

Use of Balint Groups (BGs) to Support Wellbeing Amongst Medical Students in a Public Health Institution

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Aims: BG is named after its founder, Michael Balint, a trained therapist. BGs are reflective practice groups and have been shown to help with critical reflection, self-discovery and deep connection to others. It can enhance empathic understanding of the doctor-patient therapeutic relationship and has been used to facilitate reflections amongst doctors and other healthcare professionals. Its application in medical students have not been widely studied.

Loss of empathy and burnout as they began clinical training have been widely reported amongst medical students. As part of our hospital's initiative to support their wellbeing, our Education Office offered medical students the experience of BGs by trained facilitators. We aim to understand students' experiences of attending BGs and its impact on their wellbeing.

Methods: Students were invited via an email detailing the purpose and structure of BG. A non-random purposive sample of medical students with clinical postings of at least 6 weeks were included. BGs were conducted based on the students' clinical groupings. Data was collected through self-reported questionnaires and qualitative feedback to capture the students' experience with BGs in the clinical setting.

Results: 58 medical students participated in 6 sessions of BG conducted in groups of 8 to 10 with 1 or 2 facilitators. About 70% of the students were better able to appreciate the psychological aspects of patient encounters and endorsed that they benefited from facilitation of reflections during BGs. Content analysis of qualitative feedback supported the following themes: 1. Safe space to reflect on difficult clinical encounters; 2. Improved self-awareness; 3. Appreciation of different perspectives.

Conclusion: Providing the students with a safe therapeutic space to share their thoughts about difficult clinical encounters supported critical reflection and develop others' awareness as they consider different perspectives. The sense of camaraderie and togetherness provided by the group may help to build empathy amongst our students and address burnout and compassion fatigue. BGs can also foster a sense of belonging and support during medical students' stressful clinical years with the provision of a safe and secure space to explore emotions and attitudes. There are ongoing efforts to incorporate such reflective groups systematically into the undergraduate medical education clinical curriculum.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

A Critical Review of Psychological Safety in Psychoeducation for Patients with Anxiety Disorders and Implications for Medical Education in Psychiatry

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Aims: Psychoeducation for patients with anxiety disorders has been associated with reduced symptoms, improved quality of life, and

increased response to treatment. However, there is much heterogeneity in such interventions. Patients with anxiety disorders can have maladaptive cognitive patterns such as catastrophic thinking, attentional biases toward threat, and cognitive avoidance. These patterns can interfere with the processing and assimilation of psychoeducational content, potentially reducing its effectiveness. Our hypothesis is that psychological safety plays a key role in increasing the effectiveness of psychoeducational interventions for patients with anxiety disorders. We aim to critically review the role of psychological safety in such interventions and to explore its impact on medical education in psychiatry.

Methods: Sources were identified through searches via databases including PubMed, PsycINFO, Scopus, Cochrane Library, and Google Scholar. Results were then critically analysed with key themes extracted to evaluate the role of psychological safety in psychoeducation. A narrative synthesis was then performed, exploring the influence of this on medical education in psychiatry.

Results: Several key themes were identified. Psychological safety has a mediating role between the quality of doctor-patient communication and patients' self-disclosure, which can be limited by various fears, including a fear of negative judgment in this population. Patient engagement, which has a multidimensional construct, is also impacted by the presence of psychological safety which increases patient openness and comfort. Psychological safety also aids collaborative efforts within the healthcare ecosystem, positively impacting the outcomes of psychoeducational processes. The influence of psychological safety on the concept of the therapeutic interpersonal relationship in psychoeducation was also explored, with implications for open communication and the perception of threats. Proposed enhancements to assessments and curriculum for educational efforts in anxiety disorders and corresponding psychoeducational interventions through the active provision of psychological safety concepts were discussed.

Conclusion: This critical review highlights the pivotal role of psychological safety in enhancing the effectiveness of psychoeducational interventions for patients with anxiety disorders. By equipping clinicians to create safe environments, these efforts can optimize psychoeducational interventions and ultimately improve care for patients with anxiety disorders. Targeted studies on specific subgroups of patients with anxiety disorders should be performed to better qualify and quantify the impact of psychological safety in psychoeducational interventions in these subgroups.

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Evaluating Core Psychiatry Training Provisions in Cwm Taf Morgannwg University Health Board Using a Mock GMC Survey

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Aims: This survey aimed to assess the training conditions of psychiatry resident doctors, within Cwm Taf Morgannwg University Health Board (CTMUHB). The survey provided an opportunity for trainees to share their experiences, highlight challenges, and contribute to improving training. Participation was anonymous to ensure confidentiality for sensitive topics such as discrimination.

Methods: The survey was developed in collaboration with resident doctors and the College Tutor Committee (CTC). Initial planning took place in May 2024, with survey design and distribution occurring in July 2024. Data collection focused on themes such as induction, rota design, and supervision. Data were cross-referenced with the GMC National Training Survey and HEIW Core Psychiatry Training data for validation. Although our respondent numbers vary vastly from that of the GMC National Training survey, significant proportionate interpretation of concerns raised in CTMUHB were made. Results are currently guiding discussion with the CTC and Health Board executives to implement strategic interventions.

Results: Respondents highlighted several concerns, particularly in induction processes, rota design, facilities, and consultant availability. Governance-related issues, such as inadequate escalation pathways, were also evident. 22% of respondents strongly disagreed that they had received all necessary information during induction, compared with just 2% in the national GMC survey. 11% rated their induction as “very poor”. Rota management was another major concern, with 33% of residents expressing dissatisfaction over unfilled rota gaps, which they felt resulted in missed learning opportunities. Additionally, 44% of CTMUHB residents reported working beyond their rostered hours, a figure substantially higher than the national rate of under 12%. Alarming, 22% of respondents were unaware of how to raise concerns about their training, indicating a critical gap in reporting mechanisms. Reports of discrimination, burnout, and negative workplace experiences further underscored the need for urgent intervention.

Despite these challenges, positive aspects were noted. All respondents agreed that their educational supervisor was easily accessible, and every trainee received formal feedback. However, 22.2% found this feedback unhelpful. Many residents highlighted teamwork and a supportive work environment as key factors contributing to overall job satisfaction.

Conclusion: The Health Board specific findings highlight the need for targeted interventions to improve training conditions. Recommendations include enhancing induction processes, re-designing rota management, increasing consultant availability and improving reporting systems. Addressing workplace discrimination and fostering a supportive environment remain critical priorities. Continued collaboration between resident doctors and the CTC is essential to drive meaningful improvements and ensure a better training experience for future trainees.

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Effective Discussions of Affective Cases: A Survey of Attenders of the Mood Disorders Grand Rounds

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Aims: Specialist mood disorder services in the UK are diverse in structure and spread over different clinical-academic centres in the UK. Relationships between these centres are strong but often based on academic projects, with limited opportunities for clinical case discussions. The NIHR Mental Health Translational Research Collaboration, together with the ASCeND trial team, has set up an online monthly meeting of tertiary mood disorder services: the Mood Disorders Grand Rounds (MDGR). The aims are: 1) to bring

together people with expertise and interest from different centres across the UK; 2) to discuss complex and difficult to treat (or interesting) cases; 3) to consider treatment options. The format includes a 20-minute anonymised case presentation by a specialist, covering clinical and thematic aspects, followed by a 40-minute panel discussion focusing on case management, related themes, and relevant research studies. The presentership rotates between centres around the country and encourages a multidisciplinary approach.

Following the first 12 months of MDGR, we distributed a survey to evaluate and develop the meetings.

Methods: An evaluation form was developed and sent to all registered attendees over the course of six months, on a rolling basis. Participants were asked to both rate the effectiveness of various aspects of the programme and to submit suggestions for improvement, including suggestions for future speakers. Questions included both Likert scored items and free text responses.

Results: We received 21 responses (12% of those registered). 75% of respondents had not been to a similar regular collaborative programme previously. 50% of respondents stated that the MDGR had directly influenced their clinical practice, examples being of “Using MAOIs in a case where I hadn’t considered it before” and “identification of a patient with likely autoimmune encephalitis”. The remaining 50% stated that whilst the programme was relevant it had not had a direct result on practice.

Conclusion: A high proportion of respondents reported their clinical practice had been directly influenced by attendance. This suggests the MDGR is fulfilling the stated aim of focusing on clinical discussions and is of value to attenders. The rate of response is low and could be biased to those who found it more useful.

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Simulation Training for Falls on the Older Adult Mental Health Wards

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Aims: Falls are the most commonly reported patient safety incident in all older adult (OA) inpatient wards, and studies suggest there may be up to three times as many falls in OA mental health, compared with physical health settings. Many factors present on the mental health wards may influence this, including higher levels of agitation, psychotropic side-effects, a culture of promoting recovery through activity and a higher prevalence of side rooms resulting in less direct observation. There are four OA mental health wards within South London and the Maudsley NHS Trust. Following an analysis of serious incidents, falls prevention and management was identified as an area for improvement. Work to date has included updating the clinical falls policy, promoting a ‘falls awareness week’ and introducing a mandatory falls e-learning module. However, concerns remained about the practical application of this learning. As such we developed and delivered a half-day simulation course, with the aim of engaging staff in a enjoyable, practical session which would allow for reflective discussions and embed the new falls policy within ward culture.

Methods: The simulation course is designed to reach approximately 100 multi-professional staff across the four wards. Eight deliveries have taken place, or are scheduled to take place, between December 2024 and March 2025. Learning objectives, which were informed by