

## Site downsizing: a blessing or a curse?

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**Aims.** To measure staff wellbeing and morale, which in 2015 was described by CQC as 'low', following a downsizing of premises.

**Background.** In 2019, due to loss of mental health funding, Camden & Islington NHS Foundation Trust controversially sold the much-loved Queen Anne-style mansion Lyndhursts Gardens. The Rehab & Recovery team caring for those with serious mental illness were relocated to one floor of the much smaller Daleham Gardens. It was hypothesised by the authors that this would impact negatively on the already unhappy workforce.

**Method.** The same staff wellbeing survey was used as in 2015 (following CQC's description of 'poor' morale), nearly 5 years on and following the site relocation. All clinical, managerial and administrative staff members were encouraged to participate by posting their survey anonymously in a make-shift postbox. Sweet treats were used to encourage participation within the busy team.

**Result.** Qualitative and quantitative data were collected from the team (response rate 44%). Exact tables will be shown but in summary; in the new building there was an increase in the number of staff who felt they could use initiative at work, make improvements at work, looked forward to going into work and felt enthusiastic about their job. Improvement cited were 'increased socials after work' and consequent 'wellbeing', in addition to 'good team atmosphere', 'good team work' and 'good relationships' in the new space. Further ideas were generated for additional improvements going forward.

**Conclusion.** Whilst caseloads and workloads are often cited as the cause of burnout, and indeed other changes in the 5 years could act as confounders, the design of work buildings is not to be underestimated. Contrary to what the authors had suspected, 'bigger' was not necessarily 'better' and a more condensed working environment made for greater togetherness amongst the team. In this age where economically desperate NHS trusts are forced to sell off their prized assets, observations that this is not always at the detriment of staff morale will provide some cause for optimism.

## Views of medical educators on virtual teaching methods and curriculum changes within an undergraduate psychiatry rotation during the COVID-19 pandemic – a quality improvement project

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**Aims.** Medical students at the University of Birmingham have historically undertaken a 9 week psychiatry rotation consisting of clinical placements accompanied by lectures and small group teaching. During the COVID-19 pandemic teaching has been offered in a virtual format and clinical placements have been restricted. Our aim was to survey medical educators regarding these changes, seeking their views on resources and skills required for virtual teaching, student engagement, and adaptations to placements.

**Method.** 73 medical educators who had undertaken teaching or clinical supervision were invited to complete an anonymous online survey during December 2020. The survey consisted of Likert scale and open space questions surrounding changes necessitated by the pandemic. Following survey closure quantitative data were analysed using Google Forms and Excel. Qualitative data from the survey were reviewed by all team members to identify relevant themes.

**Result.** Overall response rate was 40% (29), with participants from 5 NHS trusts. 72% (21) of educators felt they had adequate equipment and resources to facilitate virtual teaching. 55% (16) felt they had adequate training and skills to use virtual teaching platforms effectively. However only 17% (5) felt that students were able to engage in virtual teaching to the same extent as face to face sessions, and just 35% (10) of educators reported enjoying virtual teaching. 76% (22) agreed that information from the University about adjustments to clinical placements was adequate. 66% (19) felt that there had been adequate support to ensure the safety of students, supervisors and patients. However only 20% (6) felt that students had adequate patient contact and 69% (20) did not feel that students had been able to meet their clinical competencies.

**Conclusion.** Our results suggest that the majority of educators have not enjoyed teaching virtually, and feel that students were less engaged. However educators were able to identify some benefits, such as inviting speakers from outside the local area, improved access to manager's hearings and tribunals and the use of simulated patients. There were also innovative suggestions, such as interactive quizzes and feedback polls within sessions. Most educators felt students had not received adequate patient contact during the pandemic and suggestions for improvement were less readily identified, they included changes to work place based assessments and timetabling. We hope using these results to work with the University to develop resources to support educators using virtual teaching methods, and to consider adjustments to clinical placement while the pandemic persists.

## Improving physical health form completion on a general inpatient adult ward

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**Aims.** The government's Five Year Forward View Plan for Mental Health has set a target for 280,000 people with severe mental health problems to be offered screening and appropriate intervention based on physical health risk stratification, including obesity, diabetes and heart disease. As such, physical health review for patients on a general inpatient adult psychiatry ward includes routine blood tests for cholesterol levels and HbA1c. They are recorded together in a Physical Health (PH) Form in the patient's electronic record and used to stratify cardiovascular risk factors and risk of diabetes. If a patient declines these blood tests it should be recorded on the PH form.

This study aims to improve the completion of Physical Health forms to  $\geq 95\%$  by within a 4-month period on a general adult inpatient psychiatric ward.

**Method.** PH form completion was measured using Tableau Software for a 4-week period as a baseline then fortnightly during the study. PH form completion required HbA1c and cholesterol levels to be inputted, or to be marked as declined where the patient had declined these tests. Potential interventions were