



# Enhancing Clinical Education on MEED Guidelines: A Teaching Initiative for Clinicians Managing Eating Disorders in Acute Settings

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## INTRODUCTION

Medical Emergencies in Eating Disorders (MEED) guidelines<sup>1</sup> provide essential recommendations for recognising and managing high-risk patients with **eating disorders in acute medical settings**. Audit work<sup>2</sup> within the psychiatric liaison team at University Hospitals Birmingham identified **inconsistent referral pathways**, gaps in MEED-informed risk assessment, and variation in clinician confidence. To address this, a **pilot teaching session** was delivered to psychiatrists as the first step in a wider educational programme planned for psychiatric liaison, foundation doctors, and acute medicine teams.

## RESULTS

### Quantitative Findings

83% of participants reported an **increase in confidence** in managing eating disorders following the session. Most helpful elements: Case 1 (**acute medical** compromise), Case 2 (**capacity** assessment), Case 3 (complex **behavioural risks**). Likelihood of applying learning: 100% reported they were “very likely” to apply the teaching in practice.

### Key Challenges Identified Pre-Teaching

- ❑ **Physical health complexity** (e.g., electrolyte imbalance, hypoglycaemia).

- ❑ Difficulty identifying **appropriate services** quickly.
- ❑ Managing **avoidance behaviours** and **poor insight**.
- ❑ Assessing **capacity**
- ❑ **Out-of-hours** presentations with limited support.

### Qualitative Findings

The identified themes included **knowledge** gaps in MEED risk assessments, **legal** decision-making, **MDT** collaboration, and education needs.

Figure 1 presents the qualitative feedback quotes of what participants found most valuable.

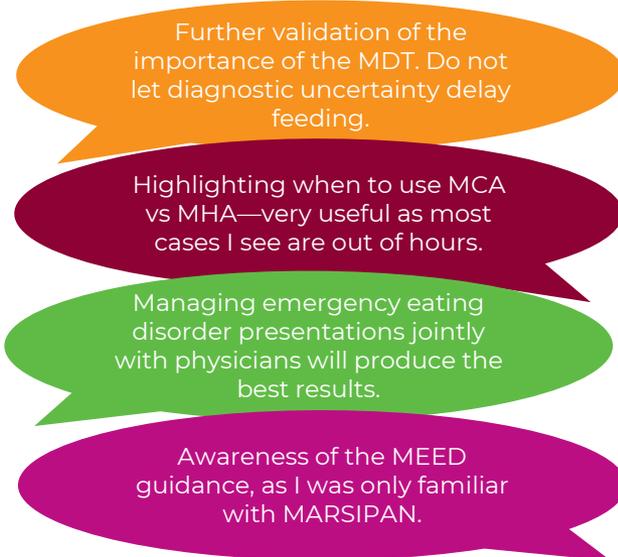


Figure 1: Quotes from the participant feedback

## METHODS

A **case-based interactive** teaching session was delivered to consultants, SAS doctors, and core trainees.

Content included:

- MEED **risk** stratification
- Safe **refeeding** principles
- Use of **MCA vs MHA**
- **Referral pathways** and multidisciplinary coordination

Participants completed **pre- and post-teaching questionnaires** assessing confidence, challenges faced, and perceived usefulness.

## DISCUSSION

The pilot session clearly highlighted a significant **need and enthusiasm** for structured MEED education. Participants noted that MEED guidance was often unfamiliar to them, particularly in comparison to the older MARSIPAN frameworks. They placed a high value on **case-based discussions**, especially those addressing **real clinical dilemmas** related to **capacity, risk**, and communication with medical colleagues.

The **challenges** of organising live sessions, especially across multiple teams, sites and varying shift patterns, indicate that a **digital education package** could effectively support broader implementation. Additionally, participants expressed a desire for this education to be **integrated into resident induction** and multidisciplinary teaching.

## CONCLUSIONS

This pilot demonstrates that MEED-focused teaching **improves clinician confidence** and highlights the importance of consistent, **multidisciplinary** education. It has provided useful **qualitative** feedback to help shape **future sessions**.

Scaling delivery to psychiatric liaison teams, foundation doctors, and A&E clinicians is expected to enhance **early recognition of risk**, improve **referral pathways**, and **strengthen collaboration** with medical teams.

### References:

1. Royal College of Psychiatrists. Medical Emergencies in Eating Disorders: Guidance on recognition and management. [Internet]. College Report CR233. 2022. Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr233-medical-emergencies-in-eating-disorders-\(meed\)-guidance.pdf?sfvrsn=2d327483\\_63](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr233-medical-emergencies-in-eating-disorders-(meed)-guidance.pdf?sfvrsn=2d327483_63)
2. Bakshi A, Varma K, Barrow E, Williams A, Mottershead M. Improving pathways for patients with disordered eating in general acute hospital, in accordance with MEED guidelines [Internet]. BJPsych Open. 2024 Aug 1;10(Suppl1):S217. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11737928/>



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