

DFCM Pilot Balint Group

** A weekly, on-line Zoom group, HIPPA compliant meeting every Tuesday, 12:45pm-2pm, starting on Feb. 10, 2026.*

- for all DFCM family physicians (across all divisions, but there will be no patients in these groups)

** Required - commitment to attend at least 8/10 sessions and the **mandatory intro session on Tuesday Feb. 10, 2026**. The group will meet every Tuesday thereafter until April 21, 2026. There will be **no group meeting** on March 17, which is during March break.*

Description, On-Line Balint Group

* Whom it's for- all DFCM FPs

* Goal- to focus on the relationship between the MD and their patient

* A tool for developing a reflective practice, improving personal and professional resilience.

* To allow for collegial supports in a non-judgemental, connected manner

* To prevent burnout and enhance joy in medicine

The Facilitator:

Supports the group as they consider the MD-patient relationship to reflect on how both parties may be contributing to challenges in the relationship.

This group will be facilitated by:

Dr. Navsheer Gill, MD, CCFP,

Dr. Navsheer Gill is a family physician with a comprehensive family practice at the Schulich FMTU at Humber River Hospital. She has been a faculty member at the DFCM since 2013 and facilitated Balint groups for DFCM residents in the past as well as delivered GP Psychotherapy services for ten years. She is currently the Faculty Wellness Lead for the Department of Family & Community Medicine

Dr. Nermine Gorguy, MD, CCFP, FCFP

Dr. Nermine Gorguy is a family physician with focused practice in psychotherapy and a special interest in physician mental wellness. She has been a member of Balint groups since 2013 and has facilitated a family physician Balint group since 2021. She completed the American Balint Society fellowship and is eligible to pursue leadership credentialing. She also currently leads physician support and mentorship groups for the OCFP and the OMA PHP, and is trained to lead supportive, CBT and MBCT groups. She is passionate about supporting physician colleagues as they build robust support networks, both professionally and personally, on their way to developing strategies for resilience and re-experiencing joy

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even in life's challenges. She is skilled in CBT, ACT, EMDR and mindfulness and enjoys combining these modalities as needed.

Structure of the Group

- 1) The leaders have formal and informal training in guiding the group through the process as described below.
- 2) The group meets weekly, and the members present will vary from session to session as members are allowed to miss up to 2/10 of meetings.
- 3) Meetings are 1hr 15mins long, with the first 10minutes as arrival/greetings/settling in time.
- 4) The method: consists of case presentation without notes.

Official Start and Steps of Case Presentation and Discussion

- 1) the leader asks: "Who has a case?"
- 2) group member volunteers to tell the story of a case from memory, recalling whatever details they can about the pt, the situation, and the interaction. Cases that have been on the presenter's mind for whatever reason (causing anxiety, anger, frustration, attachment, etc.) are often shared.
- 3) During the presentation, the group listens without interruption.
- 4) Once the presenter is done, the group members can ask factual questions only to understand any gaps in the story shared.
- 5) After the group has finished asking questions, the presenter will mute themselves, and back away from the screen, to discontinue interaction with the group. The goal, here, is to reduce the nonverbal, unconscious, rapid, implicit communication between presenter and group members.
- 6) With the presenter symbolically 'not present', group members discuss the relationship between the Doctor and the Patient. The focus is to try and understand what may be causing these feelings. Thus, the goal is to view this case not as a 'medical case' but delving into the psychological underpinnings that may be present.
 - The focus is on the psychological aspect underneath or as an explanation of what is bringing this person (rather than patient) to this moment.
 - Group members are encouraged to share whatever feelings or thoughts come for them with this case, even if not logically connected to the material shared.
 - The intent is to tap into the unconscious of each member and the group as a whole to bring awareness to possible novel and divergent perspectives.
 - This is not about giving advice or solutions.
- 7) The final part is to invite the presenter back to share their experience of witnessing the various expressions and perspectives that were shared by the group.

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What can this group do?

- 1) It can provide an opportunity for MDs to reflect on their work.
- 2) It can reawaken the MDs interest in patients whom they are experiencing as upsetting, annoying or “difficult”.
- 3) It can open minds to other possibilities, both of diagnosis and day-to-day management.
- 4) The group provides support and improves communication skills with patients and other professionals
- 5) It can improve job satisfaction and resilience and help to prevent burnout.
- 6) Help train members to run similar groups

What does this group *not* do?

- 1) It does not tell MDs “How to do” their work
- 2) It does not provide easy answers
- 3) It will not solve all the MDs’ problems with patients
- 4) It is not a psychotherapy group for MDs, but therapeutic benefits may be active.

It is calming and affirming when MDs share their stories and feel heard in a non-judgemental and compassionate manner by peers in the group. Additionally, they may gain insights into their own patterns and reflect on what they may be bringing to their MD-patient relationships.

CONFIDENTIALITY:

All participants in the group expect and can be assured that what they talk about will be treated with respect and confidentiality. It is an essential aspect of ethical professional conduct. The more public nature of group interaction does make it a less private form of professional development, and hence these confidentiality guidelines are important to always keep in mind.

1) Leader/facilitator’s Confidentiality: There will be no note taking or keeping for these educational sessions, and strict confidentiality will be maintained, subject to the usual exceptions: risk of harm to self/others, child abuse or neglect, driving/attending work while impaired, abuse by regulated professional or court order (there is no record keeping).

2) Group Members Confidentiality:

- Strict confidentiality is expected of all group members.

That includes who is in the group and all participants’ ‘stories. This degree of confidentiality is necessary for group participants to feel safe and for the development of trust within the group.

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- You may know another group participant from your personal or professional activities. Please do not discuss group issues outside of the group.
- Since this group is not a psychotherapy group, but more of a professional development group, outside of group socialization with other group members is not discouraged.
- Please feel free to discuss the group with your own therapist as that relationship is bound by the same professional confidentiality codes. If you find yourself discussing this with friends or family, please be certain not to state names to what you are saying and avoid saying anything that might identify a person specifically. Talk about your own story and not other members' stories.

Video Conferencing Platform, Zoom

Virtual “face-to-face” sessions or VC (Videoconferencing) are real-time interactive audio and visual technologies that enable a clinician to provide mental health services remotely. Treatment delivery via VC may be a preferred method due to convenience, distance, or other special circumstances. The VC system used in my practice is a professional version of Zoom which meets HIPAA standards of encryption and privacy protection. You will NOT have to purchase a plan when you “join” an online meeting. When you reach the “Join a Meeting - enter meeting id” screen, please EDIT your name so that only your first name shows to protect your privacy in group sessions.

Here is a link that is helpful if you are not familiar with Zoom. I recommend that you experiment with it ahead of your sessions; it will show you how to join a meeting, and how to check your audio and video.

<https://support.zoom.us/hc/en-us/articles/201362193-How-Do-I-Join-A-Meeting->

Please read and note:

- There are many benefits and some risks of videoconferencing that differ from in-person sessions.
- Confidentiality agreements that are always integral to your care, are the same for telepsychology services.
- Recording of sessions is NOT permitted.
- A webcam needs to be used during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is imperative that no family member or friend is in hearing or visual proximity to you or to your electronic device during the session.
- It is important to have a secure internet connection rather than public/free Wi-Fi.
- To be punctual please set up for the appointment at least 5 minutes before it is due to begin. You will be admitted to a virtual waiting room.
- A back up plan in the event of technical problems may include restarting the session, or more likely supplementing with a phone for audio.

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- Our safety plan includes at least one emergency contact and your location during the call.

Length of Sessions and Initial Length of pilot

- 1) Period/Commitment: The group is offered in a closed module of 10 weekly sessions, starting on Tuesday Feb. 10, 2026. Participants are asked to make responsible use of their opportunity to be involved in this type of group and commit to attending a minimum of 8/10 sessions.
- 2) Cost: The group is being subsidized by the DFCM. The cost of the group to each individual member is \$275.

Attendance/Lateness/Group Participants Vacations/Leader (Facilitator) Vacations:

Arrival on time to each session is expected. Please try to attend at least five minutes before the on-Line session to make sure the technology is functioning well. The platform will be open at 12:45pm to allow for some social time between the members. Please notify the facilitators if you are going to be late or if you can't attend a session. The group works most effectively if it is cohesive, reliable and predictable.

Resource - About Balint Group-

<https://pmc.ncbi.nlm.nih.gov/articles/PMC3303639/>