

## Mentorship Scheme – a Novel Approach for Plugging the Gap in Differential Attainment for Psychiatry Core Trainees in East Midlands

Dr Samreen Samad<sup>1</sup>, Dr Awhangansi Sewanu<sup>1</sup>,  
Dr Champion Seun-Fadipe<sup>2</sup>, Dr Nick Long<sup>3</sup> and Dr Ian Yanson<sup>2</sup>

<sup>1</sup>Leicestershire Partnership NHS trust, Leicester, United Kingdom;

<sup>2</sup>Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom and <sup>3</sup>Derbyshire Healthcare NHS Foundation Trust, Derby, United Kingdom

doi: [10.1192/bjo.2025.10303](https://doi.org/10.1192/bjo.2025.10303)

**Aims:** The MRCPsych results report and GMC annual report on trainee performance highlighted that UK PMQ candidates perform better than OS PMQ candidates and that White candidates perform better compared with candidates with other ethnic backgrounds. A mentoring scheme was designed as a proposed solution to bridge the gap of differential attainment in Core trainees in Psychiatry with a focus on improving ARCP outcome and Exam Pass rate in Psychiatry.

**Methods:** The Mentorship Scheme was piloted between August 2023 to August 2024 among Core trainees and Higher Trainees working in Psychiatry in Mental Health Trusts in East Midlands. Higher trainees took part in the project as mentors and were required to complete mentorship course from e-lfh hub prior to start of mentorship.

The evaluation was of a longitudinal, prospective design. It spanned 12 months, with two waves of data collection. Using a mixed methods approach core trainees were required to complete survey with numerically rated items and open-ended questions pre- and post-intervention. Recruitment of core trainees and higher trainees was achieved through purposive sampling.

A 18-item survey was designed to enable quantitative analysis of training needs in Psychiatry and qualitative analysis of conceptions of mentorship. There were a total of 9 Likert questions and 1 open-ended question that enabled free text entry for qualitative analysis. A 23-item questionnaire was designed to evaluate Mentees response post-mentorship scheme.

**Results:** Pre-intervention: 75% identified career goals as an area that they would mostly likely value support with, closely followed by 68.3% reporting exam preparation, 31.3% reported support with e-Portfolio training and 25% with ARCP preparation as areas that they were hoping to get support with through mentorship.

Post-intervention: 66.7% reported improvement in competence in areas of difficulty which included:

55.6% improvement in clinical skills.

44.4% improvement in exam preparation.

66.7% improvement in diary management.

33.3% improvement in ARCP preparation.

44.4% improvement in e-portfolio training.

88.9% valued the presence of having to speak to someone as a useful aspect of the mentoring scheme and 44.4% reported recommending mentoring scheme to other trainees.

**Conclusion:** There is a breadth of evidence substantiating use of mentorship as a helpful tool in improving competence in doctors across different levels of their training. This finding was supported through a 12-month evaluation of the Mentorship scheme which appears to afford core trainees a cost-effective opportunity in improving training needs.

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.

## Designing an Online Tutorial on Persistent Physical Symptoms: How Can We Deliver Teaching on a Complex but Vital Topic Within a Busy Medical Student Curriculum?

Dr Jasmine Schulkind<sup>1</sup>, Dr Jahnavi Acharya<sup>1</sup>, Dr Joanne Davies<sup>2</sup>  
and Dr Kate Seddon<sup>2</sup>

<sup>1</sup>Avon & Wiltshire Mental Health Partnership NHS Trust, Bristol, United Kingdom and <sup>2</sup>University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, United Kingdom

doi: [10.1192/bjo.2025.10304](https://doi.org/10.1192/bjo.2025.10304)

**Aims:** Improve the knowledge and confidence of Year 4 Bristol medical students in assessing and managing patients presenting with persistent physical symptoms (PPS) through the delivery of an online teaching package.

**Methods:** We assessed outcomes using PDSA cycles.

**Plan** – We first identified the problem: Bristol medical students report low confidence and knowledge in assessing and managing patients presenting with PPS.

We then designed an intervention in the form of an online teaching package delivered to all Year 4 Bristol medical students during their psychiatry placement. The teaching package included:

Pre-module knowledge quiz.

2 recorded Powerpoint lectures covering aetiology, pathophysiology, assessment, management and prognosis for PPS.

2 × 20–30 minute videos. With support from Bristol University, we filmed 2 mock consultations with Consultants working at the local specialist neuropsychiatric unit assessing patients (actors) presenting with PPS.

Clinical knowledge quiz based on videos.

Chronic pain lived experience video followed by knowledge quiz.

PDSA 1 – piloted the teaching package to a cohort of 20 students. Collected written feedback and subsequently edited recorded lectures and questionnaires.

PDSA 2 – rolled out to all 4th year medical students in Severn Deanery from September 2023. Collected pre- and post-course questionnaires (69 students September 2023–January 2024) to assess change in knowledge/confidence.

PDSA 3 – Adapted the intervention based on written feedback. Added in a chronic pain lived experience video and knowledge questionnaire.

**Results:** We compared pre- and post-module quantitative and qualitative feedback. Mean questionnaire scores from PDSA cycle 2 (69 students) demonstrated significant improvement in a) confidence in history taking (3.4 to 7.0 on Likert scale) and b) confidence in explaining a diagnosis of PPS (5.2 to 7.3 Likert scale) following the intervention. On average students scored 7.9 (Likert scale 0: not at all useful to 10: extremely useful) to the question ‘How useful do you think this module will be for your future clinical practice?’

**Conclusion:** Despite the high burden of PPS within both primary and secondary care, the topic is poorly covered within medical student curriculum nationally. Bristol medical students report low confidence and knowledge in assessing and managing patients presenting with PPS.

Adding in content to an already busy 6-week medical student psychiatric curriculum is challenging. Our intervention has demonstrated that an interactive e-learning tutorial involving recorded lectures, clinical videos and knowledge quizzes is an effective method to improve students’ knowledge and confidence for this important topic.

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.