“Connected, Engaged, Contained” : reflections on leading Balint groups for medical students

Short summary :
This workshop proposes to reflect on Balint groups in undergraduate medical education. Drawing on international experiences, it aims to explore implementation challenges, including structural and cultural barriers. It will approach key questions on format, facilitation, and integration to support students’ relational capabilities. Leading strategies will be discussed.

Background and Context:
“Connected, Engaged, Contained”: These three terms aptly capture the core needs of medical students: to remain connected with others—both peers and healthcare professionals—in order to learn the practice of care; to be engaged in clinical work with patients and their families; and to feel contained in order to face human suffering. However, these needs remain insufficiently addressed in contemporary medical education, which is still largely centered on scientific knowledge and technical skills, often at the expense of communication and relational competencies. In this context, research on Balint groups has highlighted their value, both in enhancing relational competencies—such as doctor-patient communication, empathy, and compassion—and in contributing to burnout prevention.

Purpose:
A growing number of academic institutions worldwide have introduced Balint groups into undergraduate medical education. However, these groups are implemented within a wide range of formats regarding the year of training, modalities of participation, number and frequency of sessions, and the status of facilitators. This heterogeneity raises important questions regarding the conditions that best support the meaningful integration of Balint groups into medical curricula. Accordingly, we propose a workshop addressing the ethical and clinical challenges associated with integrating Balint groups into undergraduate medical education.

Expected Outcomes:

Our purpose is to underscore the need for Balint leaders working with medical students to reflect critically on the challenges of facilitation and the necessary adaptations in their approach. Leaders may, for instance, need to consider how to respond when students seek direct advice on clinical management, when to intervene, and which forms of intervention are most appropriate (e.g., reformulation, commentary, interpretation…). A key issue is how to understand participants' resistance in this setting and how to manage the group dynamics. These reflections draw on both clinical and teaching experience and on evidence-based frameworks addressing the specific dynamics of student Balint groups, with the aim of contributing to a broader understanding of Balint group practice.

Session outline

1. Brief introduction of the workshop leaders and of the participants (name, country background and why they chose this workshop) : 15 minutes

2. Presentation of the objectives, the thinking that led to the development of this workshop and the work methodology : 5 minutes

3. Participants are invited to discuss in small groups, exploring their experiences in the leading of Balint students groups : 30 minutes

4. Each group to give a 5 minutes summary of their thoughts : 10 minutes

5. The workshop leaders' presentations :

Based in the experiences of Balint leaders from three different countries: Brazil, France, and the United States, the oral communications aim to propose reflections on organizational and cultural barriers to the implementation of Balint groups during initial medical training,

a. USA presentation (10-15 minutes)
b. Jessica presentation (10-15 minutes)

c. Alice presentation (10-15 minutes)

5. « Plenary » : open discussion of themes arising from the groups : 25 minutes

6. Summing up : key points : 5 minutes

Workshop leaders :

Jessica Leao – Brésil
Albert Lichtenstein -USA
Alice Polomeni – France