

This form attempts to collect all information necessary to plan and develop the proposed CME/CE activity. Completion of all sections of this form is necessary to meet accreditation requirements. CME staff are available to help you navigate this process. In addition, we encourage you to review the "Guide to Completing the CME Application and Planning Worksheet".

**Section 1 of 5: Activity Description**

**Activity Information**

Title Relationship Centered Care - A Balint Approach

Date November 12-13, 2010

Time 6-9 pm Nov. 12  
9-3 pm Nov. 13

Location Santa Rosa Family  
Medicine Residency

Date

Time

Location

☐ Additional dates, times, and locations attached

**Type of Activity** (select all that apply) *cs*

☒ Course (symposium, workshop, conference, etc) – Note, Agenda with speakers, topics, times must be provided.

Regularly Scheduled Series<sup>1</sup> (grand rounds, tumor boards, etc)

☐ Frequency: ☐ 2/week ☐ 1/week ☐ 2/month ☐ 1/month ☐ Quarterly ☐ Other: \_\_\_\_\_

☐ Other type of activity, please specify: \_\_\_\_\_

**Sponsorship** (Note: a pharmaceutical company or medical device manufacturer is not a sponsor.)

☐ Directly sponsored (SMCSR department works with SMCSR CME)

☒ Jointly sponsored (SMCSR works with non-ACCME accredited provider) – List Company Name(s): Santa Rosa Family Medicine Residency (SRFMR)

☒ Co-sponsored (SMCSR works with another ACCME accredited provider) – List Company Name(s): American Balint Society (ABS)

**Credit Type Requested** (select all that apply – \* additional fees apply)

☒ American Medical Association Category 1 Credit (AMA PRA)

☒ California Board of Registered Nurses (BRN)

<sup>1</sup> Regularly Scheduled Series are daily, weekly, monthly or quarterly CME activities that are primarily planned by and presented to the organization's professional staff.

**For SMCSR CME Use only:**

Action: \_\_\_\_\_ # of Credits: \_\_\_\_\_ ☐ Entered into Log: \_\_\_\_\_

Rev 6/09

## Section 2 of 5: Leadership and Administrative Staff Support<sup>2</sup>

**Activity Medical Director (AMD)** The physician who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified activity.

|                                     |                       |  |  |
|-------------------------------------|-----------------------|--|--|
| Name<br>Richard Addison             |                       | Degree(s)<br>Ph.D  |  |
| Title<br>Behavior Medicine Director |                       | Affiliation<br>① UCSF Dept. of Family & Community Medicine<br>② SRFMA ③ American Balint Soc. |  |
| Department<br>Residency             | Phone<br>707-576-9813 | Email<br>raddison@sonic.net<br>addison@sutterhealth.org                                      |  |

**Activity Co-Director (optional)** The individual who shares responsibility for planning the certified activity. Designating an Activity Co-Director is optional, but strongly encouraged, for a jointly sponsored or co-sponsored activity.

|            |       |             |  |
|------------|-------|-------------|--|
| Name       |       | Degree(s)   |  |
| Title      |       | Affiliation |  |
| Department | Phone | Email       |  |

**Administrative Coordinator/CME Associate** The individual responsible for the operational and administrative support of the certified activity; this is usually an administrative or staff assistant in the Department/Unit of the AMD.

|            |       |             |  |
|------------|-------|-------------|--|
| Name       |       | Degree(s)   |  |
| Title      |       | Affiliation |  |
| Department | Phone | Email       |  |

☒ Check here if CME Associate is NOT involved with selecting speakers, topics, influencing content.

<sup>2</sup> The AMD, co-director, administrative coordinator (if applicable) and all planning committee members will be required to complete the SMCSR CME disclosure form before this application will be reviewed.

### Section 3 of 5: Planning

#### Planning Committee

*In addition to the activity medical director, co-director, and/or CME associate, list the names, degrees, titles, affiliations and emails of persons chiefly responsible for the design and implementation of this activity. Use additional sheets if necessary. Note, all individuals listed will be required to complete a CME disclosure before the application will be reviewed and approved.*

|                        |   |                                    |
|------------------------|---|------------------------------------|
| Name<br>Ellen Barnett  |   | Degree(s)<br>MD; Ph.D              |
| Title<br>Faculty       | Affiliation<br>① UCSF - DFCM<br>② SRFMR<br>③ Integrative Medical Clinic<br>Santa Rosa | Email<br>ellen@imcsr.com           |
| Name<br>Dave Schneider |   | Degree(s)<br>MD                    |
| Title<br>Faculty       | Affiliation<br>• UCSF - DFCM<br>• SRFMR   | Email<br>schneid2@sutterhealth.org |
| Name                   |   | Degree(s)                          |
| Title                  | Affiliation   | Email                              |

☐ Additional planning committee members attached

#### Planning Process c7

- Who identified the speakers and topics: ☒ Activity Medical Director, ☐ Activity Co-Director, ☐ CME Associate,  
  
☐ Other (provide names): \_\_\_\_\_
- What criteria were used in the selection of speakers (select all that apply)? ☒ Subject matter expert  
  
☒ Excellent teaching skills/effective communicator ☐ Experienced in CME ☐ Other: \_\_\_\_\_
- Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the  
  
identification of speakers and/or topics? ☒ No ☐ Yes, please explain: \_\_\_\_\_

Select all that apply (at least 1 box from geographic location, provider type, and specialty must be selected). Place an "X" in the appropriate box next to each item.

☐ Other (specify):

## Alignment with SMCSR CME Mission Statement C3

*CME activities should be designed to change competence, performance, or patient outcomes as described in the CME mission statement. The mission of SMCSR CME is to provide lifelong learning opportunities by providing diverse educational activities that aim to increase knowledge, attitude, and skills, enhance practice performance, and improve the health status of patients.*

How does this activity align with the mission of SMCSR CME? Check all that apply.

☒ Designed to assist physicians and healthcare professionals gain competency and improve performance in order to become better able to provide higher quality care in order to enhance the health status of the population.

☐ Designed to assist in the dissemination of new medical knowledge.

☒ Collaborates on the design of interdisciplinary educational strategies to improve patient safety and to facilitate patient-centered care.

☐ Designed to optimize appropriate prescribing behaviors.

☐ Promotes the practice of evidence-based medicine.

☐ Other (please explain):

### Desirable Physician Attributes / Core Competencies (select 1 at minimum) C6

CME activities should be developed in the context of desirable physician attributes. Place an "X" next to all American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies that will be addressed in this activity. [Click here for descriptions of each competency.](#)

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Patient care or patient-centered care   | <input type="checkbox"/> System-based practice              |
| <input type="checkbox"/> Medical knowledge                                  | <input checked="" type="checkbox"/> Interdisciplinary teams |
| <input checked="" type="checkbox"/> Practice-based learning and improvement | <input checked="" type="checkbox"/> Quality improvement     |
| <input checked="" type="checkbox"/> Interpersonal and communication skills  | <input type="checkbox"/> Utilize informatics                |
| <input checked="" type="checkbox"/> Professionalism                         | <input type="checkbox"/> Employ evidence-based practice     |

### Needs Assessment Data and Sources (select 2 at minimum) C2

Please indicate how the need for this activity was brought to your attention. Select all that apply and provide supportive documentation for all boxes checked. If you cannot provide documentation, do NOT check that source.

- ☐ Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews.  
*Potential sources of documentation: audit reports, chart reviews*
- ☐ Ongoing census of diagnoses made by physicians on staff.  
*Potential sources of documentation: summary of notes, minutes of meetings*
- ☐ Advice from authorities of the field or relevant medical societies.  
*Potential sources of documentation: list of expert names/medical societies AND summary of recommendation(s)*
- ☒ Formal or informal requests or surveys of the target audience, faculty or staff.  
*Potential sources of documentation: summary of requests or surveys. Note, must show information related to areas of education need/topics of interest (not logistical summaries – i.e., food, venue, etc) see below*
- ☐ Discussion in departmental meetings.  
*Potential sources of documentation: summary of meeting minutes showing information discussed was related to areas of education need/topics of interest (not logistical summaries – i.e., food, venue, etc)*
- ☒ Data from peer-reviewed journals, government sources, consensus reports.  
*Potential sources of documentation: abstracts/full journal articles, government produced documents describing educational need and physician practice gaps attached articles*
- ☐ Review of board examinations and/or re-certification requirements.  
*Potential sources of documentation: board review/update requirements*
- ☐ New technology, methods of diagnosis/treatment.  
*Potential sources of documentation: description of new procedure, technology, treatment, etc*
- ☐ Legislative, regulatory or organizational changes affecting patient care.  
*Potential sources of documentation: copy of the measure/change*
- ☐ Joint Commission Patient Safety Goal/Competency.  
*Potential sources of documentation: copy of the safety goal and/or competency*
- ☐ Other, please specify: \_\_\_\_\_

Summary of requests:

Requested by:

Rick Hinders, MD

Jeff Haney, MD

Richard Powers MD

Dave Schneider MD

Integrative Medical Clinic practitioners

Note: Identification of gaps, needs, etc should be completed by the Planning Committee.

**Identification of Professional Practice Gaps, Educational Needs, Learning Objectives, and Desired Results (minimum of 3 total must be identified for the overall activity) C2, C3**

| EXAMPLE<br>Professional Practice Gap   | EXAMPLE<br>Educational Need   | EXAMPLE<br>This is a gap/need of:  | EXAMPLE<br>Learning Objective   | EXAMPLE<br>Desired Result                                |
|--|---|--|---|--|
| HIV providers and patients are faced with a constantly evolving standard of care. This poses a challenge for assuring that HIV treatment is consistent with the most current guidelines. | HIV providers need educational initiatives related to current HIV treatment guidelines. | <input checked="" type="checkbox"/> Knowledge<br><input checked="" type="checkbox"/> Competence<br><input type="checkbox"/> Performance<br><input type="checkbox"/> Patient Outcomes | Identify current guidelines in order to provide optimal care to women with HIV. | Increased knowledge of current HIV treatment guidelines. |

| Professional Practice Gap <sup>3</sup>   | Educational Need <sup>4</sup>                      | This is a gap/need of:<br>(check all that apply)   | Learning Objective <sup>5</sup>                                      | Desired Result <sup>6</sup>             |
|--|--|--|--|---|
| Practitioners have limited understanding of different possibilities of interacting with patients | - more flexibility and skill in interaction styles | <input checked="" type="checkbox"/> Knowledge<br><input checked="" type="checkbox"/> Competence <sup>7</sup><br><input type="checkbox"/> Performance <sup>8</sup><br><input type="checkbox"/> Patient Outcomes | Demonstrate greater understanding of provider-patient relationships. | Improved provider-patient communication |
| Practitioners have limited abilities to address complex provider-patient interactions            | - more skills to address complex relationships     | <input checked="" type="checkbox"/> Knowledge<br><input checked="" type="checkbox"/> Competence<br><input type="checkbox"/> Performance<br><input type="checkbox"/> Patient Outcomes                           | Demonstrate more effective therapeutic provider-patient interactions | Improved patient centered care          |
|  |  | <input type="checkbox"/> Knowledge<br><input type="checkbox"/> Competence<br><input type="checkbox"/> Performance<br><input type="checkbox"/> Patient Outcomes   |  |   |

☐ Additional needs/gaps, objectives, desired results attached

**Identified Barriers (Select 1 at minimum) C18, C19**

What potential barriers do you anticipate attendees may have in incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply by placing an "X" in the appropriate box.

|                                     |  |                          |  |
|-------------------------------------|--|--------------------------|--|
| <input checked="" type="checkbox"/> | Lack of time to assess or counsel patients | <input type="checkbox"/> | Lack of consensus on professional guidelines |
| <input checked="" type="checkbox"/> | Lack of administrative support/resources   | <input type="checkbox"/> | Cost   |
| <input type="checkbox"/>            | Insurance/reimbursement issues             | <input type="checkbox"/> | No perceived barriers                        |
| <input type="checkbox"/>            | Patient compliance issues                  | <input type="checkbox"/> | Other, specify: _____                        |

Please describe how you will attempt to address these identified barriers in the educational activity: Example: If the identified barrier is cost, you would attempt to address the barrier by stating "The agenda will allow for the discussion of cost effectiveness and new billing practices".

— Discussion of barriers and potential solutions in small groups.

<sup>3</sup> A professional practice gap is defined as the difference between ACTUAL (what is) and IDEAL (what should be) in regards to performance and/or patient outcomes.

<sup>4</sup> An educational need is defined as "the need for education on a specific topic identified by a gap in professional practice."

<sup>5</sup> Learning objectives are the take-home messages; what should the learner be able to accomplish after the activity? Objectives should bridge the gap between the identified need/gap and the desired result.

<sup>6</sup> Desired results are what you expect the learner to do in his/her practice setting. How will the information presented impact the clinical practice and/or behavior of the learner? Indicate how this change could be reasonably measured.

<sup>7</sup> Competence is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).

<sup>8</sup> Performance is defined as what one actual does, in practice.

### Educational Design/Methodology C5

Please indicate the educational method(s) that will be used to achieve the stated goals and objectives. Select all that apply by placing an "X" in the appropriate box.

|                                     |                        |                                     |                        |
|-------------------------------------|------------------------|-------------------------------------|------------------------|
| <input type="checkbox"/>            | Didactic lecture       | <input checked="" type="checkbox"/> | Case presentations     |
| <input type="checkbox"/>            | Panel discussions      | <input type="checkbox"/>            | Simulation/skills labs |
| <input checked="" type="checkbox"/> | Roundtable discussions | <input type="checkbox"/>            | Other, specify: _____  |
| <input checked="" type="checkbox"/> | Q&A sessions           |                                     |                        |

### Culture and Linguistic Competency California State Legislature AB 1195 Bill

Please indicate how this activity will include cultural and linguistic competency in the curriculum. Activity must address at least one or a combination of the following: If you cannot provide documentation, do NOT check that source.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <p>1. <b>Cultural competency.</b> For the purpose of this section, "cultural competency" means a set of integrated attitudes, knowledge, and skills that enables a healthcare professional or organization to care effectively for patients from diverse cultures, groups, and communities. At a minimum, cultural competency is recommended to include the following:</p> <ul style="list-style-type: none"> <li>a. Applying linguistic skills to communicate effectively with the target audience.</li> <li>b. Utilizing cultural information to establish therapeutic relationships</li> <li>c. Eliciting and incorporating pertinent cultural data in diagnosis and treatment</li> <li>d. Understanding and applying cultural and ethnic data to the process of clinical care</li> </ul> |
| <input type="checkbox"/> | <p>2. <b>Linguistic competency.</b> For the purposes of this section, "linguistic competency" means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.</p> <p>Incorporate translation/interpretation resources and /or integrate relevant strategies into materials</p>   |
| <input type="checkbox"/> | <p>3. A review and explanation of relevant federal and state laws and regulations regarding linguistic access, including, but not limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, et seq.), Executive Order 13166 of August 11, 2000, of the President of the United States, and the Dymally-Alatorre Bilingual Services Act (Chapter 17.5 ((commencing with Section 7290) of Division 7 of Title 1 of the Government Code).</p>  |

### Other Educational Strategies C17

Other educational strategies could be used to enhance change in your learners as an adjunct to this activity. Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information), posters throughout the hospital, department newsletters, etc.

What other educational strategies will you include in order to enhance your learners' change as an adjunct to this activity? \_\_\_\_\_

### Building Bridges with Other Stakeholders C20

Occasionally there are other internal and/or external stakeholders working on similar issues that SMCSR can partner with.

Are there other initiatives within SMCSR working on this issue? ☐ No ☒ Yes, identify who: \_\_\_\_\_

Balint training within the SMCSR

If yes, could they be included in the development and/or execution of this activity? ☐ No ☒ Yes, in what ways? At SRFM R Ritch Addison & Dave Schneider are Balint leaders. They are on the planning committee

Are there **external stakeholders** working on this issue? ☒ No ☐ Yes, identify who: \_\_\_\_\_

If yes, could they be included in the development and/or execution of this activity? ☐ No ☐ Yes, in what ways? \_\_\_\_\_

### Evaluation and Outcomes C3, C11

How will you measure if changes in competence, performance or patient outcomes have occurred? Place an "X" next to all that apply; note, you may be asked to provide summary data for the evaluation methods selected.

#### Knowledge/Competence

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Evaluation form for participants (required) | <input type="checkbox"/> Physician and/or patient surveys |
| <input type="checkbox"/> Audience response system (ARS)                         | <input type="checkbox"/> Other, specify: _____            |
| <input type="checkbox"/> Customized pre and post-test                           | <input type="checkbox"/>                                  |

#### Performance

|   |  |
|---|--|
| <input type="checkbox"/> Adherence to guidelines  | <input type="checkbox"/> Chart audits          |
| <input type="checkbox"/> Case-based studies   | <input type="checkbox"/> Direct observations   |
| <input type="checkbox"/> Customized follow-up survey/interview/focus group about actual change in practice at specified intervals | <input type="checkbox"/> Other, specify: _____ |

#### Patient/Population Health

|  |  |
|--|--|
| <input type="checkbox"/> Observe changes in health status measures | <input type="checkbox"/> Obtain patient feedback and surveys |
| <input type="checkbox"/> Observe changes in quality/cost of care   | <input type="checkbox"/> Other, specify: _____               |
| <input type="checkbox"/> Measure mortality and morbidity rates     |  |

## Section 5 of 5: Additional Information

### Commercial Support and Exhibits C8, C9, C10

Will this activity receive commercial support (financial or in-kind grants or donations) from a company such as a pharmaceutical or medical device manufacturer? Note, exhibit fees are not considered commercial support.

☒ No    ☐ Yes and I have read and agree to abide by the ACCME Standards for Commercial Support

Will vendor/exhibit tables be allowed at this activity? ☒ No    ☐ Yes

### Preliminary Budget C8

We strongly encourage you to use the SMCSR CME budget template. If you have your own template, please ensure that projected income and expenses are listed in detail. The SMCSR Budget template is available by request – [mackkl@sutterhealth.org](mailto:mackkl@sutterhealth.org).

### Online Advertisement

Would you like the SMCSR Office of CME to post this event on our website calendar? ☐ No    ☒ Yes

### Required Attachments

The following attachments must be included with the submission of this CME Application:

1. **Agenda** with times, topics, and potential speakers *see brochure*
2. **Needs assessment supportive documentation** (i.e., if you checked "Survey of Target Audience" on page 3, you must provide the survey results) *4 articles attached*
3. List of **speakers' contact information** (please include full name, degree, affiliation, email address at minimum)
4. **Budget** detailing projected income and expenses (template provided or you can use your own)

## Registration Form

*Relationship Centered Care:*

*A Balint Approach*

*November 12-13, 2010*

### Registration Fees:

Postmarked by October 1, 2010:

\$75 members/\$100 non-members

After October 1, 2010:

\$100 members/\$125 non-members

Optional 2011 Balint Dues \$75

Registration deadline: October 29, 2010

Please make check payable to American Balint Society

and mail to: Ritch Addison, PhD

Santa Rosa Family Medicine Residency

3324 Chanate Road

Santa Rosa, CA 95404

### Please print

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Degree \_\_\_\_\_ License # \_\_\_\_\_

### Please check as appropriate:

☐ Family Physician (MD/DO)

☐ Pediatrician

☐ Internist

☐ Ob/Gyn

☐ Psychiatrist

☐ MFT, LCSW

☐ Psychologist

☐ Nurse Practitioner

☐ Other \_\_\_\_\_

☐ Yes ☐ No American Balint Society Member

☐ Yes ☐ No Currently leading a Balint Group

☐ Yes ☐ No Currently a member of a Balint Group

☐ Yes ☐ No Previous experience in a Balint Group

### Enclosed:

☐ Registration Fee \$ \_\_\_\_\_

☐ 2011 Dues \$ \_\_\_\_\_

Ritch Addison, PhD  
Santa Rosa Family Medicine Residency  
3324 Chanate Road  
Santa Rosa, CA 95404

**BALINT**  
the american balint society

*Relationship Centered  
Care: A Balint Approach*

*November 12-13, 2010*

*Santa Rosa, California*

*A weekend of Balint group work*

*Jointly sponsored by:*

*The American Balint Society  
Santa Rosa Family Medicine Residency  
Sutter Medical Center of Santa Rosa*

## RELATIONSHIP CENTERED CARE: A BALINT APPROACH

This fall a Balint Weekend will be held in Santa Rosa, California. Participants will explore the physician-patient relationship in small groups, led by credentialed Balint group leaders. Balint group members report decreased burnout and increased understanding, meaning and satisfaction in their work. Balint work offers an opportunity to become more effective with patients and reconnect with colleagues in a supportive learning environment.

This conference is appropriate for physicians, psychotherapists, and others who see patients and are willing to present cases for discussion. Previous Balint group experience is not necessary. The conference begins at 6pm on Friday evening, November 12<sup>th</sup> and concludes at 3pm Saturday, November 13<sup>th</sup>, 2010.

## LEARNING OBJECTIVES

By the end of the Balint Weekend, participants should be able to:

- Identify complex factors in the physician-patient relationship*
- Demonstrate greater understanding and flexibility in thoughts and feelings that connect the physician and patient*
- Demonstrate an ability to use increased understanding of the physician-patient relationship in order to be more effective and therapeutic with patients*
- Demonstrate an ability to address problematic physician-patient encounters*

## COST

Early Registration: (Postmarked by October 1, 2010)

\$75 for members of American Balint Society  
\$100 for non-members

Late Registration:

\$100 for members/\$125 for non-members

2011 Membership Dues of \$75 (\$30 for residents, students and fellows) entitles you to the member rate.

Deadline for early registration is October 1, 2010

Registration deadline is October 29, 2010

- All fees include 7.0 hours of CME, a light reception on Friday evening and informal lunch on Saturday*
- Lodging and transportation not included*
- Cancellation Policy: Written requests for refund must be received no later than seven (7) working days prior to conference. A \$25 handling fee will be deducted*

## NOTES

- Participants are expected to be present for the entirety of the program to preserve the integrity of the small group process
- Registration will not be accepted without payment
- E-mail confirmation will be sent upon acceptance of registration

## CONTACT FOR ADDITIONAL INFORMATION

If you have any questions please contact:

**Rich Addison, PhD**, Conference Director, at 707-576-9813, or [radisson@sonic.net](mailto:radisson@sonic.net). Additional information may be found on the website of the American Balint Society:

<http://www.americanbalintsociety.org/>

## SCHEDULE

### Friday

6:00-7:00 p.m. Welcoming Reception  
7:00-7:30 p.m. Introduction and Balint Ground Rules  
7:30-9:00 p.m. Group Session 1 and 2

### Saturday

9:00-10:30 a.m. Group Session 3 and 4  
10:30-10:45 a.m. Break  
10:45-12:15 a.m. Group Session 5 and 6  
12:15-1:00 p.m. Lunch  
1:00-2:30 p.m. Group Session 7 and 8  
2:30-3:00 p.m. Summary and Future Directions

*To be held in the offices of:*

**Santa Rosa Family Medicine Residency**

**\*\*\*3324 Chanate Road**

**Santa Rosa, CA 95404**

## Accreditation:

This activity has been planned and implemented in accordance with the Institute for Medical Quality and the California Medical Association's CME Accreditation Standards (IMQ/CMA) through the Joint Sponsorship of Sutter Medical Center of Santa Rosa (SMCSR) and the American Balint Society. SMCSR is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. SMCSR takes responsibility for the content, quality and scientific integrity of this CME activity. Sutter Medical Center of Santa Rosa designates this educational activity for a maximum of 7 *AMA PR-4 Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

# **Relationship Centered Care: A Balint Approach**

**November 12-13, 2010  
Santa Rosa, California**

## **Program Schedule:**

|                 |              |                                      |
|-----------------|--------------|--------------------------------------|
| <b>Friday</b>   | 6:00-7:00 pm | Welcoming reception                  |
|                 | 7:00-7:30    | Introduction and Balint Ground Rules |
|                 | 7:30-9:00    | Group Session 1 and 2                |
| <b>Saturday</b> | 9:00-10:30am | Group Session 3 and 4                |
|                 | 10:30-10:45  | Break                                |
|                 | 10:45-12:15  | Group Session 5 and 6                |
|                 | 12:15-1:00   | Lunch                                |
|                 | 1:00-2:30    | Group Session 7 and 8                |
|                 | 2:30-3:00    | Summary and Future Directions        |



## Faculty Contact List

Ritch Addison, PhD  
Santa Rosa Family Medicine Residency  
3324 Chanate Road  
Santa Rosa, CA 95404  
[addisor@sutterhealth.org](mailto:addisor@sutterhealth.org)  
707/576-9813

Ellen Barnett, MD  
Integrative Medical Clinic of Santa Rosa  
175 Concourse Blvd  
Santa Rosa, CA 95403  
[ellen@imcsr.com](mailto:ellen@imcsr.com)  
707/284-9200

Dave Schneider, MD  
Santa Rosa Family Medicine Residency  
3324 Chanate Road  
Santa Rosa, CA 95404  
[Schneid2@sutterhealth.org](mailto:Schneid2@sutterhealth.org)  
707/576-4070

Greg Troll, MD  
Touro University College of Osteopathic Medicine  
1310 Johnson Lane  
Vallejo, CA 94592  
[greg.troll@tu.edu](mailto:greg.troll@tu.edu)  
707/638-5292

## Budget Balint Weekend

## Santa Rosa CA

|                             |         |              |              |              |              |              |
|-----------------------------|---------|--------------|--------------|--------------|--------------|--------------|
| Registrants - Members       | 2       | 4            | 6            | 8            | 10           | 12           |
| Registrants - Non-members   | 6       | 8            | 10           | 12           | 14           | 16           |
| <b>Income</b>               |         |              |              |              |              |              |
| Fees from members @\$75     | 75      | \$150        | \$300        | \$450        | \$600        | \$750        |
| Fees from non members@\$100 | 100     | \$600        | \$800        | \$1,000      | \$1,200      | \$1,400      |
|                             |         | \$0          | \$0          | \$0          | \$0          | \$0          |
| <b>Total</b>                |         | \$750        | \$1,100      | \$1,450      | \$1,800      | \$2,150      |
| <b>Expenses</b>             |         |              |              |              |              |              |
| Printing                    |         | \$0          | \$0          | \$0          | \$0          | \$0          |
| Mailing & labeling          |         | \$0          | \$0          | \$0          | \$0          | \$0          |
| PLACE HOLDER                | 0       | \$0          | \$0          | \$0          | \$0          | \$0          |
| CME                         |         | \$100        | \$110        | \$130        | \$150        | \$170        |
| Food                        | \$50.00 | \$400        | \$600        | \$800        | \$1,000      | \$1,200      |
| <b>Total</b>                |         | \$500        | \$710        | \$930        | \$1,150      | \$1,370      |
| <b>Profit/- Loss</b>        |         | <b>\$250</b> | <b>\$390</b> | <b>\$520</b> | <b>\$650</b> | <b>\$780</b> |
|                             |         |              |              |              |              | <b>\$910</b> |



## EVALUATION

### Relationship Centered Care: A Balint Approach

November 12-13, 2010  
Santa Rosa, California

**VSD**-Very Strongly Disagree/**SD**-Strongly Disagree/**D**-Disagree  
**A**-Agree/**SA**-Strongly Agree/ **VSA**-Very Strongly Agree

(Please circle answer)

Santa Rosa was a good setting for this Balint Weekend  
Comment:

**VSD SD D A SA VSA**

The Residency was a good venue for the Balint Weekend  
Comment:

**VSD SD D A SA VSA**

The Balint Weekend Experience was well-organized  
Comment:

**VSD SD D A SA VSA**

**I achieved the following stated goals of the Balint Weekend in that I am now better able to:**

Identify complex factors in the physician-patient relationship

**VSD SD D A SA VSA**

Demonstrate greater understanding and flexibility in thoughts and feelings that connect the physician and patient

**VSD SD D A SA VSA**

Demonstrate an ability to use increased understanding of the physician-patient relationship in order to be more effective and therapeutic with patients

**VSD SD D A SA VSA**

Demonstrate an ability to address problematic physician-patient encounters

**VSD SD D A SA VSA**

(Please circle answer)

I had ample chance to present a case if I wanted to      **True False**

For me there were      **not enough the right amount too many**      Balint group sessions

For me there was      **not enough the right amount too much**      didactic material presented

This is my first Balint group experience      **True False**

I currently participate as a member of a Balint Group      **True False**

I currently lead or co-lead a Balint group

True False or have led one in the past

**Information to help us plan for the future**

What made you decide to come to this Balint weekend experience? (check all that apply for you)

- ☐ Location near me
- ☐ Heard about Balint groups/curious about them
- ☐ A colleague recommended I come
- ☐ Prior knowledge of Balint work
- ☐ Needed to recharge professional batteries/combat work stress
- ☐ I am considering starting a Balint group
- ☐ I want to explore leadership training
- ☐ Other \_\_\_\_\_

**Comments:**

How likely would you be to attend another Balint Weekend?

What would influence you to attend?

not attend?

Would you recommend this experience to colleagues?    **Yes**                      **No**  
Why or why not?

Would you be interested in an ongoing Balint group?    **Yes**                      **No**

In your own words, what did you learn at this weekend?

Any additional comments?

Name Optional: