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.

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.

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.

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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.