Analysis followed the well-recognised six stages of thematic analysis. Two authors read and coded all text independently, before discussing any discrepancies and then defining and refining themes with involvement from all authors, in a process of several reviews.
Results. Five themes emerged from the data: 1) Mixed feelings about the placement (with anxiety being prominent), 2) Mixed views about patient behaviour with many assumed to be violent, 3) Caring and holistic-minded staff, 4) A restrictive and locked environment, 5) Assumed similarities to acute general hospital care. Some of the expectations of students were markedly different to the realities of psychiatric inpatient and intensive settings, with students reporting ideas of patients in locked rooms, physically restrained, sedated and attached to ventilators.
Conclusion. This study offers a unique insight into what medical students expect from their psychiatry placement, a key issue of which all educators and clinicians who supervise students should be aware. Results can inform better student preparation and placement supervision, leading to more meaningful learning and improved well-being.

Introducing the Emotional Logic Method as a Self-Care Approach for Staff Well-being

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Aims. The Emotional Logic method teaches that although unpleasant, all emotions have an inbuilt useful purpose. Through recognising our emotional responses to situations, this solution-focused approach helps us discover the hidden losses behind our emotions, empowering us to move forwards. Activating our inner Emotional Logic can help to build emotional resilience, improve self-awareness, strengthen relationships and reduce burn out.
Methods. The Emotional Logic method was introduced to staff across the Learning Disability Psychiatry Division during a two hour webinar. The session was advertised via email circular to all staff with an emphasis on using the method for self-care. It was attended by thirty-two, clinical and non-clinical staff from across the multi-disciplinary team. Interactive polls were used during the session as well as feedback forms at the end.
Results. In Emotional Logic, a safe place is a physical place, relationship or mindset that we can visit when we are doubting our resources to cope, here we can let our emotions settle and make a plan. An interactive poll during the session showed that 98% of staff could identify a safe place. This was reduced to only 52% when asked if they could identify an accessible safe place at work.

The session overall was rated as 4.57 (on a scale of 1 (poor)-5(excellent) 90% said they felt Emotional Logic was relevant to them personally, with the remaining 10% answering "maybe." Qualitative feedback included: "I thoroughly enjoyed all aspects of the session which would benefit me personally and on a professional level" "Helped me to manage my thoughts/control my thoughts" "Its always hard to take a look at yourself and your behaviors or reactions to things that impact you on a daily basis and I think that a lot of people would find it a real benefit." 86% said they would be interested in further learning.
Conclusion. In order to care for other people, we need to first look after ourselves. The striking statistic that 48% of staff do not have an accessible safe place at work highlighted the importance of providing staff with the tools to help improve their own well-being. The session was an introductory session, which will be built on through offering follow up workshops and formal courses. The aim of these will be to improve self-care whilst also providing a language to use with colleagues and patients to help everybody move forwards.

A Mixed-Methods SWOT Analysis of a Medical Student Balint Group Programme

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Aims. Balint groups explore the clinician-patient relationship, with benefits for empathy, resilience, and interpersonal skills. Their use with medical students is increasing, but more research is needed to understand how their benefit, feasibility and accessibility can be optimised. We aimed to explore this over a one-year pilot of a medical student Balint group programme.
Methods. An explanatory sequential mixed methods design was used. Eight medical student Balint groups ran for six weeks during 2022–2023, with 90 students participating. Students completed quantitative and qualitative feedback at the end of each cohort. Themes were identified using qualitative content analysis. Balint group leaders kept reflective session notes and used these alongside student feedback to undertake a strengths, weaknesses, opportunities and threats analysis of the programme.
Results. Students reported a neutral to slightly positive experience of the groups. Strengths were coded as containment, learning, and community identity. Students identified weaknesses due to pace, facilitation, and anxiety. Threats to the future success of the Balint group programme were related to engagement and the group being perceived as inauspicious and intimidating. Potential opportunities to develop the Balint group programme included widening participation and sharpening focus. The strengths, weaknesses, opportunities, and threats identified by the group leaders were in line with those of the students, but also acknowledged the broad range of ethico-legal material discussed by students, timetabling and organisational challenges. A range of opportunities were identified for how the Balint group programme could optimally enrich the clinical curriculum.
Conclusion. Integrating successful Balint groups into the medical school curriculum is challenging on individual and organisational levels. However, students perceive value in these groups, and they provide a unique space to combine learning and emotional support with personal, professional and community development. Ongoing consideration is needed to optimally and sustainably