additional resource linking to promote communication skills, tribunal reports, and preparation for appraisal.
Conclusion: It was a valuable project which has helped to shed light on how to facilitate provision of clinically relevant resources that would help international medical graduates in their progress and overall attainment of career goals. The recommendations have been shared across the Trust with quality improvement and medical workforce race equality standards team.

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Transcultural Psychiatry Workshop: Sharing Our Similarities and Celebrating Our Differences

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Aims: Transcultural psychiatry is a critical field that examines the influence of cultural factors on mental health, illness, and treatment across diverse societies. It acknowledges that psychiatric symptoms and disorders can manifest distinctly based on cultural contexts, beliefs, and practices.

The Transcultural Psychiatry Workshop was held face to face at the Sheffield Health and Social Care Trust Grand Round in September 2024. The aim was to aid in implementing comprehensive training programmes, leverage workforce diversity, encourage culturally sensitive interventions, share helpful learning, enhance community engagement.
Methods: The workshop was 120 minutes and was attended by 104 doctors. The workshop included a specialist panel of experts from experience, carers and professionals, presentation regarding data regarding healthcare experience of ethnic minority groups in the area and case-based learning opportunity. Pre- and post-workshop surveys were administered to assess the effectiveness of the workshop and to inform future planning and educational strategies. They used a 5 point Likert scale for most questions.
Results: There were 75 responses received for the pre-workshop questionnaire and 48 for the post-workshop questionnaire. For the question how likely are you to effectively and consistently intervene when you observe discriminatory behaviours in others, there was an increase from 29.33% to 39.58% to be very likely. Regarding awareness of local policy those answering yes went from 28.00% to 97.92%. Whereas 26.67% of respondents felt their knowledge of transcultural psychiatry was below average and 4.00% felt it was far below average, after the workshop 0.00% rated in these two categories. The understanding of potential barriers for people from ethnic backgrounds when accessing healthcare increased in the above average category from 29.33% before to 66.67% after.
Conclusion: The feedback received from participants was predominantly positive and encouraging, reflecting the workshop's effectiveness in meeting objectives.

Participants expressed particular interest in the diverse panel, including a representative from a third-sector organization, an expert by experience, a carer, a psychiatrist and chaplaincy, thereby enriching the workshop's relevance and depth. These findings indicate that the workshop effectively enhanced understanding of transcultural issues and resources, underscoring the significance of educational initiatives in fostering cultural competence within healthcare settings.

Organise further education opportunities. Include greater lived experience and scenario discussions in next workshops. Cover topics like old age psychiatry, cultural backgrounds, correct cultural terminologies and expression of mental distress. Disseminate data regionally and nationally to raise awareness.

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Citizenship-Oriented Care: Increasing Voting Participation in a Mental Health Trust

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Aims: The overall aim of this project was to encourage mental health patients to participate in the general election. To raise awareness among staff about patient voting rights so they are better equipped to encourage patients to participate.
Methods: We conducted face-to-face interviews with all patients throughout the voting process from June to July 2024 on one of the wards.

– Created a page on the trust intranet with information about voting for staff.

– Created a leaflet that was available on the intranet for staff to print out and display.

– Made an educational video on the trust YouTube account and embedded it on the trust intranet.

– Conducted a staff survey after the election to assess knowledge and attitudes about mental health patient voting rights and to evaluate the effectiveness of our interventions.
Results: A survey was conducted and was open for 1 month until 18 October 2024. This was circulated to all staff via email distribution lists. We had 18 completed surveys.

– 44% of respondents were vaguely aware or not aware at all of patient voting rights.

– 39% were not confident about which mental health patients could vote in the general election.

– 67% of respondents did not see any of the voting resources.

– 83% were not confident in supporting patients at the general election.

– 88% of staff agreed that the trust should support patients to vote.

– 93% of staff thought it was important for the trust to promote voting rights of patients; however, 5% thought it was not important at all.

– Of all the patients on the ward (N=19), 7 (36.8%) were not interested in voting, 1 was not eligible and 57.9% were already registered.

– Of those registered, 5 (45.5%) made their own arrangements to vote and 2 were supported by the ward to vote (in person and by post).

– 36.4% (4) of patients who had registered to vote and had expressed interest in voting were not able to vote.
Conclusion: There is a need to increase awareness of voting rights among both staff and patients. Survey uptake was low, but from the data collected, most staff did not see any of our resources and most

are not having conversations with patients about voting rights and the support available to exercise these rights

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Balint-Ly Obvious: The Value of Balint Groups in Medical Education

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Aims: In collaboration with Birmingham Medical School, Birmingham Solihull Mental Health Foundation Trust (BSMHFT) Clinical Teaching Academy piloted a novel Balint Group (BG) scheme for 4th-year medical students during their psychiatry placement. To the best of our knowledge, this is the first time BGs have been accessible to 460 students in one year, and to every student attending psychiatry placement. Research shows that empathy declines in medical students as they progress through their career. However, BGs are known to improve student empathy and support the development of a clinical identity, yet no research has assessed whether through the process of Balint, students successfully gain skills in transference, emotional and cognitive learning, and case mirroring in group dynamics.
Methods: All 4th-year students participated in weekly BG sessions during their placement. Upon completing the 4 sessions, students filled out the Balint Group Questionnaire, which assesses three main learning principles: Reflection of Transference Dynamics in the Doctor-Patient Relationship, Emotional and Cognitive Learning, and Case Mirroring in the Group Dynamic. The questionnaire consisted of 15 questions, with a total score of up to 75. The results were analysed using SPSS.
Results: 210 students completed the survey. The mean score was 47.1/75. Scores were highest for the Mirroring domain (M=3.42, SD=1.05), followed by Transference (M=3.27, SD=1.04), and Emotional and Cognitive Learning (M=2.94, SD=1.15). A repeated measures ANOVA showed statistically significant differences between the domains. Transference (M=3.27) was rated higher than Emotional and Cognitive Learning (M=2.94), with a mean difference of 0.326 ($p<0.001$). Similarly, Mirroring (M=3.42) was rated higher than Transference (mean difference –0.152, p=0.022), and Mirroring was also rated significantly higher than Emotional and Cognitive Learning (mean difference –0.479, $p <0.001$).
Conclusion: Higher engagement in Mirroring suggests that BGs help students develop self-awareness and empathy by reflecting on emotional responses to cases, potentially improving patient care and clinical insight. Two more cohorts of students will participate in the study, and we expect similar results with a larger sample size. These findings support the positive role of BGs in medical education.

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'How Do I Cure a Ghost?' From Story-Telling to Sense-Making: Exploring Psychiatrist Perspectives of Cultural Competence

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Aims: The culture of psychiatry in the UK is deeply rooted in Western biomedical paradigms, raising questions around its ability to meet the needs of culturally diverse patients. Literature consistently demonstrates that individuals from diverse backgrounds experience disproportionately poorer mental health outcomes, highlighting the need for a more culturally responsive approach to care.

This research examines how the concept of 'cultural competence' is understood by current trainee and consultant psychiatrists, through the retelling of their experiences of navigating culture in the clinic.

This research aimed to (1) explore perspectives of UK psychiatrists of navigating culture in the clinic, and to (2) evaluate the effectiveness of the current postgraduate psychiatric curriculum in fostering cultural competence.
Methods: Employing a narrative inquiry approach, the primary source of data was collected through open interviewing to promote the process of storytelling. Three clinicians of various clinical grades were recruited, and five narratives extracted for analysis. Data was analysed using Labov's method of structural organisation.
Results: The findings demonstrate that clinicians consistently frame their encounters with cultural diversity as challenging, often conceptualising them as conflicts to be overcome. Three core competencies for effective cross-cultural practice emerged:

1. *Curiosity and openness.*
2. *Polycultural practice.*
3. *Critical evaluation of resources.*

These competencies informed the development of a new proposed model of cultural competence designed to guide educators in fostering these qualities in psychiatric trainees.
Conclusion: The findings highlight a significant gap in the existing postgraduate psychiatric curriculum, suggesting that current medical education frameworks are insufficiently aligned with the demands of a multicultural society. The study advocates for comprehensive curricular reform that starts with a shift in the underlying conceptual frameworks of psychiatric education, encouraging practitioners to adopt a more holistic, culturally sensitive approach to mental health care. Only once this conceptual foundation is established can practical reforms effectively follow, ensuring that trainees develop not only technical competence but also the cultural insight necessary for inclusive, empathetic care.

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