipsitt@kp.org.



In the community of shared experience, with sensitive and strong facilitation, we learn to support and trust each other. Cases with “risky” content, such as doubt about our medical knowledge, difficulty setting limits, or negative feelings toward patients, become normalized and safe to share and thus better understood. In this community, we heal ourselves while we practice the art of healing others. We believe that Balint groups provide a forum for the kind of professional development that leads to spontaneous personalization of care. We hope to share our enthusiasm and support for initiating this process with all interested colleagues.

If you’re interested in starting a Balint group, please contact Laura Morgan at laura.morgan@kp.org. ❖

References

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Finding Meaning in Medicine

By Laura Morgan, MD

Since January of 2004, an extraordinary series of physician gatherings has been taking place at our homes each month. Most participants are from the Kaiser Permanente (KP) Oakland Medicine Department, but the group has grown to include physicians from the Oakland community and other KP facilities as well.

After a reasonably priced, catered dinner and homemade dessert (there’s stiff competition for best baked goods between two of us), we settle down to discuss the night’s “theme.” We follow a format created by Rachel Remen, MD, author of *Kitchen Table Wisdom*.

We contribute writings, drawings, songs, photos, objects or a group exercise that expresses our “take”

on a specific topic as it relates to our practice of medicine. This week, the theme is “silence.” Last month it was “listening.” In prior months, the themes have ranged from “celebration” to “loss.”

Through these gatherings, original writings have emerged, such as Roger Baxter’s haikus, which appeared in *The Permanente Journal* in the Summer 2004 issue. Stories of our experiences with patients easily fit a “narrative medicine” description. If shy or unprepared, group members may simply contribute their attention to their peers.

Distinct from the case-based colleague groups discussed above, “Meaning in Medicine” dinners are purely for clinician renewal. Most

of us practice in busy isolation, take care of everyone but ourselves, and have little time for reflection. These gatherings have created community, self-awareness, and a base of support for needed change in our professional and personal lives (not to mention hilarity and occasional rowdiness!).

Initiation and logistics are not difficult but require either one consistent host(ess) or an agreement to rotate homes. A simple e-mail to your facility or department can identify interested colleagues.

For further information, you may contact me or better yet, see “MeaninginMedicine.org,” or Rachel Remen’s Web site: www.rachelremen.com. ❖