

Best practices and new directions.

E Katherine Knowlton PhD

Jeffrey L. Sternlieb PhD
Lehigh Valley Health Network, jeffrey.sternlieb@lvhn.org

John R. Freedy MD, PhD

Follow this and additional works at: <https://scholarlyworks.lvhn.org/family-medicine>



Part of the [Medical Specialties Commons](#)

Published In/Presented At

Knowlton, E. K., Sternlieb, J. L., & Freedy, J. R. (2018). Best practices and new directions. *International Journal Of Psychiatry In Medicine*, 53(1-2), 5-6. doi:10.1177/0091217417745286

This Article is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Best practices and new directions

The International Journal of
Psychiatry in Medicine

2018, Vol. 53(1–2) 5–6

© The Author(s) 2017

Reprints and permissions:

sagepub.com/journalsPermissions.nav

DOI: 10.1177/0091217417745286

journals.sagepub.com/home/ijp



**E Katherine Knowlton¹,
Jeffrey L Sternlieb² and John R Freedy³**

We are honored to serve as co-editors for this collection of papers from our second national meeting, which so broadly represent the current and future work of the American Balint Society (ABS). That meeting, held in July 2016 enjoyed greater attendance than our first national meeting and an even higher standard in terms of the range and quality of the presentations. For the record, Drs. Knowlton and Sternlieb served as co-chairs for the ABS second national meeting, while Dr. Freedy was a member of the planning committee and co-chaired the Enid Balint Essay contest along with Dr. Knowlton.

We were so pleased to have Dr John Salinsky from the United Kingdom give our keynote address. He has been a force in and for the ABS since its founding. His thinking, speaking, and writing about Balint groups regularly challenge us in the service of improving doctor–patient relationships. This paper asks us to examine what really happens in a Balint group and to consider the simple yet revolutionary possibility of different levels of benefit for different participants. John Muench challenges us to think about the history of scientific revolutions, to assess the impact of evidence-based medicine in the context of the empiricism–humanism debate, and to consider the product of Balint groups as knowledge creation. You may want to read his paper several times—we assure you it will be worth the effort.

The next three papers present varying approaches to research and documentation of the impact of Balint group participation. One uses a quantitative measuring of participants' benefits from regular attendance in Balint groups during residency. A second paper is an adaptation of a qualitative approach

¹Department of Family Medicine, University of Washington, Seattle, WA, USA

²Department of Family Medicine, Lehigh Valley Health Network, Allentown, PA, USA

³Department of Family Medicine, Medical University of South Carolina, Charleston, SC, USA

Corresponding Author:

E Katherine Knowlton, Department of Family Medicine, University of Washington, 331 NE Thornton Place, Seattle, WA 98125, USA.

Email: tryekk@aol.com

called autoethnography, which juxtaposes one individual's cumulative experience in Balint leader training with a description of the nature of the Balint culture within which that experience occurs. A third paper is a report on research in progress that will attempt to map out ways Balint group case discussions produce learning opportunities in keeping with ACGME requirements during U.S. residency training.

Next, several papers address innovative efforts with regard to Balint group work. The first describes cross-cultural challenges in promoting Balint work within the New Zealand context. Three subsequent papers address emerging innovative efforts within the ABS. First, a brief report describes our consciousness about a broad range of social determinants that impact patients' experiences and physicians' understandings of those experiences. Second, a paper reflects one of our ongoing debates about basics, presented in point-counterpoint format, highlighting a question about what is essential for a group to be called Balint. Third, a report details a new training opportunity and format—our Balint Group Leader Education Fellowship—with supervisor-led, monthly, small group meetings based on an extensive curriculum combined with participant leader experiences.

Our meeting and this special issue would not be complete without the six essays which rose to the top of a crowded field of international entries in the Enid Balint Essay contest. Each medical student/resident physician essay documents the richness and complexity inherent in every person's unique illness story. The papers enlarge each patient's context beyond their diagnosis and treatment and provide personal stories that open windows into the turbulent emotions complicating each individual's picture. By identifying the nature of each patient's pain, uncertainty, resolve, isolation, and vulnerability, the writers invite us to understand the sources of connection between the medical student/resident physician authors and the patient.

We hope that the cumulative impact of these papers brings you closer to the sacred nature of the connections among doctors and their patients. We invite you to join us on the continuing journey of providing better training and better treatment.