of supervision is not well understood; evidenced within a systematic review of the literature. Thus, the aim of this project was to explore the experience of psychiatric trainees in Kent and Medway Mental Health NHS Trust (KMMH) of supervision, with a focus on key factors affecting their satisfaction.

Methods: A focus group, qualitative methodology was used. Fifteen core and higher psychiatric trainees were recruited through purposive sampling. Four focus groups were conducted via Microsoft Teams. Anonymised transcripts were verified through member checking. Data saturation was achieved. Ethical approval was granted from the University of Kent.

Results: Participants described beneficial aspects of supervision and areas that were more challenging. Data was analysed using reflexive thematic analysis. Five themes emerged:

Scheduled Regular Supervision: Not only being able to access regular supervision, but for this to be scheduled, enabling trainees to plan the agenda in advance.

Knowledge of Supervision: For supervisors and trainees to understand the value of a shared agenda and the remit of supervision, specifically the distinction between clinical and educational supervision. Participants described difficulties when supervision was trivialised through supervisors equating brief informal discussions with required weekly reflective one-to-one supervision.

Support Across the Training Journey: Adapting the supervisory offer in response to differing levels of experience and key transition points was perceived as helpful, particularly for international medical graduates.

Fostering Mutual Respect: Enablers of a mutually respectful relationship were flattening the traditional power hierarchy and engaging in bi-directional feedback; barriers to providing feedback were described.

Psychological Safety: Adopting a non-judgemental stance towards trainees was recognised as important, alongside supervisors making genuine efforts to 'check in', avoiding comparing trainees to others, and conducting supervision in a private space.

Conclusion: The project has contributed to a deeper understanding regarding psychiatric trainees' experience of supervision, not only factors perceived as helpful but also the complexity and nuance required; captured adeptly by a trainee "*that's why there's such an art to supervision*". Recommendations are proposed: To foster conditions that promote helpful supervisory behaviours; to empower trainees within their supervision; and co-create feedback systems that recognise and respond to unhelpful supervisory behaviours without fear of adverse repercussions.

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Doctors as Teachers: A Doctor-Led Education Programme to Improve Physical Health Escalation on Mental Health Wards

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doi: 10.1192/bjo.2026.11339

Aims: People with severe mental illness experience substantially higher premature mortality than the general population, much of which relates to physical health conditions. Mental health inpatient teams therefore need confidence and capability to recognise acute deterioration and escalate promptly. Evidence and local experience suggest mental healthnursing staff can feel under-prepared for acute physical health assessment and escalation, particularly for time-critical presentations such as chest pain (CP) and shortness of breath (SOB). This project was prompted by a real near-miss incident in which CP was not escalated appropriately to medical staff. We aimed to evaluate whether a focused, doctor-delivered teaching session improves nursing staff confidence in recognising and escalating CP and SOB in a mental health inpatient setting, and to support development of a wider ongoing physical health teaching programme.

Methods: Medical staff delivered a brief interactive session addressing symptom recognition, red flags, initial assessment, and structured escalation. Participants completed pre- and post-session confidence ratings on a Likert Scale (with 1 meaning not at all confident, to 5 meaning very confident) in four domains: recognising CP, escalating CP, recognising SOB, and escalating SOB. Mean changes were analysed overall and by staff group (band 5 registered nurses, non-registered nursing staff, and nursing management).

Results: Fifty-five staff participated (registered band 5 nurses n=20; non-registered nursing staff n=31; nursing management n=4). Confidence increased across all domains: recognising CP 3.25 to 4.36 (+1.11); escalating CP 3.15 to 4.27 (+1.13); recognising SOB 3.45 to 4.42 (+0.96); escalating SOB 3.15 to 4.29 (+1.15). The proportion reporting increased confidence was 76.4% (recognising CP), 74.5% (escalating CP), 69.1% (recognising SOB), and 72.7% (escalating SOB). Improvements were observed across all staff groups, with the largest gains among non-registered nursing staff, particularly for escalation.

Conclusion: A short, doctor-led, ward-relevant teaching intervention was associated with meaningful improvements in mental health nursing staff confidence to recognise and escalateacute physical health presentations, addressing a key patient-safety risk highlighted by a near-miss. Following this intervention, doctor-delivered teaching was continued across additional physical health topics to build and maintain capability within the wider nursing team. The programme is now being rolled out to other services within the Trust, prompting a service evaluation to assess scalability and sustainability.

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Cultural Psychiatry Teaching: Case Studies from UK Training Programmes

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doi: 10.1192/bjo.2026.11338

Aims: Cultural psychiatry explores the impact of social and cultural context on mental health and illness. Given new urgency by global anti-racism campaigns, cultural psychiatry teaching has been increasingly prioritised in recent years. However, there is currently little evidence on how cultural psychiatry training is being implemented in practice. By comparing different approaches, this research provides guidance on the benefits and limitations of different formats for teaching cultural psychiatry.

Methods: Four case studies of UK teaching programmes are compared, selected to reflect national variation and diversity of approach. The case studies differ in audience, form andstructure; on whether they were online or in-person; on whether they were mandatory or informal; and in their use of resources.
Results: All groups emphasised the importance of psychological safety when facilitating challenging conversations. Informal sessions were associated with more open conversations; limitations included variable attendance, inadequate organisational time, problems inviting external speakers, and difficulties creating a safe frame. Online spaces were more accessible; but with concerns around engagement, safety and the ability to challenge insensitive comments. Sessions with external speakers brought alternate perspectives, but needed careful management to avoid insensitivity. Consideration was given to whether race and ethnicity were prioritised over other elements of culture such as sexuality, gender, religion and class.
Conclusion: Bringing cultural psychiatry into the curriculum offers the potential to improve both patient care and clinician wellbeing. Lessons learned from these case studies can guide mental health and teaching organisations seeking to implement similar courses.

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Embedding Community at the Heart of Psychiatry Education: A Community Hub Placement for Medical Students

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doi: 10.1192/bjo.2026.11337

Aims: Undergraduate psychiatry education is traditionally centred on inpatient services and secondary care experiences, despite the majority of mental health support occurring within communities. This imbalance risks reinforcing medicalised understandings of mental ill health and limits student exposure to preventative, psychosocial, and lived-experience led approaches. With evidence that many doctors practise in the regions where they train, there is a clear educational and workforce imperative to embed community engagement early in medical training. This project aimed to develop and evaluate a novel community-based placement at Middle Street Resource Centre, a charitable organisation providing mental health support and wellbeing services, with community, inclusion, and lived experience embedded at the core of medical education.
Methods: Medical students undertook a structured placement within Middle Street Resource Centre, a non-profit, open-access community hub providing psychosocial support without referral. Students embedded within the centre, participating in a range of existing community activities including music sessions, discussion groups, and social café spaces. In addition, the medical education team facilitated structured group sessions on bipolar disorder, mindfulness, and eating disorders which students actively participated in and co-designed. Evaluation was qualitative, drawing on detailed reflective accounts written by students following their placement experience.
Results: Student reflections highlighted profound learning that extended beyond traditional clinical outcomes. Exposure to a non-judgemental, inclusive environment challenged students' assumptions about mental illness and disability, strengthening empathy and reflective practice. Engagement with community members illustrated the importance of socialconnection, creativity, and belonging in mental wellbeing, and reinforced the preventative role of community services. Students reported increased confidence in communicating sensitively, adapting language to diverse populations, and appreciating the impact of stigma and diagnostic terminology. Observing and learning from staff and volunteers with lived experience further deepened understanding of relational, trust-based support, contrasting with more hierarchical clinical models. Many students described the placement as transformative, shaping how they intended to practise psychiatry and medicine more broadly.
Conclusion: Embedding medical students within community mental health hubs offers powerful educational value and complements traditional psychiatric training. This placement demonstrates a scalable, innovative model that prioritises prevention, inclusion, and lived experience, while fostering empathy, communication skills, and community connection. As we expand such placements across further community hubs, we recognise the potential to strengthen psychiatry education, support workforce sustainability, and place community at the heart of future mental health care.

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Medical Student Balint Group – Improving Empathy and Communication; an Avenue to Relieve Burnout

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doi: 10.1192/bjo.2026.11336

Aims: The Balint group was established in the 1950s as an avenue for doctors to bring forththeir experiences and feelings relating to patient interactions, in a humanistic rather than clinical way. Commonplace in Psychiatry, the use of Balint groups is spreading. Building on a previous pilot, we ran a Medical Student Balint Group weekly in a confidential, consistent space. We aimed to assess their knowledge of Balint, empathy, and communication skills and style, at the start and end of the group. This was alongside a tool for assessment of Burnout levels at the start and end of the group.
Methods: A weekly Balint group cohort of 10 third year medical students was facilitated by a Core Trainee and supervised by a Consultant Medical Psychotherapist. The students were given a set of questions about the psychological factors pertaining to doctor-patient interactions, including 2 questions about their prior knowledge of these groups, and the same questionnaire was given at the end, but with 2 open-ended questions about their reflections of the process. A validated burnout self-test was also given at the start and end.
Results: Weekly attendance varied slightly. All participants returned both initial questionnaires, with 8 returning both ending questionnaires. Burnout scores showed significant reduction, and students generally showed eagerness to attend Balint groups in future. On starting, half the students felt that the application of a Balint group was 'interesting' but afterwards most felt an expanded perspective on the doctor–patient relationship and able relate to patients better. Self-awareness and confidence with communication also improved. Qualitative results supported above quantitative results.
Conclusion: Balint groups for medical students now have an increased evidence base as part of the undergraduate medical