



APPLICATION FOR APPROVAL OF LIVE ACTIVITIES FOR CME CREDIT

12/07

CME Accreditation Department • 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672 • 866.274.7850 • Fax: 913.906.6284 • cmea@aafp.org

When CME application is complete, send application, supporting materials and fee to AAFP. One copy of materials may be faxed to 913.906.6284 if paying by credit card. Do not send hard copy by mail if faxing materials. If paying by check, submit two copies by mail. The review process may take up to 30 days. CME providers will be sent CME credit approval by e-mail. AAFP reserves the right to survey activity attendees regarding the quality of the CME activity.

Date of submission 5-7-08

Select audience type: International Select live activity type: Single

Title of activity Balint Leadership Training Intensive

Date(s) of activity November 6-9, 2008

For series, first date required with original application. Submit subsequent dates (updates) monthly or quarterly throughout the year.

For series only, select appropriate date range: Select One Other: (Not to exceed 12 months)

Location of activity: Marriott Residency Inn City/State Pittsburgh, PA

Name of CME provider American Balint Society Contact person Mary Jane Geier

Organization responsible for all aspects of the CME activity

Provider address c/o Forbes Family Practice; POB 1; 2566 Haymaker Road; Monroeville, PA 15146

Street, City, State, Zip Code

Provider phone 412-858-2770 Fax 412-687-2134 E-mail lmilberg@wpahs.org

Activity director (if different than contact) Laurel Milberg PhD Phone 412-858-2769

List up to two e-mail addresses who will receive the CME credit approval cpscott1@earthlink.net; lmilberg@wpahs.org

Provide specific web site address when promoting CME activity to participants http://americanbalintsociety.org/Pittsburgh.html

Phone number for learners to call to register or learn more about the CME activity 412-858-2770

Is the CME provider accredited by ACCME or an authorized state medical society? Yes No (Your response will not affect the review process)

Will this CME activity be designated for American Osteopathic Association (AOA) Category 1-A credit? Yes No

INDICATE NUMBER OF AAFP CME CREDITS REQUESTED

CME activities are eligible for AAFP Prescribed credit when they are designed primarily for physicians with content directly related to patient care, its delivery, or certain non-clinical topics. An AAFP Active or Life member must be directly involved in the planning of these activities. CME activities are eligible for Elective credit when they are of interest to physicians and will improve a physician's professional ability. They need not relate directly to patient care or its delivery, and they do not require AAFP member input.

Total credits requested 20.75 Prescribed Elective

EVIDENCE-BASED CME

CME providers have the option of incorporating the principles of evidence-based medicine into their CME activities. The AAFP strongly believes an evidence-based approach to CME will help ensure the validity of CME clinical content and lead to improved medical practice and patient outcomes. Double credit will be awarded for the portion designated for EB CME credit. Documentation is required to conform to AAFP criteria for evidence-based CME clinical content. Visit the EB CME web site at www.aafp.org/ebcme for more information.

Yes, we are requesting EB CME designation and all required documentation is included with this application. credits are being submitted for review as EB CME clinical content. (AAFP will double the credit when EB CME designation is awarded.)

No, we are not requesting EB CME designation for this activity but will keep it in mind as we plan future CME activities.

SIGNATURES REQUIRED FOR REVIEW

The activity director must sign attesting that this activity complies with the ACCME Standards for Commercial Support and verifying that this activity meets every requirement of the Standards, whether or not this activity is being supported with commercial funding.

Name of Activity Director Laurel Milberg, PhD

Signature Laurel C. Milberg PhD Date 5-7-08

List all commercial supporter(s), if any: _____ or None

To be eligible for Prescribed credit, the activity must have AAFP member input. This activity was developed by/in cooperation with a family physician who is an Active or Life AAFP member: YES NO If yes, the AAFP member must sign attesting that he or she has been directly involved in the planning of this activity and that it is appropriate continuing medical education for family physicians.

Name of Member Martin Seltman MD Member ID# 5783728 City/State Pittsburgh, PA

Signature Martin Seltman, MD Date 5-7-08

PAYMENT MUST ACCOMPANY APPLICATION

Make checks payable to AAFP. Visa, Mastercard, American Express, and Discover credit cards are welcome. Payment must be included before the accreditation review process can begin.

State/Regional Single Activity - \$60
National/Intl Single Activity - \$110
Multi Site/Date - base fee + \$10 for each additional date/site
Series - \$125 per series
Training Program /Fellowship - \$160

Credit card or Check # 4356003114800408 Amount \$ \$110.00

Type of credit card Visa Exp. date 09/09

Name on card Laurel C. Milberg

Payment contact person Laurel Milberg Phone 412-687-3319

FOR AAFP USE ONLY

The AAFP Commission on Continuing Professional Development determines:

Approval for _____ Prescribed credits and/or _____ Elective credits. No credit

Of these total credits approved, _____ Prescribed credits and/or _____ Elective credits conform to AAFP criteria for EB CME clinical content and double credit has been included.

Comments:

Signature of Commission on Continuing Professional Development Advisor(s)

Date

SUPPORTING INFORMATION REQUIRED FOR REVIEW

The following information must be submitted for the CME activity to be reviewed for AAFP CME credit. **Two copies of the application and supporting materials are required when submitting CME applications.** If brochure is available, please submit. The fields below are limited to the space provided.

1. What methods were used to determine the need for this CME activity (Select all that apply)?

- Survey Results of Potential Learners
 Evaluations from Previous CME Activities
 Needed Health Outcomes
 Identified New Skills
 Literature Review
 Quality Improvement (QI) Data
 Federal/State Government Mandate

Other: ongoing medical education activity requiring trained, credentialed leaders

2. Specific learning objectives of what learners can expect to know or do after the activity. Clear details about the learning objectives and intent of each topic will streamline the review and approval process. This is of particular importance if topic titles are not self-explanatory:

The Balint Leadership Training Intensive is intended as a practical, experiential learning opportunity for those who have begun, or will soon begin to offer Balint groups in their training programs. By the end of the program, participants should be able to: Describe the verbal and non-verbal leadership behaviors of Balint group leaders; Analyze the effectiveness of different leadership interventions; Analyze the progress of a Balint group as a leader and as an observer; Evaluate the success of the group in addressing the presenter's dilemma; Define the new perspective of the presenter as a result of the Balint group process.

3. Overview (description of purpose, scope, and subject of activity):

The purpose of this conference is to prepare attendees to lead Balint groups. Balint work has as its base a bio-psycho-social assessment of the patient and their responses to the current disease state as a component of the treatment plan. Balint groups create a larger skill base for physicians to deliver comprehensive care and to communicate more skillfully with patients. Much of the conference work is done in small ongoing groups, each led by two faculty. Each small group will conduct nine Balint group sessions, with opportunities for participants to lead or co-lead the sessions and receive feedback. Each group will videotape one Balint session and debrief it. Didactic presentations on critical theory and issues of Balint work are provided along with written materials.

4. Hour-for-hour agenda (include breaks, adjournment times, faculty name by topic, and identification of EB CME topics, if any):

11/6 12:30-1:30 PM Registration
 1:30-2:30 PM Large group presentation: Balint purpose, process and history
 2:30-2:45 PM Break
 2:45-4:15 PM Balint group Session 1
 4:15-4:30 PM Break
 4:30-6:00 PM Balint group Session 2
 6:00-7:00 PM Small Group Topic Session
 7:00 Adjourn to group dinner
 11/7 8:00-9:30 AM Balint group Session 3
 9:30-9:45 AM Break
 9:45-11:15 AM Balint group Session 4
 11:15-12:45 PM Balint group Session 5
 12:45-1:45 PM group luncheon
 1:45-3:15 PM Balint group Session 6
 3:00-3:15 PM Break
 3:15-5:30 PM Balint groups review video tapes
 5:30 PM adjourn

continued next page

SUPPORTING INFORMATION REQUIRED FOR REVIEW

5. Faculty with degree(s) and professional title(s) or speaker sources; CV's not required:

C. Paul Scott, MD; Clinical Professor of Psychiatry; U. Pittsburgh School of Medicine
 William I Cohen, MD; Professor of Pediatrics and Psychiatry; U. Pittsburgh School of Medicine
 Mary Hall, MD; Clinical Professor of Family Medicine, Carolinas Medical Center
 Clive Brock M.B., Ch.B; Professor of Family Medicine, Medical U. of South Carolina
 Jeffrey Sternlieb, PhD; Dept. Family Medicine, Lehigh Valley Hospital Family Practice Residency
 Martin Seltman, MD; Chair, Dept of Family Medicine, Western Pennsylvania Hospital more next page

6. Identify principal audience (professional groups for whom the activity has been designed):

Medical educators and practicing clinicians using Balint groups in their teaching and exploration about the doctor-patient relationship. These will often be physicians, psychiatrist, psychologists and social workers who work with residents or medical students. Residents, fellows, as well as community clinicians who want to learn more about Balint work are also welcome.

7. Describe primary method(s) of teaching (lecture, panel discussion, question and answer, hands on workshop, round table, case presentation, etc.):

Much of the conference work is done in small ongoing groups, each led by two experienced and credentialed faculty. Each small group will conduct nine Balint group sessions, with opportunities for participants to lead or co-lead the sessions and receive feedback. Each group will videotape one Balint session and debrief it. Didactic presentations on theory and critical issues of Balint work are provided with opportunity for discussion. Written materials are provided.

8. Describe method of activity evaluation and how results will be used (attach a copy of the evaluation form):

Evaluation forms are distributed to participants and collected at the close of each day's activities. Results are reviewed daily by the faculty for mid course corrections. There is an overall evaluation for the conference as a whole, as well. Results are collated and summarized. Summaries are distributed to the conference faculty and to the American Balint Society to aid in planning future Leadership Intensive Training.

When CME application is complete, send application, supporting materials and fee to AAFP. One copy of materials may be faxed to 913.906.6284 if paying by credit card. Do not send hard copy by mail if faxing materials. If paying by check, submit two copies by mail. The review process may take up to 30 days. CME providers will be sent CME credit approval by e-mail.

Additional Faculty:

**Laurel C. Milberg, PhD; Clinical Associate Professor of Family Medicine, U Pittsburgh
School of Medicine**

**Jillian Romm, RN, LCSW; Associate Professor of Obstetrics and Gynecology, Oregon
Health Sciences University**

A Brief History and Introduction to Balint Group Process
 Laurel C. Milberg, PhD, American Balint Society

Balint training is named after Michael Balint, a Hungarian born British psychoanalyst who did considerable professional work with general practitioners around the psychological implications of general practice, that is to say, the challenges of integrating psychiatry and medicine. In the 1950's, Balint and his wife Enid began a unique type of case discussion group for general practice physicians about cases in their practice. These groups focused on the issues of transference and counter transference in medical practice, and the therapeutic use of the doctor patient relationship. The model of group process they pioneered relied on psychoanalytic principles and group process approaches of Bion and others from the Tavistock Institute in London. The format is a weekly meeting of physicians, coordinated by a trained leader to which participants bring problem cases for discussion with their colleagues. Exploring these cases in depth is the principal method-- a kind of research cum training.

The group's purpose is to train physicians in primary care to;

- think psychiatrically
- undergo an attitude change necessary to use the doctor/patient relationship as a therapeutic tool
- explore and discover the therapeutic possibilities of communicating skillfully with patients
- understand the patient as a person and their problem through understanding the nature of the doctor patient interaction
- examine their individual approaches to patients and explore alternate ways of responding to difficult situations
- explore the doctor's use of self--pharmacology of the drug doctor-- in the ordinary discourse of general practice.

Balint groups are basically like any small group with standard rules of small group process applying; honesty, ownership, respect for members, confidentiality, boundaries, safety, tolerance for divergent opinions, etc. The work proceeds through regular weekly sessions ongoing, that is, meeting over months to years. The group forms trust and cohesion and may go through its own stages of development.

Balint groups are basically a case discussion where material of the group is based on presentation of current ongoing cases that give the presenter cause for thought, distress, surprise, difficulty, puzzlement, or uncertainty, the kind that stay with you long after they leave the office. Dead or unconscious patients, or ones with whom there can be no ongoing relationship are discouraged. Unlike other medical case discussions, the purpose is to increase understanding of the patient's problems, the doctor's response to the patient and his/her communication NOT to find solutions, offer advice, question the presenter, out do the presenter or teach medical or psychological content. The group is encouraged to speculate freely and present divergent views.

The group is not therapy for the personal self of the doctor, though participants stand to learn about their professional selves; their reactions to patients, their blind spots, allergies

and habitual response modes to patients. These are usually private realizations which are not probed in the group discussion. The experience of being in a Balint group can be very supportive, but it is not a support group, nor is it a group to discuss general issues.

How it works: The group does the work, not the leaders. A case is presented which not only reports, but manifests the patient's state of mind and the doctor's response to the patient. The group takes on the case as if it were theirs, becoming aware of the feelings aroused in them by the patient as well as what the patient may be experiencing. In this way the skill used to understand the doctor patient relationship in Balint groups is empathy for both doctor and patient. Often, the group, or members of the group may unconsciously enact various aspects of the doctor patient relationship, providing an opportunity to learn even more. The result can be a shift in perception or attitude about the patient and a clearer understanding of the patient's problem, which in turn can help the doctor get unstuck in the relationship and find a more helpful role with the patient.

PROGRAM SCHEDULE
American Balint Society Balint Leaders Intensive
Pittsburgh, Pennsylvania

Thursday, November 6

12:00-1:30 PM	Registration
1:30-2:30 PM	Large group: Introductions, welcome, learning objectives, logistics; Review of Balint group process & history
2:45-4:15 PM	Balint Group Session #1 (45 minutes Balint group; 45 minutes debrief)
4:15-4:30 PM	Break
4:30-6:00 PM	Balint Group Session #2 (45 minutes Balint group; 45 minutes debrief)
6:15-7:15 PM	Small Group Topic Sessions
7:30 PM	Adjourn to group dinner

Friday, November 7

	Breakfast at Hotel available for all participants
8:00-9:30 AM	Balint Group Session #3 (45 minutes Balint group; 45 minutes debrief) Group A videotaped (debrief 30 min)
9:30-9:45 AM	Break
9:45-11:15 AM	Balint Group Session #4 (45 minutes Balint group; 45 minutes debrief) Group B videotaped (debrief 30 min)
11:15-12:45 PM	Balint Group Session #5 (45 minutes Balint group; 45 minutes debrief) Group C videotaped (debrief 30 min)
12:45-1:45 PM	Lunch together at hotel
1:45 -3:15 PM	Balint Group Session #6 (45 minutes Balint group; 45 minutes debrief) Group D videotaped (debrief 30 min)
3:15-3:30 PM	Break
3:30-5:30 PM	Small groups review videotapes
5:30 PM	Adjourn: Evening free to sample Pittsburgh cuisine

Saturday, November 8

	Breakfast at Hotel available for all participants
8:00-9:30 AM	Balint Group Session #7 (45 minutes Balint group; 45 minutes debrief)
9:30-11:00 AM	Balint Group Session #8 (45 minutes Balint group; 45 minutes debrief)
11:00-11:15 AM	Break
11:15-12:30 PM	Discussion topics in small interest groups
12:30 PM	Adjourn: Lunch on your own Attendees free time
7:30 PM	Meet in downstairs hotel lobby: for dinner together

Sunday, November 9

	Breakfast at Hotel available for all participants
8:00-9:30 AM	Balint Group Session #9 (45 minutes Balint Group; 45 minutes debrief)
9:30-10:00 AM	Closure for small groups
10:00-10:15 AM	Break
10:15-11:30 AM	Final Large Group Session: Review, future directions, conference evaluation and closure
11:30 AM	Conference Closes