

Quality improvement project on acceptability of bitesize teaching delivered remotely through videoconferencing software

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Background

As part of a Health Education England (HENE) initiative, bitesize teaching was introduced as a 10 minute physical health tutorial delivered to ward based staff by junior doctors. (Ideally after handover/ report out.)

Due to the COVID-19 pandemic face- to-face teaching activity was withheld in our liaison department so we delivered bitesize teaching sessions for MHSOP liaison colleagues remotely through videoconferencing software.

Methods

Bitesize teaching was delivered on a weekly basis immediately after report out to capture audience participation in the teaching.

Sessions were limited to a 30 minutes slot covering a range of common topics on mental health, specifically in relation to clinical practice.

Approximately ten different topics were presented over a 10 week period, each lasting for 30 minutes.

Feedback was obtained immediately after each teaching session through survey monkey in order to improve the quality of presentation.

Survey monkey questionnaire (Results)

I am satisfied with teaching sessions delivered remotely **(92% of participants agree)**

I prefer teaching sessions remotely rather than traditional face-to-face teaching **(50% of participants agree)**

I would prefer remote teaching sessions if it means I don't have to travel to undergo traditional face-to-face teaching **(58% of participants agree)**

I could interact better with the presenter/ participants on teaching sessions delivered remotely, than in traditional face-to-face teaching **(10% of participants agree)**

The sound quality was worse via remote teaching session than traditional face-to-face teaching **(58% of participants disagree)**

I felt that my experience of remote teaching sessions were negatively influenced by poor internet signal **(100% of participants disagree)**

I am more likely to take part in teaching sessions remotely during the COVID-19 pandemic than attend traditional face-to-face teaching **(67% of participants agree)**

Apart from mandatory teaching sessions, have you had any opportunity to attend teaching session in MHSOP liaison **(67% of participants agree)**

I feel that timing of bitesize teaching sessions is appropriate (30mins/ week) **(100% of participants agree)**

Any additional comments for future development by participants

Bitesize training is appropriate given the unpredictability and designated response times in liaison psychiatry It is useful to have remote teaching and makes it more accessible.

This was a well-timed session as it can provide useful information in a short time.

Conclusions

Overall 91% of participants were satisfied with teaching sessions delivered remotely.

Around 70% of participants were likely to take part in remote teaching sessions during the COVID-19 pandemic than attend traditional face-to-face teaching. There are limitations in delivery of teaching ,but this can be addressed by technological upgrade.

All the participants felt that 30 minutes was an appropriate time for effective delivery of teaching.

Bitesize teaching should be considered as a substitute to traditional face-to-face teaching and can be valuable teaching

Reference

<https://www.hee.nhs.uk/our-work/mental-health/bitesized-teaching>

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making a

difference

together