Creating a Mentoring Programme: Kent and Medway Psychiatry Undergraduate Scheme (KAMPUS)

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Aims: The Kent and Medway Psychiatry Undergraduate Scheme (KAMPUS) aims to provide medical students with experience in psychiatry at an early stage in their training, and psychiatry trainees the opportunity to develop mentoring and leadership skills.

Early exposure to psychiatry improves student perceptions of the specialty. KAMPUS is based on a similar programme in a London medical school which has reported positive outcomes. KAMPUS was adapted for the structure and geography of the local medical school and mental health trust.

Methods: A committee of psychiatrists, trainees and student representatives co-developed KAMPUS and wrote handbooks for students, trainees and clinical supervisors. Year 1–2 students and core psychiatry trainees were invited to participate. 18 students and 15 trainees registered for KAMPUS in the 2023–2024 academic year. Lead mentors supported small groups of students virtually, and clinic-based mentors were trainees based near the school, who provided clinical shadowing opportunities. Combined educational/social events were organised in collaboration with the Psychiatry Society, and a formal day of mentoring training was provided for trainees.

Results: Trainees provided regular mentoring and shadowing opportunities. Lead mentor group discussion topics included training pathways, case presentations and practice exam questions. Two educational/social events were attended by students and trainees. Trainees gave positive feedback regarding mentoring training.

Conclusion: KAMPUS is deliverable across the wide geographical area covered by the medical school and mental health trust in Kent. It has provided early experience in psychiatry for students and a development opportunity for trainees, with positive initial feedback.

Quality Improvement

Bridging Health Inequalities in the Learning Disability Population: A Quality Improvement Project on Weight Management

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Aims: People with learning disabilities (LD) experience significant health inequalities, including higher rates of obesity and associated comorbidities. This quality improvement (QI) project within East London NHS Foundation Trust (ELFT) aimed to enhance weight management interventions for individuals with LD by improving engagement with weight monitoring and lifestyle interventions.

Methods: A multidisciplinary team (MDT) implemented the Model for Improvement framework to address low rates of BMI (Body Mass Index) and weight recording among service users. Baseline data showed that less than 30% of service users had BMI recorded, and fewer than 3% had their weight documented at appointments. Interventions included training staff in routine weight monitoring, introducing accessible health education materials, and implementing structured weight management pathways. Plan-Do-Study-Act (PDSA) cycles were used to iteratively test and refine these changes. A total of 30 service users participated in the project over 12 months.

Results: The interventions led to significant improvements in weight monitoring and engagement with weight management strategies. By the end of the project, BMI recording increased to over 80%, and weight documentation rose to over 60%, demonstrating improved adherence to monitoring practices. In terms of clinical outcomes, 40% of service users achieved a ≥5% reduction in body weight, highlighting the effectiveness of tailored interventions. Furthermore, there is increased engagement with structured dietary and physical activity programmes, with over 75% of service users consistently participating. Additionally, 85% of carers reported increased confidence in supporting service users with weight management, further enhancing sustainability.

Conclusion: This QI project successfully demonstrated that structured, MDT-led interventions can improve weight management and health monitoring in individuals with LD. Increased documentation rates and service user engagement suggest that targeted, person-centred approaches can address health inequalities effectively. Future efforts will focus on scaling up these interventions, addressing remaining barriers to participation, and evaluating long-term sustainability.

Reducing Physical Health Inequalities: A Community Mental Health Clinic Quality Improvement Project

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Aims: People with severe mental illness (SMI) experience greater physical health inequalities, poorer health outcomes and significantly lower life expectancy (15–20 years) than the general population. Despite National and local guidelines on routine physical monitoring to mitigate these inequalities, the practice in this clinic is inconsistent, often fraught with delays and inefficiencies. This quality improvement project (QIP) aims to achieve full compliance with monitoring guidelines to 100% over 8 weeks, enhancing patient safety and outcomes.

Methods: A baseline audit on compliance with physical health monitoring guidelines was conducted by reviewing the local and national guidelines, clinic records, the monitoring log, and Resident Doctors' outstanding reviews list. A semi-structured staff interview and reviewing GP correspondence identified key barriers to compliance. Three changes were introduced using the PDSA framework (plan, do, study, act); first staff training on Kardia ECG interpretation; then weekly logging and mop-up of outstanding ECG (electrocardiogram) and blood test results; and third, streamlining workflow by improving cover and swap during annual leaves to ensure continuity.

Results: There was a significant improvement in compliance with physical health monitoring during the project. Outstanding blood test results decreased from 140 to 24, and pending ECG results from 16 to 1 in four weeks. By eight weeks, full compliance (100%) was achieved. The weekly mop-up proved the most effective intervention in clearing the backlog while staff reported that training in Kardia enhanced their confidence in conducting the reviews.
Conclusion: The QIP illustrates that improving physical health intervention requires targeted interventions that can result in improved physical health monitoring in community mental health centres. Sustaining this improvement requires enhancing staff skills and confidence, greater team collaboration and coordination of planned staff absences through appropriate swapping and cover arrangements. Future work will focus on developing a centre-specific guide, improved induction and shadowing for Resident Doctors and involving them in job planning.

Improving Confidence in Identifying and Managing Perinatal Mental Health Risks Amongst Acute Clinical Services (First Response Services (FRS), Intensive Home Treatment Team (IHTT) and Acute Liaison Psychiatric Services (ALPS) Within the Bradford District Care NHS Foundation Trust

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Aims: The MBBRACE (confidential enquiry into maternal deaths in the UK) report tells us women in the perinatal period are a high-risk group and that this is not always recognized. The unique nature and complexities of perinatal illness that can present in these vulnerable groups requires thinking about both mother and baby. MBBRACE report tells us that we must recognize these risks and there must be a lowered threshold for accessing and referring to Mother and Baby Units and how to do this out-of-hours. As a gateway to mental health services, FRS, IHTT, ALPS services must have perinatal awareness and risk training as mandatory.

This quality-improvement project aims to improve clinical skills, service delivery and patient safety
Methods: We aimed to first identify the knowledge level of the FRS, IHTT and ALPS teams, if they had attended any perinatal training before (in the last 12 months, longer than 12 months or never) and asking their areas of developmental needs. This was through interactive online questionnaire tools (pre-intervention questionnaires). Then teaching sessions on perinatal mental health risks delivered to these teams. A post-intervention questionnaire to objectively measure improvements in skill and confidence.
Results: Pre-questionnaire revealed for majority of responders, the last time they attended a perinatal mental health teaching was 12 months ago – 3 years (barring ALPS, who had a teaching few months ago). Confidence level pre-intervention (teaching) – 14% (not confident), 28% (slightly confident), 51% (somewhat confident) and 7% (confident). Post-intervention – 33%(confident), 50% (very confident), 17% (extremely confident).

The outcome was that confidence levels in identifying and managing perinatal mental health risks were significantly increased.
Conclusion: Having regular inter-team teaching sessions on perinatal mental health risks (including perinatal red flags) increases the confidence levels of first line/Acute Clinical Services in identifying and promptly managing these perinatal mental health risks. This would in turn reduce perinatal mental health safety incidences or near misses.

To Prescribe or Not to Prescribe: A Quality Improvement Project in Improving Resident Doctors' Confidence in Managing Acute Behavioural Disturbance

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Aims: The management of acute behavioural disturbances necessitates an appreciation for the potential methods, risks, and monitoring requirements needed following assessment and initiation of management. A previous quality improvement project highlighted variability in clinicians initiating rapid tranquillisation agents in response to the same clinical vignette. This study aimed to improve Resident doctors' confidence in deciding to use pharmacological or non-pharmacological methods in managing acute disturbance by 25%.
Methods: Initially, a fishbone diagram was created to help visualise the possible causes contributing towards lack of confidence in managing acute behavioural disturbance via word-of-mouth conversations. Subsequently, a quantitative survey was circulated amongst 25 resident doctors in a single district general hospital. The survey consisted of questions using a 5-point Likert Scale, with scores of '1' representing 'no' and '5' representing 'extremely'. Following this, a teaching session was organised as part of the local foundation programme teaching series to help clarify common queries. A second questionnaire was then circulated, and feedback was gained to investigate changes in confidence, as well as inform future interventions.
Results: A total of 25 people had completed the baseline questionnaire. Confidence in utilising non-pharmacological approaches improved by 21%. Confidence in prescribing in acute disturbances improved by 32%. Overall confidence in managing a delirious patient improved by 26%.
Conclusion: Post-intervention, Resident doctors' confidence in managing acute disturbances improved by 26%. Following feedback, a poster has been developed, and Resident doctors' confidence will be re-audited.