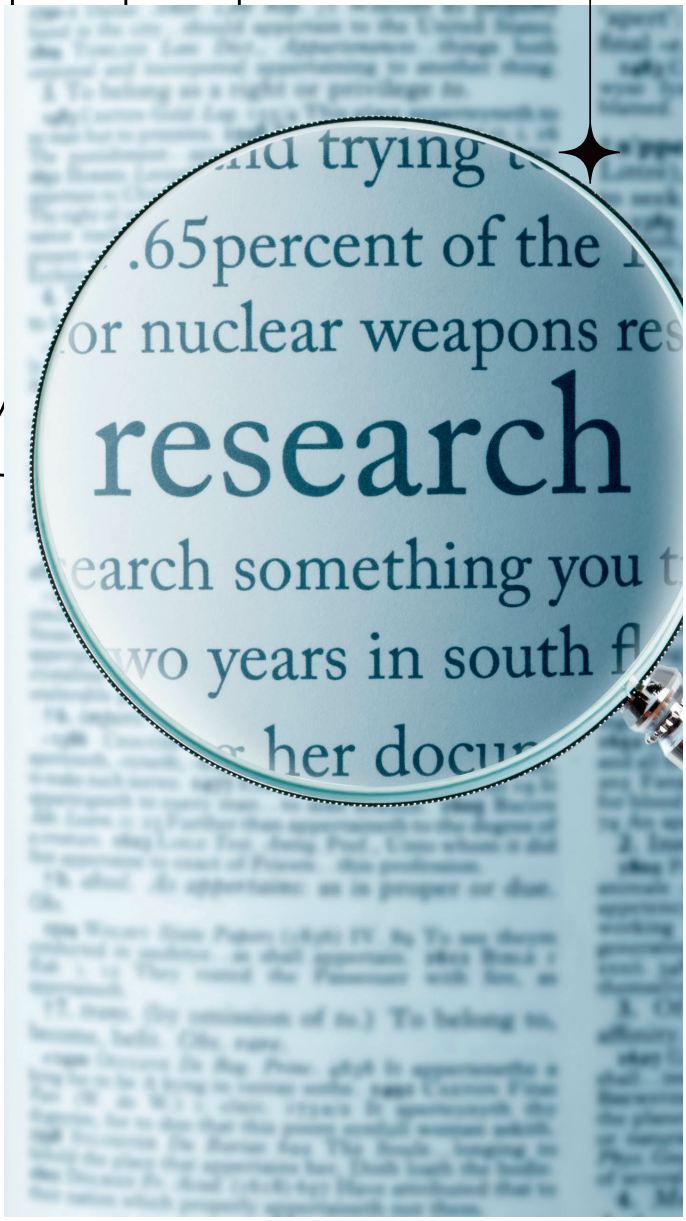
BAPIO Annual Conference

CARDIFF 2022



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1. **Outcomes Of Home Isolated COVID-19 Patients And Risk Factors Associated With The Adverse Outcomes: Longitudinal Retrospective Study In Shimoga, Karnataka**

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Background: COVID-19 is a current global pandemic caused by the newly discovered novel SARS-COV-2. According to studies in comparison to those who have recovered, patients who have died thus far were older, more likely to be male, and to have comorbidity such as hypertension, diabetes, cardiovascular disease, or lung disease, thus necessitating the assessment of risk variables in various demographic groups or contexts.
Aims: To estimate the proportion of different outcomes such as recovery, hospitalization, and mortality among home isolated covid-19 patients. To estimate the proportion and to determine various risk factors associated with COVID-19 adverse outcomes.
Methods: The study was carried out at Shimoga Institute of Medical Sciences, Shivamogga, Karnataka. Data were collected by telephone Interview.
Study Design: Longitudinal Retrospective study on home-isolated COVID-19 patients. All the patients reported in Mcgann triage from April 20th-June 20th, 2021. The patients' basic information and phone numbers were collected from the triage.
Results: A total of 168 people participated in this study, with 93 men (55.3%) and 75 women (44.7%). More than 90% of Home Isolated Covid 19 patients recovered, 10.75% required hospitalisation, and 3% died. One-third of the patients (37%) had one or more comorbidities.
Conclusion: Our systematic overview of the results to determine the relationship between COVID-19 infection and outcomes such as hospitalisation, death, and recovery shows that older age, male gender and comorbidities have higher hospitalisation rates. Comorbidities and older age were associated with a higher risk of death in hospitalised patients. Even though the recovery rate is very high, a significant (10.75%) home isolated patients need hospital admission during the disease course. So, properly monitoring isolated home patients can save the lives of many COVID-19 patients.

2. **Fracture clinic daycare Orthopaedic surgery: A novel model**

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Background: Daycare surgery is a cost-effective and safe orthopaedic surgery model. The arduous and challenging times during the Covid-19 pandemic ushered in need for a new practical, safe and cost-effective model to continue daycare surgery for treating patients with Orthopaedic injuries.
Methods: Fracture clinic inpatient beds were set up following safety assessment for daycare surgery. The patients were seen in the fracture clinic by a senior clinician and consented. Patients were screened for surgery safely by the preoperative assessment team and were given dates for surgery. These patients were monitored by an Orthopaedic trauma nurse and clinic nurses with supervision by doctors in the fracture clinic postoperatively. Discharged safely on the same day after a doctor review, safety netting advice and given follow-up clinic appointments. The data were analysed retrospectively and compared to ward-based daycare orthopaedic surgery over 2 months from October-November 2020 & February-March 2021, respectively.
Results: 39-day cases each were planned on ward-based daycare surgery and a new fracture clinic daycare model. There was a saving of 75 inpatient bed days with the new model. Same-day successful discharge was attained at 82.05% with the new model compared to 38.5% with the previous model. This accounted for a cost-effectiveness of 90,155 pounds. Additionally, there were no complications during the hospital stays or failed discharges & re-admissions.
Conclusion: Fracture clinic daycare model is safe and cost-effective during times of pandemic & winter pressures. It can be utilised regularly in strained NHS systems.

3. **Mental Health-Related Quality of Life at Baseline Predicts Dementia: findings from the EPIC-Norfolk prospective population-based study**

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Background: Lower Health-Related Quality of Life (HRQoL) predicts dementia in older adults in the USA. It is unknown if this association persists in other populations or mid-life when interventions to prevent or delay cognitive decline may benefit.
Methods: 7,452 community-dwelling participants (57% women; mean age 69.3) attended the European Prospective Investigation of Cancer-Norfolk study's third health examination and answered the Short-Form Health Survey (SF-36), measuring HRQoL. Longitudinal associations between standard deviation differences in Physical Component (PCS) and Mental Component Summary (MCS) scores, as well as eight SF-36 sub-scales (physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, mental health), and incident dementia over ten years were explored using Cox Proportional Hazard regression. Additionally, cross-sectional relationships between HRQoL and global cognitive function were explored using Logistic regression (n=4435). The cohort was examined as a whole and by age groups (50-69, >70), considering socio-demographics and co-morbidity.
Results: Higher MCS scores predicted lower dementia risk (HR= 0.75, 95% CI 0.69-0.81; p<0.001) and odds of poor cognitive function (OR 0.82, 95%CI 0.76-0.89), with similar observations across age-groups (e.g., incident dementia: 50-69yrs- HR 0.75, p=0.005; >70yrs- HR 0.75, p<0.001). Associations between higher scores on subscales about mental but not physical health and lower dementia risk were also observed. Higher PCS scores were associated with poor cognitive function in younger (OR 0.81, 95%CI 0.72-0.92) but not older participants. All associations with incident dementia attenuated with adjustment (50-69yrs- HR 0.89, 95%CI 0.69-1.16; >70yrs- HR 0.94 95%CI 0.83-1.06).
Conclusions: Lower mental HRQoL may help identify mid and late-life adults at risk of cognitive decline.

4. **Training In Foetal Monitoring – A Game Changer**

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Background: Intrapartum fetal surveillance is routinely offered to women in labour to reduce adverse neonatal outcomes.

Aims: In this study, we aim to look at the reduction in the Hypoxic Ischaemic Encephalopathy (HIE) rate after the dissemination of mandatory CTG training in the obstetric unit at a tertiary care centre in Wales.
Methods: In this comparative study, we reviewed the incidence of adverse neonatal outcomes, i.e. HIE, over 8 years, i.e. 4 years before and after the commencement of formal CTG training. From 2019 onwards, various themed training sessions were organised yearly, as outlined in Table 1.
Results: After analysing the 8-year data-set, we concluded that these sessions with an attendance compliance rate of over 95% each year have significantly reduced the mean incidence of HIE from 18.5 to 10.5. Discussion: We did receive positive feedback from the attendees. Over 90% of the attendees felt that the training was informative and interactive, helping them translate the acquired knowledge into clinical practice.
Conclusion: The significant change in the incidence of HIE justifies how building a robust CTG training framework is imperative and practical over self-directed e-learning to identify foetal hypoxia appropriately, thereby improving neonatal outcomes.

Content for CTG Training over the years		
2019/2020	2021	2022
Fetal Physiology	Revision	Revision Loss of Contact Acute Hypoxia, DFM, Cord Blood Analysis
Intermittent Auscultation	Non-Hypoxic CTG – Meconium, Infection, DKA	Antenatal CTG - Effect of maternal drug, Diabetes, cardiac Arrythmia Computerised NST Antenatal CTG
Human Factors – Dirty Dozen, SBAR, Learning Conversation	Human Factors - Learning Conversation, Psychological Safety	Human Factors - Learning Conversation, Psychological Safety, Civility
Reflections		

5. **'Does Every Patient With Post-Menopausal Bleeding And Endometrial Thickness< 4mm Need Hysteroscopy?' A Retrospective study**

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Aims: To assess the safety and efficacy of the standard operating procedure for patients with postmenopausal bleeding who present with a low-risk history and typical radiological and clinical features at Swansea Bay UHB during a covid pandemic.
Methods: The clinical data were analysed in the Welsh Clinical Portal of 1007 patients. They were referred for hysteroscopy as urgent suspected cancer over 6 months (Nov 2020 to April 2021). Inclusion criteria were patients who did not undergo outpatient hysteroscopy as part of their evaluation. According to the standard operating procedure, patients with a low-risk history and a USS report confirming ET< 4 mm, normal contour endometrium that was completely visualised and with typical clinical findings do not need an endometrial sample performed.
Results and Discussion: 1007 patients were referred for hysteroscopy over 6 months. Among them, 290 patients were included in the study with Endometrial Thickness less than 4 mm in US Scan.
Among 290 patients, a total of 115 underwent hysteroscopy to evaluate PMB as they had associated risk factors or irregularity in the US scan. 1.74% of patients were on tamoxifen, 37.39% had BMI>35,45.21% were diabetic,6% had PCOS,6% was nulliparous/ late menopause, 2.6% had previous endometrial hyperplasia, and 11.3% had scan abnormality. Among 290 patients, 175 did not have a hysteroscopy and were managed conservatively. Among them, 1 patient was later on diagnosed with endometrial cancer. But this patient should have a hysteroscopy as she had an associated risk factor (Nulliparity).
Conclusion: Women with ET < 4mm, a low-risk history, a USS report confirming no abnormalities and a regular contour endometrium that is completely visualised do not need OPH or endometrial sampling and can be examined & discharged as clinically appropriate. This has significantly reduced the waiting list in outpatient hysteroscopy clinics.

6. **Assessment of administration of VTE prophylaxis within 14 hours of hospital admission**

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Background: Hospital-acquired thrombosis (HAT)accounts for 50-60% of all VTEs seen. As per NICE guidelines, inpatients aged 16 and above should have pharmacological VTE prophylaxis administered within 14 hours of hospital admission to reduce the risk of HAT.
Aim: To assess whether the guidelines were being followed or not in the HPB ward at Glenfield hospital.
Method: We excluded pre-op and post-op patients in whom prophylaxis was not needed or contraindicated as per the VTE assessment.
Results: Around 39.2%patients didn't receive the treatment within 14 hours.
Conclusion: There were 2 main reasons: a) Fixed schedule (73%), b) Patient refusal (27%). In Glenfield hospital, patients are given VTE prophylaxis at 17:00, irrespective of when they arrive. Hence, patients arriving after 22:00 at night received treatment on next day at 17:00. This was the leading cause of the delayed treatment.

7. **DVLA driving advice to Cardiology Patients**

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Background: Doctors at St Georges Hospital tend to see intervention, EP, non-invasive and heart failure patients. We need to ensure that clinicians looking after patients know the importance of giving sound and accurate advice and are responsible for guiding these patients regarding any driving restrictions to ensure patient safety beyond hospital doors. This is particularly important following specific procedures. The Driving and Vehicle Licensing Agency guides medical doctors to aid in assessing their patients concerning driving.
A three-step QIP project was undertaken to evaluate the accuracy of documenting driving advice on electronic discharge summaries and to counteract any lack of proper advice or documentation.

Method: Data were collected retrospectively from electronic discharge summaries of patients admitted over three months from 1st March- 30th April 2022.Implementation of change through setting up posters and giving verbal advice to colleague doctors. Assessment of improvement in documentation of driving advice through reviewing electronic discharge letters over the period from 3rd May -26th July 2022
Results: 53 patients were interventional, 34 were EP, and 13 were HF. Of these, 46% had documented driving advice, and 54% had no discharge advice on their discharge summaries. Furthermore, only 76.4 % of the driving advice given was accurate. To assess the documentation improvement, During the second review, 62% had driving advice documented, and 98% of the advice was accurate.
Conclusion: The Driving and Vehicle Licensing Agency gives precise guidance to all patients undergoing cardiac intervention about resuming driving or not. Clinicians are responsible for ensuring all patients are given accurate driving advice, which is directly related to patients and people on the road. Continuous education for doctors is crucial, either through posters, lectures, or induction programs.

8. **A&E management of AUR**

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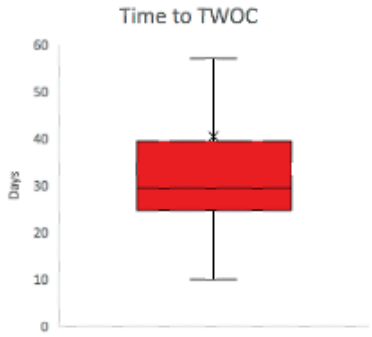
Background: AUR is a common problem encountered in the A&E. It presents a sudden inability to voluntarily void. Its aetiology can be varied and multifactorial. Treatment of AUR aims to relieve the obstruction and mitigate the underlying cause of retention. This can generally be accomplished in the ED without immediate urologic consultation.
Aims: We assessed the quality of referrals to the TWOC clinic directly from A&E. The aim was to measure the quality of the initial management of AUR patients presenting to A&E, the quality of the documentation being fed back to the Urology department, and the appropriateness of referrals.
Methods: A urinary retention proforma was provided, which included the patient's details, history and examination, urine dipstick and blood tests. Common causes of urinary retention were included, along with specific admission and discharge criteria. In addition, the size and type of catheter and urine drained in 15 minutes, 1 hour, and 2 hours drained in ml were all included. 48 cases were added in the period from June 2021 until November 2021.
Results: 50% of patients had size 14Fr inserted, and in 77% of the cases, a silicone catheter was inserted. The mean time of TWOC was 40 days. Surprisingly, only 50% of the cases were offered an alpha blocker before TWOC, and in 20% of the cases, DRE was documented. The overall recording of urine output was adequate in most patients. 96% of the proformas performed were incomplete. The TWOC pass rate was 57% compared to the national average of 20-40%.
Conclusion: DRE documentation among ED physicians should be encouraged. Silicone catheters should be the catheter of choice, as the follow-up time could exceed the lifespan of PTFE catheters. Consideration of Tamsulosin should be established if there are no contraindications. Finally, admission should be considered if the urinary output drained is >1500ml.



9. **The diagnosis and long-term management of AVNRT as an initial presentation of COVID- 19 infection in the absence of cardiovascular disease**

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Atrial tachyarrhythmia is associated with severe COVID illness and is commonly seen in the ICU setting. Many patients will also have a history of arrhythmia. Yet, this case reports SVT in the context of undiagnosed COVID infection with the clinical and biochemical absence of significant infection or previous cardiac disease. The outpatient investigation demonstrated long runs of narrow complex tachycardia persisting after viral resolution. This case raises questions about the pathophysiology of the virus and viral-associated inflammation of the heart, both acutely and long-term. It raises questions about the outpatient care requirements for cases such as these.

10. Multidisciplinary acute knee clinic, cost-effective model for managing knee injuries

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Background: Acute knee injuries can be time-critical and need specialist input according to to BOAST/BASK guidelines. These injuries used to be referred to the fracture clinic for assessment, then to the knee specialist. This delayed management and affected outcomes. During the COVID pandemic, we established an MDT "Acute Knee Clinic" service to reduce the number of patient visits while maintaining an efficient service and speeding up the definitive management. A pathway was designed to assist ED staff, and 2 experienced physiotherapists were allocated to ED.
Aims: We assess this service through the number of visits, time to see a specialist and definitive management and cost implications.
Methods: The notes for all patients attending AKC between Feb 2021 – July 2022 were assessed regarding time to review by a specialist, time to operative management, appropriateness of referral and of MRI request and cost implications.

Results: We had 365 patient visits for a total of 205 patients. 84.4% of the referrals to the clinic were appropriate. 162 MRIs were ordered (positive in 87.7%, average 42.6 days). The average time to see a specialist was 36.7 days. 80 patients (39%) were listed for surgery, of which 43 had their surgery (average 128.6 days). The patient's average visit was 2.08, with an estimated cost of £294.48 per. Physiotherapists in ED saw 83 patients with 71 MRI requests (94.4% appropriate) in 33.7 days on average). The average time to AKC was 40.25, and to listing for surgery was 69.5 days. The average patient visit was 1.71 (average cost of £242.44 per patient)
Conclusion: Establishing an Acute Knee Clinic is a cost-effective and safe way to reduce the time to definitive management of acute knee injuries, reducing patients' footprint and the number of unnecessary MRIs. The MDT nature of the clinic improves outcomes as well.

	Within protocol	Outside protocol
Pt number	144 Pts	61 Pts
Appropriate referrals	126 (87.5%)	47 (77%)
Number of MRI requests	111 (77.1%)	49 (80%)
Time to MRI	36.7 days	59.9 days
Time to MRI (Critical conditions)	24.5 days	26.4
Appropriate MRI	103 (92.8%)	40 (81.6%)
Time to seeing a specialist	28.6 days	55.5 days
Time to listing for surgery	55.4 days	99 days
Time to listing for surgery (critical conditions)	29.75 days	39.6 days
Time to having surgery	135.8 days	104.7 days
Time to having surgery (critical conditions)	38 days	70.9 days
Average OPD visits per patient	1.83 visit	2.6 visits
Average cost per patient	£259.32	£367.99
Number of operations (% of patients referred)	29 (21%)	14 (22.58%)

11. The efficacy of ENT elective surgical post-operative information leaflets to improve health literacy

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Background: An adverse event in an elective ENT post-operative patient post-discharge led to the introduction of procedure-specific patient information leaflets. This was done to improve patient knowledge and to signpost appropriately when there are concerns.
Objectives: To evaluate the effectiveness of providing information leaflets post elective ENT surgery in improving patients' health literacy.
Method: The survey was carried out over 6 months. Information leaflets were handed out before discharge. We created a questionnaire to be completed at the patient's first appointment post-surgery. The survey assessed patient experience, health literacy, understanding and retention qualitatively and via Likert scales.
Results: We collected 33 completed questionnaires. The introduction of post-operative information leaflets had positive patient feedback. There were no post-surgical complications. 70% of patients felt involved in the plans to care for themselves post-surgery, and 88% reported retention of care information. The questionnaire reported a health literacy of 73% among patients, and 88% of patients felt they were aware of the emergency services available. 22% of patients preferred an electronic version of the leaflet alongside a paper copy.
Conclusions: The introduction of post-surgical information leaflets has led to patients being more informed and aware of how to deal with complications arising from the surgery.
Recommendations: To further improve the accessibility of leaflets, it would be valuable for the patients to have online PDF versions available to be downloaded via QR codes.

12. Day Case Partial And Total Knee Replacement- A District General Hospital Experience.

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Background: There has been a significant increase in the demand for arthroplasty due to the Covid 19 pandemic and the lack of beds on the green pathway. The average length of in-hospital stay following knee replacements has been successfully reduced over the years following the introduction and adoption of enhanced recovery protocols.
Aim: Day-case arthroplasty has the potential to be efficient as well as cost-effective. We present our day case pathway for elective knee arthroplasty and its early adoption results at a district general hospital.
Methodology: Our pathway was developed through multidisciplinary input from surgeons, anaesthetists, physiotherapists, nursing staff, administrative staff, surgical care practitioners and pharmacists. Inclusion criteria were defined to identify patients suitable for cay case arthroplasty. Results of 32 patients who underwent day-case partial and total knee replacement at our institution are presented.
Results:31 out of 32 (97%) were discharged safely on the day of surgery. These patients were compared to 38knee replacements undertaken as in-patients over 2 years. DSU patients were discharged at a mean of 7 hours following surgery, while in-patient TKR were discharged at an average of 2.7 days. There were no readmissions following discharge in the DSU group. DSU group: There were no surgical complications at a mean follow-up of 2 years. Patient feedback revealed high satisfaction levels and that they would recommend the pathway to others. Cost analysis revealed savings towards bed costs.
Conclusion: Our early results demonstrate day-case knee arthroplasty to be safe and cost-effective. With limited resources to tackle the enormous backlog of arthroplasty, it offers the potential to make theatre utilization efficient.

13. Reducing the length of stay in the National Health Service.

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Background: The increasing waiting times in the NHS is a burning issue that has gradually worsened over the past few years, particularly following the Covid-19 pandemic. As well as delayed hospital discharges, prolonged waiting times in the Emergency Department (ED) are becoming incessant. The latest data from NHS England (2021/2022) shows that over 900,000 people waited more than 12 hours in ED from arrival to transfer, admission or discharge. NHS England also reported over 350,000 extended hospital stays per year, associated with higher patient costs and risks.
Methods: A literature review was undertaken to explore the reasons behind the increased waiting times and length of stay and to find practical and tested solutions in various NHS organisations to these problems.
Results: There is a paucity of high-quality evidence describing proven effective ways of reducing the length of stay. However, several initiatives and ideas have been successful in different areas.

We have incorporated some of these ideas into a 6-step plan to address some factors that lead to long waits in the NHS.
1. Prehospital: Paramedic and nurse care, consultant-led pre-hospital admission prevention. 2. ED: Consultant-led triage, virtual wards, hot clinics, spinal and head injury middle-grade doctors. 3. Inpatient: Discharge to assess model, winter field hospitals, enhanced recovery programmes.4. Rehabilitation: Needs-based rather than condition-based services, therapeutic gardens, faster access.5. Elective procedures: Patient hotels or care homes, proactive infection control, backup plans for cancellation. 6. Prevention: Screening programmes, food and exercise incentives.
Conclusion: Long waits in the NHS are a multifactorial problem. We have summarised some healthcare innovations that have proven valid; however, further research is needed in this area.

14. Risk Stratification of developmental dysplasia of the hip using the presence of multiple risk factors in a neonatal population: a prospective registry study.

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Background: Early detection of developmental dysplasia of the hip (DDH) is associated with improved outcomes from conservative treatment.
Aims: To evaluate the impact of multiple risk factors on the predictive value of a national screening program in detecting DDH.
Methods: A 5-year prospective cohort study of all live births in the study's catchment area (n=27,731), of whom 4,016 underwent ultrasonographic screening for DDH. Each child was evaluated prospectively for the presence of risk factors, and findings were documented in a prospective registry. Multivariate odds ratios following regression evaluation of variables were used to evaluate statistical significance.
Results: The prevalence of DDH (Graf type IIb-IV) within the study population was 5.3/1000 live births. The rate of missed presentation of DDH was 0.43/1000 live births. The presence of multiple risk factors demonstrated a significantly increased association for DDH than for patients with primary risk factors alone. The presence of any primary risk factor had a positive predictive value (PPV) of 9.6%. In comparison, those with multiple risk factors had a PPV of 18.4% (p=0.014) and a significant increase in odds ratio (p=0.048). When these same groups were compared alongside an abnormal examination with a single risk factor against those with multiple risk factors, those with multiple risk factors demonstrated a significant increase in the PPV from 16.4 to 28.6 (p=0.045).
Discussion: This novel paper demonstrates a need to risk-stratify children based on multiple risk factors to ensure early detection of DDH. In doing so, we may avoid system pressures that cause late diagnosis, and by screening those at high risk earlier, we can ensure adequate treatment of DDH is given through early detection.
Conclusion: There is a significantly increased association between children with multiple risk factors and the likelihood of the presence of pathological DDH.

15. 2 Hole DHS fixation of Garden I and II neck of femur fractures-Radiological outcomes and predictive factors of AVN

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Background: Garden I and II NOF fractures are traditionally known for reduced incidence of AVN
Aim: This study analyses the radiological outcomes and predictors of AVN following 2-hole DHS in Garden I and II neck of femur fractures in patients over 60 years of age with a minimum follow-up of one year.
Methods: We retrospectively reviewed 51 consecutive patients older than 60 years who underwent DHS fixation for Garden I and II fractures. Demographics, fracture classification, time to surgery, pre-operative AMTS, preoperative posterior tilt angle, quality of reduction, pre and post-operative haemoglobin(Hb), creatinine and comorbidities were analysed for correlation with AVN using Chi-Square test, Independent Sample and paired-t-test.
Results: There were 40 (78.4%) females, and the mean age of the cohort was 77 years. Union was observed in all our patients except one. (kappa =1). 12/51(23.5%) developed AVN of the femoral head. Statistically significant higher incidence of AVN was noted in patients with a pre-op tilt angle > 200 (p = 0.006). The mean drop in Hb was higher in patients who developed AVN (21.5 g/L) versus the non-AVN group (15.9 g/L) (p = 0.001). There was no difference in AVN rates concerning laterality, mean time to surgery, pre-op AMTS and Charlson comorbidity index. 4/52 (7.6%) had re-operations (one hardware prominence, two conversions to arthroplasty, and one fixation failure during the immediate post-op period). The 30-day and one-year mortality rates were 1.9 % and 11.7 %, respectively.
Conclusion: A preoperative posterior tilt angle of >200 and a more significant difference in pre and post-operative haemoglobin were found to correlate positively with the progression to AVN following 2-hole DHS fixation in undisplaced NOF fractures. No correlation was observed between AVN, time to surgery, laterality, quality of reduction, and comorbidities.

15. Clinical Assessment Preparation with 360-Degree Films: A Future-Proof Approach for Medical Students

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Background: COVID-19 changed the landscape of clinical teaching. In its aftermath, novel Medtech resources can target gaps in struggling medical students' clinical knowledge in preparation for Observed Structured Clinical Examinations (OSCEs). Livestreamed ward rounds allow pre-clinical students to prepare for the next phase of medical education, which involves more patient interaction. Students experience the clinical environment and can practice their consultation skills in preparation for assessments.
Aims: A new virtual learning initiative delivers immersive exam preparation. It partners student-led 360-degree-filmed mock OSCEs, with Professional OSCE Examiners' feedback. In providing immersive exam simulations, we aim to increase students' confidence and preparedness and impart crucial clinical history and examination skills.

Methods: 1. Students film mock 360-degree OSCEs. 2. Student participants watch videos and read an examiner's commentary. 3. Participants engage in a live-streamed ward round where they take a history from several patients. 4. Participants were quizzed to check confidence and awareness of how OSCEs run. 5. Participants join focus groups to examine the learning value of videos, ward round and contextual teaching. 6. Participants' comments were analysed for emerging themes.

Results: 360-degree films, posted on YouTube and watched on computers, phones or Google Cardboard, provide immersive clinical learning anywhere without exposing patient data- a future-proofing aspect.

Discussion: 1. Students appreciated the immersive and authenticity, enabling flexible and engaging learning. 2. 360-degree videos help students learn empathy, professionalism, and equitable attitudes.

Conclusion: Students commented that technology-themed learning improved confidence in communication skills with patients.

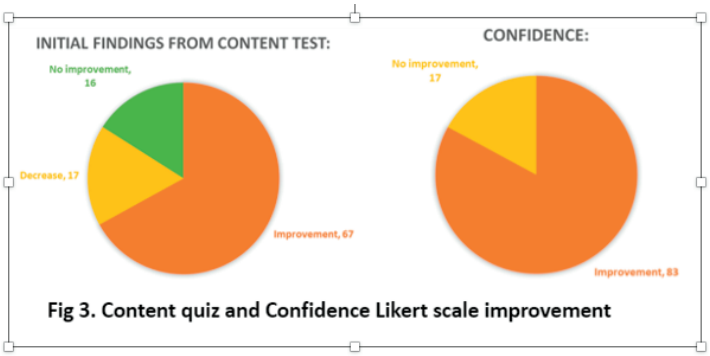

Fig 3. Content quiz and Confidence Likert scale improvement

17. Do trainees need more senior support to help with post-pandemic recovery?

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Background and Aim: The COVID pandemic significantly disrupted trainees throughout the country. This project aimed to assess the impact this has had on trainees' experiences at The Christie NHS Foundation Trust.

Method: A prospective study looking at data from end-of-rotation surveys in the 18 months following the start of the COVID-19 pandemic, using a 5-point Likert Scale. Comparisons were then made with data in the 18 months before the pandemic. The surveys were completed by junior medical staff.

Results: A total of 80 surveys were included in this study, 38 in the Pre-COVID group and 42 in the Post-COVID group. The results showed that 33.3% of trainees reported a good level of Consultant support and supervision after the pandemic's start, a fall from 47.1%. The number of trainees who thought they were receiving adequate feedback fell, with 41.5% rating their feedback as poor, compared with 27.1% before the pandemic. No difference in workload intensity was reported between the two periods.

Discussion: The Christie Hospital is a specialist cancer care centre and took steps to minimise the impact of COVID-19 on running routine services and delivering care to patients. The results of these surveys show that despite these efforts, juniors received less supervision and feedback than before the pandemic. This has led to a project, which is currently underway, exploring the potential impact this will have on the quality of training being delivered and identifying areas for improvement as we move past the pandemic.

18. An Evaluation of Bone Health in Paediatric Neurodisability

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Background: Children with neurodisability (conditions caused by impairment in the nervous or musculoskeletal systems) who have decreased ambulation or who have been prescribed certain medications are at higher risk of having low bone mineral density (BMD). This increases the risk of osteoporosis and fragility fractures. Identifying the risk factors associated with low BMD and their effects can help us create individualised care plans for children to improve their bone health.

Aims: To evaluate the risk factors associated with neurodisability and explore bone protection medication use.

Methods: Data was collected by a retrospective review of 110 patients (age range 3-20 years), under the Paediatric Orthopaedic team, using the Welsh Clinical Portal. Factors analysed include biochemical biomarkers, nutritional status, and weight-bearing activity.

Results: 63.3% of patients were classified as non-ambulatory, and 21.1% sustained fragility fractures. 40.4% of patients did not have a vitamin-D measurement and 60.9% of patients who had fractures were not on vitamin-D supplements. Most patients who sustained fractures (52%) had feeding difficulties requiring feeding adjuncts. 83% of patients who had fractures were caused either by non-traumatic injury or as an incidental finding. None of the patients with multiple fractures was assessed using a DEXA scan, and only 2/23 patients were prescribed bisphosphonates.

Conclusions: Bone health is affected by the cumulative effect that results from all the risk factors together. A new management pathway can help prevent low BMD and secondary complications. Preventative measures are essential in future practice by ensuring vitamin-D supplements are provided to all patients and raising awareness among staff, carers, and family to help handle patients and earlier recognition of fractures. Considering the early involvement of DEXA scans and bisphosphonates can be helpful alongside the other measures.

19. Do other injuries affect the outcomes of flexor tendon repair in the hand?

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Background: Limited data is reporting on the influence of concurrent injuries on outcomes of upper limb flexor tendon repairs (1). We aimed to compare Strickland and Glogovac's (2) TAM classification of flexor tendon repair outcomes in patients with and without concurrent neurovascular injury, fracture and extensor tendon divisions.

Methods: A retrospective case note review of a prospectively maintained hand therapy database from 1st Jan 2016 to 31st Dec 2020 was undertaken. The clinical notes were interrogated to determine the zone of flexor tendon injury, rupture rate, TAM outcomes and complications.

Results: Overall, 386 digits in 337 patients were available for analysis. Concurrent injuries included: 23 fractures, 10 extensor tendon lacerations and 138 neurovascular injuries. Concurrent injuries were associated with more significant fair/poor outcomes (46%) compared to patients with isolated injuries (33%). Patients with fractures had the most significant incidence of fair/poor outcomes (57%) compared with neurovascular injury (56%) and extensor tendon injury (44%).

Conclusions: Patients with concurrent hand injuries have reduced functional outcomes after flexor tendon repairs. The effects of extensor tendon injury on postoperative outcomes have not been addressed. A better understanding of rehabilitation strategies is needed to improve functional outcomes in these patient groups.

20. Incidence And Management Of Intraoperative Fractures Around Knee Joint During Primary Total Knee Arthroplasty – A Systematic Review.

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Background: Intra-operative fracture is one of the complications associated with TKA. Due to the low incidence rates, a lack of research evidence about the complications associated with TKA has been indicated.
Aim: This systematic review aims to analyze intra-operative fracture during primary TKA to
establish its incidence rate, risk factors, the stage during the surgery, clinical outcome and management.
Method: The report adopts a systematic literature review strategy.
Result: 17 research articles were screened and identified for this systematic review. Only ten out of the 17 identified literature met the eligibility criteria.
Discussion and conclusion: The intra-operative incidence rate fell below 2%; its consequences are distressing since it may lead to TKA revision. Further research on the topic is recommended to increase the body of literature available.

21. The epidemiology of developmental dysplasia of the hip and a metanalytical evaluation of the impact of selective screenings in the United Kingdom.

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Background: Developmental dysplasia (DDH) of the hip is a common disease however its true incidence remains unknown. DDH can be managed effectively with non-surgical interventions when diagnosed early; however, with age, there is less likelihood of successful conservative intervention and the need for complex surgery increases. Hence, an effective screening program for DDH is essential to reduce the morbidity of late diagnoses in the population.
Methods: A systematic review and meta-analysis of the epidemiological literature from the last 25 years in the UK. Articles were selected from databases searches using MEDLINE, EMBASE, OVID and Cochrane. 13 papers met the inclusion criteria. Standard meta-analytic models utilising the MOOSE protocol were used to produce the results.
Results: The incidence of DDH within the UK over the last 25 years is 7.3/1000 live births, with females making up 86% of the DDH population (OR 6.14, CI 3.3, 11.5 $p<0.0001$). The incidence of DDH significantly increased following the change in NIPE guidance from 6.5/1000 to 9.4/1000 live births ($p<0.001$). The rate of late presentation also increased following the changes to the NIPE guidance, rising from 0.7/1000 to 1.2/1000 live births ($p<0.001$), however, despite this increase in late presenting cases there was no change in the rates of surgical intervention (0.8/1000 live births, $p=0.94$).
Conclusion: The literature demonstrates that implementing a selective screening program has increased the rate of DDH in the UK. It has led to increased rates of late presentation whilst failing in its primary goal of reducing rates of surgical intervention. The increase in late presentation without a subsequent increase in surgery is likely due to the lack of clarity in the literature when defining a late and missed case. This study suggests a requirement to reconsider defining terminology and compartmentalising the late (>12 weeks) and 'missed' cases>24 weeks.

22. Prehabilitation: A Patient's Perspective

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Background: Prehabilitation is a growing concept and proven effective tool, demonstrated by multiple studies 1. Most of the Prehabilitation research focuses on exercise-based interventions and clinical outcomes. In this study, I have attempted to improve our Prehabilitation service and gain a general view from patients on the idea of Prehabilitation.
Methods: To develop the breadth of our Prehabilitation service, I produced a leaflet aimed at colorectal cancer patients, providing advice on diet, exercise, well-being, smoking, alcohol and the concept of Prehabilitation. After publication on the trust website, I presented the leaflet to our pre-assessment nurses and asked them to give it to patients undergoing colorectal surgery. I then collected feedback from the team. The nurses would pass on the
patients' details, with their consent, so I may call them to find out their views on the leaflet.
To structure the feedback, I wrote a short survey (figure 1).
Results: I contacted four patients in the first two weeks. Each patient had the leaflet for around one week and gave in-depth feedback. Patients had many constructive comments – including considering patients whose first language isn't English and use of technical terms; a more prominent font version; querying the use of referencing for patients and exercises for patients who may have disabilities. The patients had different areas they were most interested in, giving evidence for a holistic service. Interestingly, all four patients thought written
information was more valuable than the links.
Conclusion: Most of all, the leaflet impacted patients' perspectives; patients know that a healthy diet and keeping fit is beneficial, but each one described a new motivation after reading the leaflet. They all expressed that the leaflet gave them confidence that making a change before surgery would result in a smoother recovery.

Figure 1

Prehabilitation Survey	
1.	How long have you had the leaflet?
2.	Which of the lifestyle topics of the leaflet would you feel most engaged around improving?
3.	Is the concept of prehabilitation something you considered before reading this leaflet?
4.	Which did you find most useful on the leaflet; links/ QR codes or written information on the leaflet?
5.	Are there any areas of this leaflet you feel could be improved?
6.	Are there any areas of this leaflet you thought worked well?

23. The Virtual Trauma Meeting – Adapting To The New Normal In The Wake Of COVID-19

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Background: COVID-19 has changed the NHS. Hospitals have had to adapt to meet the ever-changing strain of safety measures necessary to keep the workforce running and, more importantly, safe. Our orthopaedic department has implemented a virtual trauma meeting (VTM) using the Microsoft Teams conferencing platform. This ensures adequate social distancing, safety and efficient running of the morning trauma meeting. Objectives We aim to explore whether a VTM is a viable alternative to the traditional face-to-face trauma meeting and aim to demonstrate not just increased efficiency but elevated satisfaction amongst staff.
Study Design & Methods: A questionnaire was distributed amongst involved staff members using a purposeful convenience sampling technique. The questionnaire was organised into Likert-type and free-text questions. These were subsequently analysed via tabulation and thematic analysis.
Results: A total of 47 responses were received with completed questionnaires. All members of the multidisciplinary team were represented. An overall positive satisfaction rating of 98% was demonstrated. Staff felt that a VTM increased departmental organisation and facilitated safe attendance whilst maintaining efficiency compared to traditional trauma meetings. The educational value of the meeting has remained the same. Only 22% of those in attendance experienced log-on issues. 87% of users did not have an issue technically with the format. 87% of study participants would like the VTM to continue in its existing format, and 77% felt its implementation improved the standard of care delivery.
Conclusions: A VTM is a viable replacement for the traditional face-to-face trauma meeting. More staff can attend safely and facilitates all multi-disciplinary team members to be aware of the upcoming day's events. Our VTM has demonstrated excellent satisfaction levels. However, efforts must be made to maintain the educational/business balance of the meeting.

24. Spinal Injury Management In Trauma Units In South Wales

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Background: The South Wales Trauma Network was established in September 2020. The Major Trauma Centre (MTC) is based in Cardiff, with designated Trauma Units (TU) in other hospitals throughout South Wales. These include Morriston Hospital (MH) in Swansea Bay and West Wales General Hospital (WWGH) in Hywel Dda. Patients with Spinal Injury (SI) are often repatriated back from the MTC after completing specialist treatment. Until recently, these patients were admitted to various wards depending on bed availability. Cohorting patients on a single ward, or landing pad, has several advantages. Spinal Injury leads to complex problems, and a trained, experienced multidisciplinary team is vital to provide a good standard of care.
Aim: To provide centralised, timely care to patients with SI admitted to TU in Swansea Bay and Hywel Dda health boards by designating a specific ward as a landing pad where all their needs are met.
Methods: Using data from the significant trauma teams, a retrospective review of the patients with traumatic SI treated at MH and WWGH between February and September 2022.
Results: Since February 2022, there has been an attempt to cohort patients with SI on designated landing pads. So far, 24 ward nurses in MH and 14 nurses in WWGH have received specific training to provide holistic care to these patients. The total number of patients with SI admitted to MH and WWGH in the timeframe was 20 and 7, respectively.
Conclusion: Establishing a clear pathway and designated landing pads ensures smooth patient flow and trained, experienced staff, managing a cohort of patients with often complex needs. Further work is planned to examine the effects on patient experience and length of stay.

25. Von Hippel Lindau Retinal Screening in Oxford: A Quality-Improvement Project and Full-Cycle Audit

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Background and Aims: Von Hippel Lindau Disease (VHL) requires regular retinal screening due to the risk of developing capillary haemangioblastoma. There was no database of VHL patients requiring retinal screening in Oxford University Hospitals (OUH). This quality improvement project (QIP) sought to create, audit, and re-audit a database of patients requiring retinal screening to ensure safe and timely follow-up, particularly important during COVID-19, which posed a risk of loss of face-to-face follow-up.
Methods: VHL clinic lists across two years were consulted to identify all patients. Electronic patient records were used to identify appointment dates and outcomes. The database was created and password protected; 'standard' data were collected at the creation time. The database was re-audited after four months.

Results: 85 patients were included in the original database, of whom 75 (88%) had a clear follow-up plan, with a screening appointment already booked, not requiring an appointment for several (≥3) months, or only requiring follow-up in the genetics clinic. Nine patients were overdue for an appointment, and one did not have sufficient information to determine whether they were being screened correctly. Upon re-audit, 45 patients were included in the updated database. All were being screened appropriately, with appointments already booked, a clear follow-up plan, or several (≥3) months until their next appointment.
Conclusion: Most patients received optimal VHL retinal screening before the creation of the database; all received optimal screening upon re-audit. Implementing this QIP has helped to ensure that all patients receive appropriate and timely retinal screening.
The authors recommend re-audit the database after a longer duration of use (e.g., one year) to determine whether there has been any change in the screening process.

26. Delays in Accident and Emergency services

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Background: The Accident and Emergency (A&E) 'four-hour' waiting time standard has been among the highest profile NHS targets. But, it has declined from 95% (reaching the standard) to a mere 60% in a decade, with over 900,000 people having to wait over 12 hours from arrival, according to data published by NHS England (2021/2022). A study by Simon Jones et al. on 26,738,514 patients has shown an increase in all-cause 30-day mortality in patients with a delay of more than 5 hours from arrival in A&E to admission.
Methodology: A literature review has been undertaken to determine the gravity of the problem and explore practical, tested solutions.
Results: Proven effective ways of reducing waiting times in A&E are scanty. However, several initiatives have been proposed and thriving in various regions. We have derived the following list from integrating such models and experts' ideas. An increase in out-of-hospital care and primary care, Patient awareness campaigns, and Consultant led Triage has proven to decrease the need for investigations and waiting times, with over 50% being discharged back home from triage, Spinal and head injury middle grade or nurse practitioners input, Basic diagnostic training for A&E staff, Specialist frailty assessment unit, Virtual wards, Hot clinics, Avoid co-existing Minor injury units, balance demand and capacity by identifying patterns, compensating excess demand with increased capacity by rescheduling or re-allocating, and the evident need to increase staffing and beds.
Conclusion: This substantial problem of A&E doesn't have a straightforward solution but rather multiple interventions at various stages. The focus should be shifted to the whole patient pathway to identify and address bottlenecks along with further studies and regular audits.

27. Covid in pregnancy: are we following the guidelines?

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Background: Covid-19 was first detected in the UK in February 2020, originating in Wuhan, China. According to MBRRACE rapid report, 10 Pregnant women died from Covid between 1/3/2020 and 31/5/2020. Since very little was known about the disease and the safety of the vaccination could not be proved when it was introduced, it was very important to get the right treatment during pregnancy to prevent maternal morbidity and mortality. We aimed to audit the symptomatic and preventative treatment of Covid in pregnancy.
Methods: Retrospective audit of all pregnant women diagnosed with Covid from February 2020 until July 2021. We compared maternal corticosteroid use, VTE compliance (Clexane injections for at least 10 days) and steroid use for fetal lung maturation (in deliveries <38 weeks) with the published guidelines at the time.
Results: 73 patients had symptomatic Covid-19 infection during the study period. Compliance with maternal corticosteroid use was 89% (target 90%). VTE compliance was 88% in severe disease and 60% in moderate disease (target >90%). Results for steroid use for fetal lung maturation were inconclusive since it was unclear at what gestation steroids were given and whether these were given for fetal lung maturation or not (target 100% in deliveries <38 weeks).
Conclusions: Overall, the audit showed reasonable compliance with guidelines, especially considering guidelines for Covid in pregnancy changed several times during the study period. Clinician documentation could be improved in digital health records to help more accurately assess steroid use in pregnancy, which would help obstetric doctors understand this better when considering fetal lung maturation.

28. Longitudinal Analysis of Childhood Body Weight Trajectories and the Determinants of Weight Gain

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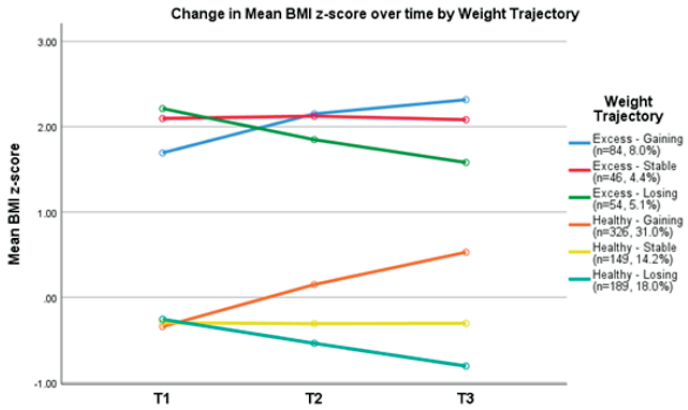
Objectives: To describe the change in BMI z-score over time among a cohort of UK primary school children and to identify differences between weight trajectories by socioeconomic and behavioural characteristics. Ultimately, to help identify groups of children at higher risk of gaining weight to aid obesity prevention strategies in the UK and similar high-income countries.
Methods: Secondary data analysis of WAVES study data; 1052 primary school children aged 5-9 in 2017 from 54 primary schools across the West Midlands, UK. BMI z-score calculated at three-time points, T1 (baseline), T2 (15 months), and T3 (30 months), are described by weight trajectory as a combination of their baseline weight status and subsequent weight change. Combined weight trajectories are compared using Pearson's Chi2 and SPSS logistic regression to identify significant differences by demographic factors and behavioural patterns.

Results: Mean BMI z-score increased with time, with 1-in-5 participants (20.9%) classed as overweight or obese at T1, increasing to almost 1-in-3 (31.2%) by T3. "Sex", "Deprivation", and "meeting guideline portions of fruit and vegetables" were not statistically significant determinants for weight gain in either baseline weight group. Significant associations with weight gain included being of "South Asian" or "Other" ethnicity when healthy or underweight at baseline, alongside "not meeting recommended levels of physical activity" when overweight or obese at baseline.
Conclusions: Carrying excess weight is prevalent in the study population, with participants displaying a tendency for weight gain throughout their primary school years. Multilevel prevention strategies should target the susceptible demographics identified. Public health campaigns encouraging healthy lifestyles are required to help tackle the UK's obesity crisis, prevent its from tracking into adulthood, and reduce the public health burden of childhood obesity.



29. Creating a standardised drug chart for a continuous intravenous infusion of Omeprazole for use after successful endoscopic haemostasis of bleeding peptic ulcers

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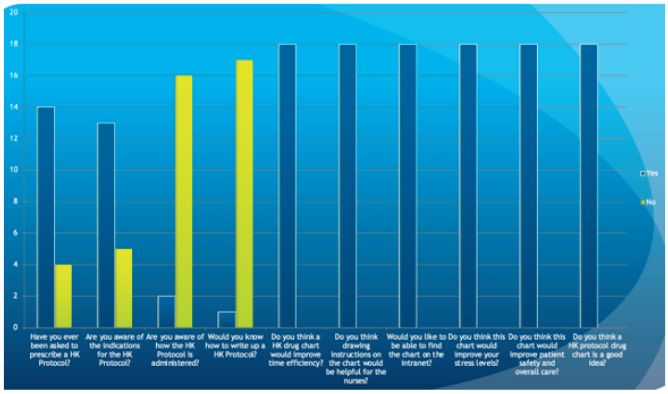
Background and Aims: There is high-quality evidence that a continuous PPI infusion (CPPII) over 72 hours following successful haemostasis in bleeding peptic ulcers at endoscopy can decrease rebleeding and improve mortality. Anecdotally, healthcare professionals (HCPs) have limited experience prescribing and administering a CPPII which can create confusion and force prescribing errors. My QIP aimed to create a standardised drug chart for a CPPII to help HCPs prescribe and administer it confidently and to ensure that Helicobacter Pylori (HP) eradication therapy is appropriate.
Methods: Two PDSA cycles were performed. A pre-QIP questionnaire was distributed to 18 doctors from 08/02/21-19/02/21 to ascertain the background knowledge regarding the rationale of a CPPII and whether a standardised drug chart would be beneficial. Their answers helped create the drug chart, which had to be approved by the Drug and Therapeutics Group (DTG) for official use across the health board. Following its approval on 05/05/21, a post-QIP questionnaire was distributed to 13 doctors from 24/05/21-28/05/21 to assess its effectiveness.
Results: The pre-QIP questionnaire demonstrated a poor understanding of the indications for a CPPII, with nearly 40% being unaware of the indications, 95% stating they did not know how to prescribe it and 90% being unaware of how it was administered. I 100% thought the QIP was worthwhile and would help improve overall patient safety and care. 100% of responses from the post-QIP questionnaire showed improved understanding and confidence in prescribing CPPII and HP eradication.
Conclusion: A standardised drug chart for CPPII has been shown to improve knowledge and confidence for HCPs to provide optimal care to a subset of patients who are critically unwell and with high mortality. It will theoretically reduce prescribing errors and by implementing best practices, improve patient safety.



30. Impact of COVID-19-related delays to arthroplasty surgery on patient-reported outcomes and quality of life measures

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Objectives: To describe the impact of COVID-related delays to arthroplasty surgery on patient-reported outcomes measures (PROMs), pain, and quality of life (QoL). The hope is to highlight the importance of attending to these patients' needs promptly and potentially informing and facilitating change at a regional level in response to such unprecedented times.
Methods: This patient-based service evaluation looked at a random selection of urgent arthroplasty patients from multi-surgeon waiting lists at the Royal Gwent Hospital, South Wales. The cohort was consented to, assessed, and listed for surgical treatment in the pre-COVID era and subsequently could not have their required treatment due to COVID-related delays. Patients were listed for Total Hip Arthroplasty, Total Knee Arthroplasty, and Uni-Compartmental Knee Replacement. Validated patient-reported outcomes (Oxford Hip or Knee Scores) and QoL tools (EuroQol) assessed at Pre-COVID. Current intervals are used to identify the impact of delays in hip or knee replacements attributed to the first year of the COVID-19 pandemic.
Results: Mean Oxford Score worsened from 27.2 at the Pre-COVID level to 40.7 at the current level, with the percentage of patients exhibiting a clinically significant worsening of Oxford Score at 85.3%. All five dimensions of quality of life reported maintained or worsened outcomes, with the worst affected being Usual Activities (53.0%), Pain or Discomfort (44.1%), and Anxiety or Depression (32.4%).

Conclusions: Findings illustrate the overwhelmingly negative impact of COVID-related delays to arthroplasty surgery on patient-reported outcomes measures (PROMs), pain, and quality of life (QoL), as well as prompting research into expanding post-procedure outcome measuring alongside larger sample sizes.

			Oxford T1		Oxford T2		Oxford Change			
Mean			27.2		40.7		13.5			
SD			9.9		7.1		8.8			
EQ-5D-3L	Mobility		Self-Care		Usual Activities		Pain / Discomfort		Anxiety / Depression	
	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
Mean (SD)	1.9 (0.4)	2.1 (0.3)	1.5 (0.6)	1.8 (0.6)	1.9 (0.6)	2.4 (0.6)	2.2 (0.6)	2.7 (0.5)	1.5 (0.7)	1.8 (0.8)
Maintained	25 (73.5%)		24 (70.6%)		16 (47.1%)		19 (55.9%)		23 (67.6%)	
Worsened	9 (26.5%)		10 (29.4%)		18 (53.0%)		15 (44.1%)		11 (32.4%)	
Rank	5		4		1		2		3	

31. Comparing the Outcomes of Traditional Growing Rods and Magnetically Controlled Growing Rods at Graduation

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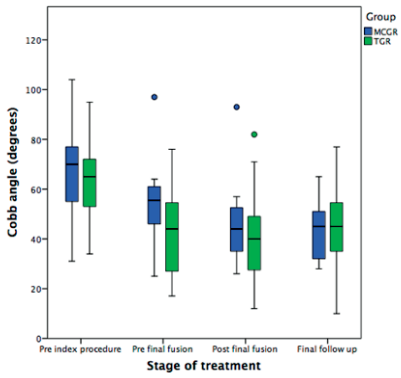
Objectives: To compare the clinical and radiological outcomes in patients with early-onset scoliosis who have undergone spinal fusion (graduation) following distraction-based spinal growth modulation through either traditional (TGRs) or magnetically-controlled growing rods (MCGRs).
Methods: A retrospective single-centre review of skeletally mature EOS patients treated with either TGR or MCGR. Measured outcomes included sequential coronal T1-S1 height and significant curve (Cobb) angle on plain radiographs from pre-operative to the latest follow-up and any complications requiring unplanned operations before final fusion.
Results: 43 patients were identified (63% female) with a mean age of 6.4 ±2.6 years at index procedure and 12.2 ±2.2 years at final fusion. The mean follow-up was 8.1 ± 3.4 years. 16 patients were treated with MCGR and 27 with TGRs. The mean number of distractions in MCGR group was 7.5 vs 10 in TGR group (p=0.47), with 3.4 months versus 8.6 months in between each distraction in the respective groups (p <0.001). The mean Cobb angle improved by 25.1° in the MCGR and 23.2° in TGR group (p=0.66) at the final follow-up. The mean coronal T1-S1 height increased by 16% in the MCGR and 32.9% in TGR group (p=0.001), although the mean T1-S1 height achieved at the final follow-up was similar in both groups. Unplanned operations occurred in 43.8% of MCGR and 51.2% of TGR cases (p=0.422)
Conclusion: In this retrospective single-centre review of MCGR and TGR graduates, there were no significant differences in major curve correction or gain in spinal height at fusion. Although the number of planned procedures was fewer with MCGR, rates of implant-related complications necessitating unplanned revision surgery were similar in the two groups.



32. Characteristics and outcomes of patients with hospital-related venous thrombo-embolism: A retrospective hospital study

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Background: Venous thromboembolism (VTE) is a preventable cause of death and occurs during the immediate period post-hospitalisation. Early risk assessment and adequate prophylaxis can reduce mortality.
Methods: We screened hospital records for radiologically confirmed deep vein thrombosis (DVT) or pulmonary embolism (PE) among adult hospitalised patients in the preceding 3 months. We interrogated hospital and GP records for mortality-related outcomes 3 months after diagnosis.
Results: Among 2907 records screened, there were 298 VTE events (10.3%), of which 64 (21.5%) were hospitalisation related. The median age was 73 years, and 62.5% (n = 40) were female. The most common presentation was PE (n = 35, 54.7%), and an equal proportion of people had hospital VTE during hospitalisation and three months post-discharge. Hospital VTE were higher among emergency medical admissions, 65.6% (n = 42). The median duration of hospitalisation was 9 days, and the median duration from admission to the diagnosis of VTE was 13 days. 98.5% (n = 63) were VTE risk assessed and 82.2% (n = 53) received prophylaxis. 76.6% (n = 49) received pharmacological and 18.8% (n = 12) mechanical prophylaxis. 95.3% (n = 61) of patients were discharged and 4.7% (n = 3) died. Cumulative mortality, 3 months post-VTE, was 25% (n = 16). Post-VTE mortality was significantly higher among medical patients and those aged more than 60 years.
Conclusion: Among hospitalised patients, significant VTE burdens occur in medical patients. VTE appears to be a strong determinant of mortality, although other factors, including COVID-19 infections and co-morbidities, may have contributed.

33. Rural-Mobile Based Rehabilitation Program. (Access to early intervention therapy for children with disabilities)

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Background: According to WHO," if children with developmental delays are not provided with appropriate early intervention, their difficulties can lead to lifetime consequences, increased poverty and profound exclusion. There are more than 102,600 in the Eastern region of Uganda with disabilities in age 0-6.85% of these have no access to EI therapy because of a lack of rehab specialists in rural areas and long distances. Therefore, bringing therapy to a child's home through Community Rehabilitation Workers with GPS monitoring systems guided by rehabilitation specialists provides a high-fidelity solution that rural children can access.
Aims: Enable parents and caregivers to support their children's overall development and prepare them for primary school through exploration and early literacy skills. Methods: We hire and train local women in the community to become Community Rehabilitation Workers through a 3-week intensive training program. All children in our surrounding community aged 0-6 are screened for developmental delays in health centres and nursery schools using a validated tool in our app. Our team of Rehab specialists then assesses children identified with disabilities. Community Rehab workers provide the EI therapy in the child's home (guided by the therapy program set out in the App). Impact evaluation and management through periodic evaluation of children is done. Reach: Our monitoring and evaluation of the program have revealed high engagement, with 87% of completed therapy visits. As of date, we have managed to screen 22,000 children.55 health workers and nursery teachers have been trained to use our RmBRP app, and finally, we have provided therapy for 1240 children. Results: Parents:- Decreased strain(74%), increased engagement(73%) and improved child interaction (62%) through the Canadian occupation performance measure tool. Improved children's development:- cognitive speech model, social development and improved child interaction. School enrollment:- increased enrollment (55% to 79%) through the family empowerment scale.

34. Audit of the Assessment of patient management in the Department of Acute Medicine compared to the latest NICE AF guidelines

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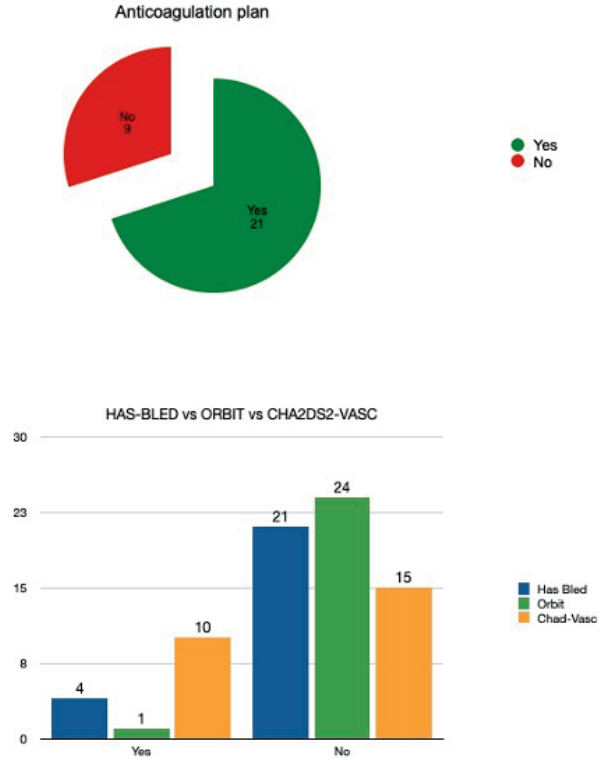
Background: Atrial fibrillation (AF) is the most common heart rhythm disorder detected as an irregular pulse or rhythm on an Electrocardiogram. Drug treatment includes anticoagulants and anti-arrhythmic. ORBIT and HAS-BLED scores have been recommended to assess the bleeding risk in patients while offering anticoagulation.
Aim: This audit aims to evaluate the patient management standards of AF compared to the latest NICE AF guidelines at a single centre.
Methods: Data were collected retrospectively from patients' notes and discharge letters of patients discharged with primary or secondary diagnoses of AF from the Department of Acute Medicine, Good Hope Hospital, over 2 months from January to February 2022 and compared against the latest NICE AF guidelines.
Results: The NICE standards are 100% documentation of the discussion, including ORBIT & HAS-BLED score while offering anticoagulation with a direct-acting oral anticoagulant to people with AF and a CHA2DS2-VASc score of 2 or above.
A total of 25 patients were selected, of which 21 (84%) patients were initiated on anticoagulation with a direct-acting oral anticoagulant.10 (40%), 4 (16%), and 1 (4%) patients had their CHA2DS2-VASc, HAS-BLED and ORBIT scores documented respectively.
Conclusion: Results of the audit showed that although 21 out of 25 patients were started on a form of Anticoagulation, there was an inadequacy in the documentation of the discussions along with the ORBIT, HAS-BLED and CHA2DS2-VASc scores before initiating the treatment. A departmental meeting was conducted to improve awareness among doctors, following which frequent messages on social media were forwarded to ensure adherence to the guidelines. A re-audit of the same will be performed in October 2022, and the target is to attain 100% compliance with the NICE guidelines.

Documentation of ORBIT, HAS-BLED and CHA2DS2-VASc scores before initiating treatment for Atrial Fibrillation



35. Did the COVID Pandemic affect outcomes for patients having total hip arthroplasty for hip fracture?

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Background: The COVID-19 Pandemic caused widespread changes to healthcare delivery worldwide. Hip fractures continued to be prevalent despite otherwise decreasing trauma trends. For inappropriate hip fracture patients, total hip arthroplasty (THA) can provide superior clinical and functional outcomes to other operations.

Aims This study aimed to observe changes in outcomes in the THA patient cohort compared to the previous year. The primary outcome measure was the length of stay (LOS), with secondary outcome measures including mortality, discharge destination, follow-up time, and complication rate.
Methods: Data was collected for one year in 2020 during COVID and an equivalent period in 2019 using the National Hip Fracture Database. This data was further examined using local IT systems. Only patients treated with THA were included.
Results: 59 patients had THA pre-COVID vs 47 during. Gender and ASA distribution were equivalents; however, the patients operated on were significantly younger at 73 vs 77 (P=0.05) during the pandemic. 2 patients developed asymptomatic COVID-19 infection. Average LOS during COVID was 13.2 days vs 10.8 pre-COVID. However, this was not statistically significant (P=0.167). Zero mortalities happened during COVID compared with 3 pre-COVID (P=0.116). 100% of patients returned to their pre-hospital discharge destination during COVID compared with 87.7% the previous year, which was significant (P=0.0126). Mean time to follow-up was less during COVID, averaging 27.7 vs 44.4 days before (P=0.015), with a similar follow-up rate (78% during vs 79% before). Complication rates were not significantly different at 27% pre-COVID vs 21% during (P=0.5). 1 Re-operation occurred pre-COVID vs 0 during the pandemic (P=0.3).
Conclusion: Despite numerous regulations being introduced, patients receiving THA during COVID experienced slightly better secondary outcomes. We should seek to employ lessons learned during COVID to continue improving the care offered to our patients as practice returns to normal.

36. Patient attitudes towards re-use of orthopaedic braces

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Background: Climate change poses the greatest danger to global health in the 21st century. Paradoxically, healthcare contributes enormously to climate change, from manufacturing pharmaceuticals to disposing waste products. Healthcare facilities produce 660 tonnes of waste daily. The rising use of disposable materials has led to a progressive annual increase in waste since 1992. The evidence regarding “green orthopaedics” has mainly examined waste generated perioperatively.
Aims: This study aimed to examine patient attitudes toward recycling orthopaedic braces in fracture clinics.
Methods: Brace-wearing patients in the fracture clinic were invited to complete a questionnaire examining personal attitudes to climate change, single-use plastics and the reuse of orthopaedic braces. The importance of climate change and recycling was recorded using a Likert scale (0, no importance- 10, very important). The degree of agreement to personal use of a recycled brace was assessed using a 4-point Likert scale.
Results: 211 patients attended the clinic, of whom 93 were wearing orthopaedic braces (44.1%). 40 responses were collected (response rate 43%). Of the respondents, 22 were female patients (55%) with a mean age of 49 (range 16-82). 38 patients (95%) were aware of the issue of climate change, whilst 37 (92.5%) were aware of the issues of single-use plastics. 22 patients (55%) described the issue of climate change as a Likert scale of 8,9 or 10, whilst 24 (60%) described the issue of single-use plastic as a Likert scale of 8,9 or 10. 36 patients (90%) were in strong or very strong agreement that braces should be reused.
Conclusion: Orthopaedic trauma patients are mindful of the importance of climate change and brace reuse. Our data suggest positive attitudes towards the reuse of braces. Orthopaedic surgeons and the orthotics industry should aim to develop sustainable, reusable orthopaedic braces.

37. A Comparative Analysis Of Inter-Observer Reliability And Intra-Observer Reproducibility Of Oswestry Bristol Classification And The Dejour Classification For Trochlear Dysplasia Of The Knee

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Background: Classifying trochlear dysplasia (TD) helps determine the treatment options for patients suffering from patellofemoral instability (PFI). There is no consensus on which classification system is more reliable and reproducible to guide clinicians in treating PFI. There are also concerns about the validity of the Dejour classification (DJC), which is the most widely used classification for TD, having only a fair reliability score. The Oswestry-Bristol classification (OBC) is a recently proposed classification system of TD. The authors report a fair-to-good interobserver agreement and good-to-excellent intra-observer agreement in the assessment of TD. This study aimed to compare the reliability and reproducibility of these two classifications.
Methods: 6 assessors (4 consultants and 2 registrars) independently evaluated 100 magnetic resonance axial images of the patella-femoral joint for TD and classified them according to OBC and DJC. All raters again repeated these assessments after 4 weeks. The inter and intra-observer reliability scores were calculated using Cohen’s kappa and Cronbach’s alpha.
Discussion: Both classifications showed good interobserver reliability with high alpha scores. The OBC classification showed a substantial intra-observer agreement (mean kappa 0.628)[p<0.005], whereas the DJC showed a moderate agreement (mean kappa 0.572) [p<0.005]. There was no significant difference in the kappa values when comparing the assessments by consultants to those by registrars in either classification system.
Conclusion: This large study from a non-founding institute shows both classification systems to be reliable for classifying TD based on magnetic resonance axial images of the patella-femoral joint, with the simple-to-use OBC having a higher intra-observer reliability score compared to the DJC.


Table I and II show assessor wise intra-observer agreement for the two classifications

Table I
Agreement between Assessment 1 and Assessment 2 for Oswestry Bristol Classification

	Kappa	p-value
Assessor 1	0.422	<.001
Assessor 2	0.673	<.001
Assessor 3	0.639	<.001
Assessor 4	0.581	<.001
Assessor 5	0.698	<.001
Assessor 6	0.755	<.001
Mean kappa	0.628	

Table II
Agreement between Assessment 1 and Assessment 2 for Dejour Classification

	Kappa	p-value
Assessor 1	0.625	<.001
Assessor 2	0.585	<.001
Assessor 3	0.534	<.001
Assessor 4	0.631	<.001
Assessor 5	0.610	<.001
Assessor 6	0.449	<.001
Mean kappa	0.572	

38. Early Management of Paediatric Forearm Fractures in Cardiff A&E

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Background and Aims: The forearm is the most common site of fractures in children. Casting is the gold standard for most fractures, as children have a greater remodelling capacity than adults. For most forearm fractures that exceed remodelling potential, early closed reduction by manipulation, avoiding the need for admission, and general anaesthesia are the treatment of choice. The British Orthopaedic Association (BOAST) released guidelines in May 2021 on 'Early Management of Paediatric Forearm Fractures.' This audit compares the early management of paediatric forearm fractures in Cardiff with the BOAST guidelines.
Methods: A retrospective audit was conducted on data between January 2020 to December 2020 was collected. Patients aged 16 or less at presentation with an angulated (but not off-ended) forearm fracture were included. Patients with complex fractures not suitable for manipulation were excluded. Information was collected through radiology imaging software and clinic letters. Data were collected on patient demographics, mechanism of injury, time to a first clinic appointment, management and outcome.
Results: 168 patients with forearm fractures were identified. 106 were managed conservatively, 56 were manipulated in A&E, and 6 were under general anaesthetic. Of the 56 manipulated in A+E, only 2 required further intervention. Of the 12 standards set by BOAST, 8 were met, and 3 were partially met.
Conclusion: The current management of early paediatric forearm fractures in Cardiff meets most of the standards set by BOAST. In 2020, 54 patients that required manipulation avoided hospital admission and general anaesthetic. As a result of this audit, a formal pathway was created and displayed in A&E, and a re-audit is in progress.

39. Incidence And Management Of Intra-Operative Fractures Occurring Around The Hip During Primary Total Hip Arthroplasty-A Systematic Review

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Background: Intraoperative fractures, although rare, is one of the complications known to occur while performing a total hip arthroplasty (THA). However, due to lower incidence rates, there is currently a gap in this area of literature that systematically reviews this critical issue of complications associated with THA.
Aim: This systematic review analyses the incidence and management of intra-operative fractures occurring during primary THA and establishes the risk factors and the exact stage of occurrence during the procedure.
Method: We looked into Electronic databases published in any language that evaluated intra-operative fractures occurring during total hip arthroplasty from 1950-2020. The screening, data extraction and quality assessment were carried out by two researchers, and if there was any discrepancy, a third reviewer was involved.
Results: Fourteen studies were identified. The reported fracture occurrence range while performing hip replacement surgery was found to be 0.4-7.6%.Major risk factors identified were surgical approaches, Elderly age, less Metaphyseal-Diaphyseal Index score, change in resistance while insertion of the femur implants, inexperienced surgeons, uncemented femoral components, use of monoblock elliptical components, implantation of the acetabular components, patients with ankylosing spondylitis, female gender, abnormal proximal femoral anatomy, different stem designs, heterogeneous fracture patterns and toothed design. Intraoperative fractures during THA were managed with cerclage wire techniques, femoral revision, the use of an intramedullary nail and cerclage wires and internal fixation plates and screws for management of intraoperative femur and acetabular fractures.
Discussion: The main reason for intraoperative fracture was found to be the use of cementless implants, but planning and timely recognition of risk factors and evaluating them is essential in managing intraoperative fractures. Adequate surgical site exposure is critical, especially during the dislocation of the hip, reaming of the acetabulum, impaction of the implant and preparing the femoral canal for stem insertion.

40. Enhanced International Medical Graduates (IMG) Induction Programme at St George's Hospital and Its Outcomes.

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Aim: To explore the challenges IMGs at St George's Hospital, London and provide the appropriate framework and support to adapt to the NHS system.
Background: The National Health Service (NHS), from its inception, depended on its international workforce. IMGs are doctors who have obtained a primary medical qualification from outside the UK and migrated to join the NHS. Acclimatisation to a new environment could be challenging, given their varied backgrounds and experiences. IMGs without induction or supervision could take longer to adapt to the NHS culture. The enhanced induction programme is designed to provide clinical and lifestyle support to these doctors.
Methods: An anonymised online survey was undertaken among the IMGs via Google forms looking at their confidence in communication, portfolio development assistance, work-based assessments, and career and educational opportunities awareness. We then delivered a bespoke induction day for IMGs and weekly modules to address these issues. A post-programme survey was also done.
Results: Of the 110 IMGs at the Trust, 41.2% were new. Out of 40 responses, 67% lacked confidence in professional communication. 34% were dissatisfied with the Trust's portfolio development and career guidance support. 12.5% were unfamiliar with General Medical Council's Good Practice or medico-legal aspects. On the post-programme survey, 96% of the IMGs affirmed that enhanced induction, mentorship programme, and IMG forum have positively influenced their confidence in improving access to career guidance, education and research opportunities.
Conclusion: The enhanced induction, mentorship programme and IMG forum helped with the transition into the new working system, boosted confidence, and ameliorated the required skills of the IMGs at St. George's. We recommend that this be a standard pathway at all NHS trusts.

41. An Evaluation Of The Effects Of Deprivation On DDH Screening

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Background: Developmental dysplasia of the hip (DDH) encompasses a spectrum of conditions that can lead to childhood disability and premature arthritis in adulthood. Early detection (through screening programmes) is essential in minimising the risks of these complications. There are well-documented links between lower socioeconomic status and poorer health outcomes.
Aims: This project aimed to study the link between socioeconomic status, DDH outcomes, and the effectiveness of screening programmes.
Methods/design: A cohort study studying live births from a single tertiary centre between 2011 and 2020. Various demographic variables were collected and stored in a secure database. We then collected data from the DDH screening programme and identified the number of diagnosed cases. We also collected data on the number of late presenting cases (presenting after 24 weeks of age). We then collected data on the socioeconomic status of screening-identified cases and missed cases using the Welsh Index of Multiple Deprivation (2019) (WIMD).
Results: There were significant links between missed DDH cases and the total WIMD score, income, employment, health and education scores. This indicates that individuals who live in a more deprived area are less likely to have been picked up by DDH screening programmes. Interestingly, residing in an area with a worse physical environment score led to higher DDH detection rates.
Discussion: Missed DDH cases increase the likelihood of more invasive treatment for patients. There is also a significant financial cost associated with treating missed DDH cases compared to early identified cases. Further analysis is needed to determine whether there is a need for an enhanced screening programme to detect as many cases as possible.
Conclusions: Our preliminary data suggest that those who live in a more deprived area are more likely to have a late diagnosis of DDH.

42. Positive Impact Of Walk In Trauma Clinics On The NHS Post Covid-19

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Background: The NHS faced extreme pressures during the pandemic, most notably in Emergency Departments. To reduce the burden on ED and provide quick, easy access to Orthopedic specialist services, this busy District General Hospital introduced a Specialty Doctor and Consultant led walk-in Trauma Clinic running on weekdays from 9 am-5 pm.
Aims and Methods: Data were collected from 100 patients randomly in October 2019 (Before Covid 19) compared to when these clinics were introduced in April 2020. Patients admitted to the ward directly or referred to other specialities were removed from the total. We aimed to evaluate this service's impact by focusing on three measurable factors. Firstly, the average time spent in ED; secondly, the average time taken for patients to receive essential radiographic imaging and finally, the availability of a fracture clinic appointment.
Results: The results show the average time spent in ED reduced by 86% from 197 to 27 minutes. The average time to receive an X-ray was reduced by 18.5% from 81 minutes to 66 minutes. Looking at the data in depth we concluded that 56% of patients who attended the walk-in trauma clinic were discharged on the same day with no further follow up hence relieving pressures on fracture clinics. This was reflected by the fact that since the introduction of these clinics, a patient can be seen by a Consultant in a fracture clinic the next working day.
Discussion: These results show that these clinics have proven to positively impact all aspects of patient care. Furthermore, walk-in trauma clinics can deal with inappropriate referrals sooner and prevent unnecessary admissions, reducing unnecessary costs for the NHS. To conclude, Walk-in Trauma clinics have proven to be an invaluable service during this challenging period.

43. Audit Of Quality Of Communication Between ED And Radiology Departments, Leicester Royal Infirmary, UK 2022.

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Background: The department of radiology raised concerns regarding inadequate referrals from ED. We investigated requests for suspected Neck of femur (NOF) fractures which lacked information that allowed the radiographer to perform a patient-centred imaging strategy. Different imaging is usually required for existing metalwork/prostheses and patients with a history of malignancy.
Aim: To evaluate x-ray requests made for NOF fracture from ED, particularly looking at the adequacy of clinical information. We aimed to make improvements in requesting that result in less time wastage, less radiation dose for patients and reduced workload for the radiology department.
Methodology: Data was collected from a cohort of 30 randomly selected patients from ED at Leicester Royal Infirmary who were admitted with a NOF fracture between May and June. This data was carefully reviewed and compared to the set targets during the planning of the audit. 1. History and Clinical examination findings, 2. Previous metalwork/prosthesis in situ, 3. History of any primary malignancy
Result: The data showed the requests for x-ray lacked information on all three questions.
Less than 50% of the request had a clinical background with examination findings.
Only 40% of the request had information regarding any prostheses or implants. Unfortunately, none of the requests had any information regarding any malignancies.
Conclusion: With the advent of technology and electronic requests for imaging, there lies a communication gap which leads to under-diagnosis, inappropriate use of resources and a poorer quality of care. We aim to highlight this issue and improve on it by educating the requester and implementing a prompt-based request system, asking for all the relevant information.

44. Migrant Workers In The United Kingdom And Their Mental Health: A Systematic Mixed Studies Review

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Aim: This systematic mixed studies review aims to identify the mental disorders manifested by migrant workers in the United Kingdom and to highlight preventative strategies to help combat the issues identified. Migrant workers form a significant number of migrants in the United Kingdom.
Methods: Six electronic databases were searched. In addition, reference lists of selected papers were screened to identify other relevant papers that were not present in the databases. The search included published articles in the last twenty-one years (2000-2021). The Critical Appraisal Skills Program checklist was used to assess the quality of primary qualitative studies, and the AXIS critical appraisal tool was used to appraise primary quantitative studies. The most recent version of the Mixed Method Appraisal Tool was used to assess the quality of the mixed method studies.
Result: The search yielded a total of 1050 potentially eligible publications. Of these, 12 articles met the inclusion criteria for this systematic mixed studies review (7 Qualitative studies, 4 quantitative studies and 1 mixed methods study). Based on the findings from this review, the primary mental health outcomes among migrant workers are work-related stress, somatization, depression, anxiety, paranoia, social exclusion, suicidal attempt, and schizophrenia.
Conclusion: Globally, migration benefits both the host country and the country of origin. Migrant workers are at risk of health inequalities. This may be due to several factors, including working conditions, immigration policies, and language and cultural barriers. Findings from this review will guide policymakers in implementing laws that may help reduce distress among migrant workers, making workplaces safe and healthy for migrant workers.

45. A Closed Loop Two Cycle Audit Assessing The Adherence To NICE Guidelines In MRI IAM Referrals For Investigation Of Hearing Loss And Tinnitus

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Background: MRI IAMs are requested for various otological conditions. NICE guidelines recommend MRI IAM for the investigation of 1) asymmetrical sensorineural hearing loss (defined as ≥15db at two or more contiguous frequencies), 2) unilateral tinnitus, 3) pulsatile tinnitus, 4) hearing loss with localising symptoms (tinnitus/facial palsy).
Aim: To assess the adherence to NICE guidelines in requesting MRI IAM in patients with hearing loss and tinnitus
Methods: We performed a retrospective analysis of the MRI IAM requests and their indications from the ENT department of a DGH from July 2019 to December 2019 and assessed their appropriateness as per NICE guidelines. Following intervention in the form of a re-discussion of guidelines and laminated prompts for consultation rooms, we re-audited the MRI IAM requests from June 2022 to August 2022.
Results: In the first cycle, we found adherence to NICE guidelines in 60.75 per cent of requests, with 39.25 percent being inappropriate. The second cycle revealed adherence to guidelines in 92.5 % of cases.
Conclusion: Our closed-loop audit significantly improved compliance with guidelines from 60.75 % to 92.5 % (p-value <0.0001) following the intervention. This shows massive implications on cost saving for NHS and reduction of burden on radiological services. Re-education of guidelines every 4-6 months, especially in departments with a high turnover of doctors, will ensure future adherence to guidelines. A 100% adherence would lead to a potential saving of £39,360 per year.

46. Diversity And Inclusivity In The NHS

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Background: Racism costs lives, careers and prevents people from reaching their full potential to make a meaningful contribution to society. Despite many efforts to address racial discrimination against ethnic minority doctors in NHS, the problem remains. According to a recent survey published by BMA in 2022, among 2030 respondents, 84% of overseas doctors experienced racist incidents in their workplace in the last two years, compared to 69% who trained in the UK. 60% of respondents from Asian backgrounds, 57% from Black backgrounds and 45% from Mixed backgrounds felt racism had been a barrier to their career progression, compared to 4% of White British respondents. Of those who reported experiences of racism, nearly 58% said that doing so hurt them. Another BMA survey published in 2018 reported that 55% of ethnic minority doctors felt included in the workplace, compared to 75% of white doctors.
The aim, Methodology: A review of literature from various journals was used to identify and understand the extent of racial inequality experienced by medical personnel at the workplace and different approaches that can be used to tackle this problem.
Results: Although many surveys were conducted over the years and research was published on ways to tackle this issue; it remains clear that much more is required to tackle racial disparities against medical professionals. No single intervention can make a difference.
Conclusion: It's important to practice different approaches to create a lasting effect. The cornerstone is creating an independent body that can address the problem should it not be resolved locally. It can be prevented by education and implementation of anti-discriminatory strategies and managed by 3R's approach, which involves, Recording the incident, Recording the witnesses Reporting the incident and providing due support later on.

47. Factors Impacting Junior Doctor Attendance In Weekly Teachings Taking Place In Acute Medicine At A North-West Hospital

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Background: The AMU is one of the busiest departments in the hospital, which means it is one of the best places to learn things. (1) Keeping that in mind, teaching sessions are a great way of staying up to date during the busy week.

Method: A survey was sent to all AMU juniors in the department (n=18), including FY1/FY2, GPST/IMT, and Trust grade ST1/2 doctors. There was an 88.8% response rate.
Teaching sessions were held once a week, and this study was used to analyse different variables, including understanding ideas from a presenter's and an audience's point of view.
Results: 81% of responses were from trainees/trust-grade doctors. Unfortunately, only 18% of participants attended weekly teaching weekly, whereas 31% said they did not attend the sessions. From those attending, 50-60% said they found the topics relevant, kept them up to date, appreciated fixed timing, and found the presenters engaging. Up to 75% said the teaching sessions have positively impacted their clinical practice. 75% said they enjoyed sponsored pharmaceutical input as it helped keep them up to date with new medicines.
81% of junior doctors said they found it difficult to attend due to the workload in the wards, and similarly, 61% said they did not present actively due to difficulty in finding time to make presentations; 93% said they would be interested in improving their teaching skills by taking courses.
Conclusion: This survey helped us identify the positives and gaps that need bridging. Protected teaching time needs to establish for continuing medical education, and encouragement is needed to bring in presenters. Incentives, such as teaching/attendance certificates, can be provided, and recorded lectures can be made available for later watch.

48. An Audit Cycle On Improving New Heart Failure Diagnosis And Management

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Background: Heart failure is an increasingly prevalent condition in the UK. It is a condition where the heart develops structural and functional abnormality resulting in its inadequacy. Diagnosing heart failure involves not only clinical judgement by doctors and specialist nurses, it also involves quantitative assessment via tests such as echocardiography and pro-NT-BNP, all of which should be done within specific timeframes. In this audit, we reviewed the patients presenting with undiagnosed heart failure symptoms against the guidelines provided by the Trust for managing suspected heart failure patients.
Method: We gathered data from 28 patients who presented with heart failure symptoms at Blackpool Victoria Hospital and recorded if the heart failure investigations and referrals were being done according to Trust guidelines. The significant aspects measured were the utilisation of PRO-NT-BNP levels, involvement of heart failure teams within 24 hours, conducting echocardiography within 48 hours of presentation, and appropriate outpatient follow-up arrangements after discharge.
Results: We found that the rate of complete adherence to the guidelines was much lower than expected. While all 28 patients with suspected heart failure had pro-NT-BNP done (all patients had proNT BNP levels >400 ng/L), the biggest challenge faced in heart failure management was with the time frames involved. We found that only 7 out of 17 echocardiographs were done within 48 hours, and only 1 out of 9 patients reviewed by the heart failure team were within 24 hours of presentation.
Discussion: This audit cycle recognises shortcomings in managing heart failure in medical wards. The time frames can help us optimise inpatient management, reduce the workload on the GPs, and overall reduce the duration of inpatient stay. The second cycle is due in October 2022.

49. Formative Assessment In A Post-Covid-19 Era: The Value Of A Peer-Led Virtual Mock Assessment In Blackpool Victoria Hospital, NHS Foundation Trust Undergraduate Medical Students

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Background and aims: Active learning strategies, such as formative assessment, have been associated with more robust academic performance. Moreover, the COVID-19 pandemic has widely demonstrated the positive impact of blended learning methods through the appropriate use of the virtual platform. Peer-led education has also become widely accepted as a powerful adjunctive teaching tool. To capitalise on these educational strategies, we delivered a peer-led virtual mock assessment as a university finals assessment preparation method for UK undergraduate medical students. We subsequently evaluated student perceptions of this mock assessment.
Methods: Vevox is a cloud-based interaction tool used to deliver the examination. Zoom was used to coordinate information with live participants. Thirty single-best-answer questions, testing core clinical knowledge, were added to the platform as a series of live polling options that participants could answer remotely on their mobile/laptop devices. Ninety seconds were allocated per question. A cross-sectional survey with Likert-type options was disseminated.
Results: 198 students completed the survey. Most students agreed the assessment aided their preparation for university finals assessments (median:8, IQR: 7–9). The assessment was perceived as helpful preparation for both written and online assessments (median:10, IQR: 8-10). Most participants (n=104, 52.5%) felt the total number of questions and time allocation per question was ideal for a mock assessment. Vevox was regarded as an effective platform for delivering the assessment (median:9, IQR: 8–10) and was agreed as superior to other live polling software (n=129, 65.2%).
Conclusion: The virtual mock assessment was implemented to simulate a controlled summative assessment environment and was perceived as a pedagogical educational experience. The designated number of questions with limited answering time allowed time-pressured evaluation of knowledge, with little opportunity for cheating.

50. Burn Out Amongst LED-IMGs Working In The AMU/General Medical Departments In A North West Hospital

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Background: Doctors worldwide face burnout. Koutsimani et al. define burnout as a psychological syndrome characterized by emotional exhaustion, feelings of cynicism and reduced personal accomplishment. In 2021, about 1/3rd of trainee doctors in the UK reported feeling burned out as per GMC National Training Survey; however, there is no data regarding LED doctors.

Aim: This study aimed to identify how many LED-IMG doctors at this hospital experienced burnout on average, relevant factors, and whether this has impacted their decision to come to the UK.
Methods: During August 2022, 26 LED IMGs were working in AMU/GenMed at a North West Hospital – a survey was shared, consisting of questions regarding experiences with burnout. There was a 96.1% response rate.
Results: The majority of the responses (64%) were from doctors between the ages of 26-30. Most doctors (48%) had been working in the trust between 6-12 months, stating it took them 3-6 months to adjust to the UK culture. 60% managed to develop work friendships within 3 months. 48% said they were able to adjust to the NHS. However, 80% said they felt burned out. Burn-out was experienced at least once a week by 52.2% of doctors, with staffing, workload, and the attitude of co-workers being the top reasons.
48% felt they could not speak up about their problems, and 76% stated they try to be optimistic about stress. 40% said they felt moderately homesick. However, the majority (64%) said they were happy with their decision to come to the UK.
Conclusion: Working in the NHS is a vastly diverse experience for many new doctors. There is a rise in burnout amongst many doctors coming to the UK, and despite showing resilience in the face of adversity, much more support needs to be garnered.

51. Maintaining Student Engagement In A Post-Covid-19 Era: The Value Of Using 'Simpsons' Characters To Teach Jaundice To Undergraduate Medical Students

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Background and aims: The use of popular culture as a vehicle for knowledge delivery and enhancing engagement has excellent potential. However, its educational value has not been extensively evaluated. Moreover, there are concerns regarding learning fatigue from excessive use of video conferencing platforms in the aftermath of the pandemic. Innovative solutions are mandated to ensure effective learning during online teaching sessions that enhance audience understanding while maintaining attention span. To address this, we evaluated the use of popular culture in an online near-peer teaching session.
Methods: An online teaching session, titled 'Jaundice for Finals', consisted of clinical vignettes and single-best answer questions (SBAs). Characters from 'The Simpsons' were utilised to deliver knowledge on jaundice through a series of carefully designed clinical vignettes. The vignettes were written using 'Simpsons' characters as context for the different causes of jaundice. No prior knowledge of the 'Simpsons' TV show was necessary to correctly answer the SBAs. A cross-sectional survey, with 7-point Likert questions, was disseminated.
Results: 53 survey responses were collected. 92.5% of participants had heard of the Simpsons TV show before the session. The participants reported understanding of jaundice after the session was significantly higher than before the session [median:6 (IQR:5-6) vs median: 4 (IQR:3-4.5), $p<0.0001$)]. Participants agreed the addition of 'Simpsons' characters improved their knowledge of jaundice and made the teaching more memorable and engaging [Knowledge (median:5, IQR:4-6), Memorability (median: 6, IQR: 5-7), Engagement (median: 6, IQR: 5-7), $p < 0.01$].
Conclusion: If appropriately integrated, popular culture can effectively engage students while increasing self-perceived knowledge retention. 'Simpsons' characters can be pedagogically and professionally utilised as patient analogies to deliver teaching on the topic of jaundice.

52. Tuberculosis In Immigrants In The United Kingdom

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Background: According to Tuberculosis (TB) in England report 2021, TB rates in the UK continue to be highest among the immigrant population accounting for 72.8% of total cases in 2020. It has also been observed that the incidence of Multidrug-resistant TB (MDR TB) is higher among immigrants than the native population. The TB risk among migrants has been noted to be highest within 2-5 years following immigration. Various factors have contributed to the increased risk of TB infection or reactivation of latent tuberculosis infection in immigrants.
Methods: A review of the literature published in different journals were used to understand the factors contributing to the increased incidence of TB infection in immigrants and devise preventive measures to decrease the TB rates.
Results: A broad variety of contributing factors such as differential pathogen exposure, transnational movements, BCG vaccination, genetic susceptibility, vitamin D deficiency, co-morbidities, socioeconomic status, experiences of migration, and differential treatment seeking have been identified and have contributed to increased incidence of TB in immigrants. NHS also has access to faster diagnostic methods like the use of polymerase chain reaction techniques in detecting MDT TB
Conclusion: Pre-entry tuberculosis testing, early primary care registration by increasing awareness, and latent tuberculosis infection screening can help in effective diagnosis and reduce the risk of progression to active disease among immigrants.

53. A Case Of Bilateral Adrenal Haemorrhages

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Background: Adrenal haemorrhage is a rare clinical presentation with an incidence of only 5 in 1,000,000 [1]. 10% of these are bilateral adrenal haemorrhages, which has a very high mortality rate of 15 % [2]
Case summary: 22-year-old female had C-section for persistent breech presentation at term. She has a history of preterm delivery due to chorioamnionitis during her previous pregnancy. The patient had about 1.2L post-partum haemorrhage. She deteriorated after 24 hours of C-section, with hypotension, pyrexia, and decreased urinary output. The blood result showed acute kidney injury (AKI), raised INR, raised procalcitonin>100ng/ml, severely deranged liver function tests, hyperkalaemia (K+ 6.9mmol/L) and hyponatremia (Na+ 129mmol/L). CT- abdomen showed bilateral acute adrenal haemorrhages. In critical care, she was started on IV hydrocortisone and treatment for post-partum haemorrhage, sepsis, and AKI.

Following clinical improvement, the hydrocortisone dose was reduced. She had a short Synacthen test which showed a subnormal response to Cosyntropin (cortisol of 207 nmol/L and 192 nmol/l) with raised ACTH of 102 ng/L.
She was discharged on hydrocortisone 10/5/5 dose with outpatient endocrine follow-up.
Discussion: Bilateral adrenal haemorrhages have been reported in patients with infection, trauma and anticoagulants [3]. Due to the high mortality rate, it is essential to have a very high index of suspicion for treatment. IV steroids are the key if there is a suspicion of adrenal insufficiency in patients. In this case, the aetiology of bilateral adrenal haemorrhage is likely multifactorial, including postpartum haemorrhage and sepsis. In such cases, it is also essential to distinguish whether the adrenal insufficiency is not due to a central cause, as postpartum haemorrhages were also noted. In this case, the anterior Pituitary hormones were normal, and ACTH was raised.

54. A Case Of Severe Insulin Resistance And Insulin Allergy

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Background: A 63-year-old gentleman diagnosed with type 2 diabetes in 2004 started insulin in 2010. Has a background of diabetic peripheral neuropathy, retinopathy, hyperlipidaemia, hypertension, ischaemic heart disease, and obstructive sleep apnoea. The patient had reasonable diabetes control with HbA1c between 50 to 57mmol/ml. Referred to diabetes clinic due to allergic reactions to Humalog Mix30. The patient tolerated Bovine Insulin with a modest effect on blood sugars but discontinued it due to lack of availability. An immunology review confirmed multiple insulin allergies. IgG antibodies for insulin and autoantibody screen were negative. The patient seemed to tolerate Humulin R u500 and Toujeo with no overt allergic reactions. However, the requirement for insulin was increasing with seemingly little effect on blood sugars, requiring 900 units of insulin/day with Metformin and SGL21, with blood sugars in the twenties. The HbA1c was 115mmol/mol. To assess adherence and response to IV insulin, the patient was admitted. SC insulin given under supervision had no discernible effect on blood sugars. With IV insulin, the blood sugars improved immediately, requiring less than 0.5units/kg/day to achieve euglycaemia. A trial of high-dose prednisolone given did not make any change. A trial of continuous subcutaneous insulin infusion, CSII (Onmipod pump with Novorapid) showed dramatic improvement in glycaemic control (75% time in target, on 1.1u/hr basal rate and bolus 1:10) with the latest HbA1c 49mmol/mol.
Discussion: This patient showed features of severe subcutaneous insulin resistance (SIR) and insulin allergy. SIR is rare and was first reported in the 1970s by Schneider (1) and Paulsen (2). There are reports of SIR treated with CSII with limited long-term success, requiring inhaled insulin, intraperitoneal or, in some cases, islet cell transplant3. Insulin allergies, however, are managed by avoidance, alternative insulins, CSII or immune suppression4. This case shows successful treatment of these two syndromes with CSII.

55. Case Report Of Melioidisis /Whitmore's Disease

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Background: Melioidosis, caused by the gram-negative saprophyte Burkholderia pseudomallei, is a disease of public health importance in southeast Asia with high case-fatality rates in animals and humans.1
Case History: A 62 year/ MALE presented with C/o Fever x 2 weeks (high grade, intermittent, No diurnal variation) and generalized tiredness for 2 weeks; he complained of Decreased Appetite since 2 weeks he had H/ o passing dark-coloured stools with the foul smell for 3 days, H/o Vomiting for 3 days (dark coloured contents). The patient had h/o travel to Sri Lanka.
Past History: Patient was K/C/O Diabetes Mellitus and HTN for 10 yrs
Clinical Findings: HbA1c - 8.4%, INR:1.44 , D-DIMER: 3.39. No other clinically significant finding was seen.
CT – Abdomen: Showed Hyperdensity within the gastric antrum, D1 and D2 segments of duodenum -? Haemorrhage/clots, Cholelithiasis B/L Mild perinephric fat stranding with thickening of pararenal fascia seen
CT - Chest Suggestive of Small Airway Disease.
Course In Hospital: The patient was evaluated for the cause of sepsis/ Disseminated Intravascular coagulation. Empirical antibiotics were started after sending cultures. Hypotension was managed with fluid resuscitation, transfusion and inotrope support; UGI endoscopy showed pooling of altered blood in the body and fundus of the stomach. Blood Cultures grew Burkholderia pseudomallei (S-Imipenem, Meropenem, Ceftazidime). Antibiotics changed to Imipenem and doxycycline and later de-escalated to Ceftazidime + Doxycycline. The patient's complaints of fever subsided on day 5 of the hospital stay.
I/V/O persistently elevated WBC counts. A relook Endoscopy was done due to a drop in Hemoglobin- which showed a duodenal ulcer. Managed by injection sclerotherapy

56. Predicting the amount of cement required while performing a cemented ETS hemiarthroplasty and its cost implications

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Background: Cemented hemiarthroplasty is one of the most everyday operations in orthopaedics; hence, predicting the amount of cement used can be cost-effective in the long run.
Aim: Predict the amount of cement required while performing a cemented hemiarthroplasty.
Methods: Retrospective analysis of consecutive series of 51patients undergoing cemented hemiarthroplasty with Exeter monoblock stem from November 2021 to April 2022. The volume of a cylinder(femoral-canal) is 3.14xR2xH. The 'H'(Length) was standardized using a 150cms ETS and a Hardinge restrictor sunk at 17cms from the GT allowing for a 2cms cement tail. The residual cement was weighed to ascertain the amount of cement wasted. Palacos-R cement was used in all cases (single mix consisting of 40mg-polymer+10mg-monomer).

Results: Mean age was 79(61-99). All operations were performed using a modified Hardinge approach, monoblock-ETS, Palacos-R cement and Hardinge restrictor. Number of Dorr-A femurs were 4(8%), Dorr-B femurs- 14(28%) and Dorr-C femurs were 33(64%). The average amount of residual cement when using 2-mixes was 33grams, using 1.5-mixes was 22grams and with a single mix was 5grams. There is a tendency to use 2-mixes of cement as a default, resulting in unnecessary wastage.
Conclusion: Keeping the length(height of 17cms) constant, the volume of cement (in terms of the number of cement mixes) can be predicted by ascertaining the radius of the femoral canal. This femoral canal radius depends upon the Dorr type and the size of the femur. Considering that the majority of femurs are Dorr-C at that age, predicting the femur size is vital. This femur size tends to be larger in tall males (requiring 2 mixes) in contrast to the other spectrum of petite females (requiring a single mix). Not wasting an average of 33grams (almost a whole mix) with 2-mixes(when not required) can be a substantial cost-saving factor in the long run.

57. The sustainability of analgesics: Could the adoption of oral pre-operative analgesia reduce the need for analgesics, reducing the environmental and economic impact of IV drug use on the NHS?

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Background: The current UK NHS carbon footprint is 24.9 million tonnes CO2e annually. The main contributors are medical equipment and pharmaceuticals, and thus, the scrutinisation of these areas to help deliver a net-zero NHS by 2050. As pharmaceuticals are the most significant GHG emitter within the NHS, with paracetamol being the most clinically used analgesic, it represents an ideal target to determine the magnitude of GHG emissions attributable to its different delivery formats.
Method: To assess carbon dioxide equivalents (kgCO2e) and price per1g of paracetamol use pre or intra-operatively between Intravenous (IV), suppository, oral tablets, oral effervescent and suspension preparation. Life cycle assessment(LCA) was calculated from 'cradle-to-grave', applying the Inventory of Carbon & Energy database to attain the embodied carbon factor to enable a total kgCO2e for each preparation(DEFRA.2021)
Results: The IV preparation has a significantly higher total kgCO2(9.233), suspension(2.797), suppository(0.70537), effervescent(0.385), and oral tablets(0.0847) of kgCO2e per 1g paracetamol used as surgical analgesia. Representing a 110X increase comparing the use of 1g IV to oral paracetamol. The most energy-demanding sub-section was cradle to gate(98%), with travel and waste contributing under 2% to the total GHG emissions. Oral tablets had the lowest cost (£0.0249)/ 1g paracetamol, effervescent(£0.182), suspension(£0.523), IV(£1.20),with suppositories the highest at £11.04. IV paracetamol is 48x more expensive than oral tablets.
Discussion: On assessing the carbon footprint, clinical efficiency, and price, this study has evaluated the sustainability value of each paracetamol preparation. It shows a considerable carbon footprint in IV preparations over its oral alternative. The clinical use of IV paracetamol must be questioned, with oral preparations having the same efficiency with a significantly lower GHG emission total and price per use. It highlights the sustainable alternatives to oral tablets concerning specific patient populations, with effervescence and suspensions still superior to IV environmentally and economically.

58. An audit on preoperative antibiotic prophylaxis in patients undergoing laparoscopic cholecystectomy and inguinal hernia repairs in Kingsway hospitals, Nagpur.

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Background: Patients who develop surgical site infections are five times more likely to be readmitted to the hospital. Antibiotic prophylaxis is the administration of antibiotics before surgery to reduce the risk of postoperative infections, the need for which is compelling.
Aim: To answer the following questions about the preoperative antibiotic prophylaxis (PAP) being followed at Kingsway – (A) Was the agent appropriate? (B) Was the time of administration appropriate? (C) Was the dose correct? (D) Was the route correct?
Methods: Data was collected prospectively using a google form from August 1 to December 31, 2021. The audit was done at Kingsway Hospitals in Nagpur, India. In an excel sheet, relevant data was entered. Our practices were assessed against a set of WHO guidelines. A strategy was developed and shared with the consultants.
Results: There were 30 patients in total. A lag was found in the agent being used, and 87% of the patients received an alternate agent. In 100% of the instances, the administration was 30-60 minutes before the incision. An intravenous route is recommended, which was the case in 100% of our patients. Both procedures employed mostly first-line medicines, but because of the discrepancy in the agent being used, only 13% times the dose was correct.
Conclusion: A gap was discovered between practice and recommendations at Kingsway Hospitals. The consultants involved were notified of the findings, and a strategy was devised to adhere to the WHO criteria more closely. The re-audit will be done in February 2023 to assess if the gap between practices and standards has been closed.

59. Hydroxyurea-induced oral, nail, and cutaneous hyperpigmentation.

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Background: Hydroxyurea (HU) is an antineoplastic and antimetabolite commonly used in treating sickle cell disease, essential thrombocythemia (ET), Psoriasis, and solid tumours. We present a case of a 73-year-old female diagnosed with ET who developed rare adverse effects of HU, such as oral, nail, and cutaneous pigmentation. HU-induced hyperpigmentation and melanonychia are not commonly reported. The physician should be aware of such rare adverse effects and closely monitor them to avoid further drug toxicity.

Case description: A 73-year-old female patient diagnosed with ET and past medical history of sacroiliitis, coronary artery disease, and left renal calculi. The patient was diagnosed with ET on ~ 18/06/2022. Hence HU was prescribed. On 22/09/2022, the patient presented with hyperpigmentation in the tongue, all 20 nails, palm, and sole however, the medication was well tolerated. The patient was anxious about hyperpigmentation and was worried about skin malignancy. HU's rare adverse effects were identified and explained to the patient. The patient agreed to continue HU after an explanation. However, HU's dose was reduced from 500mg BD to OD. On 13/10/2022, lesser pigmentation was identified compared to the previous hyperpigmentation. Moreover, HU was discontinued as the patient platelet count was within normal range. The patient was advised to follow up after one month with a platelet count report.
Conclusion: The adverse reaction of HU should be explained to the patient before prescribing HU to reduce the risk of anxiety. The physician should be aware of the adverse reactions of HU to avoid unnecessary intervention. However, continuous monitoring and follow-up can help avoid the drug's toxicity.
Highlight: As physicians, we want to spread awareness about these rare side effects and early mention of adverse effects to the patient to alleviate anxiety and avoid unnecessary intervention.

60. Clinical audit on breaking the bad news to patients and relatives in diagnosed cancer patients as per SPIKES protocol at Kingsway hospitals, Nagpur

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Background and aim: Breaking bad news is an essential and often difficult task faced by nearly all healthcare professionals. The audit aims to close the gap by formulating proformas and bringing changes to existing guidelines to make the difficult task performable, thereby increasing healthcare quality.
Methods: Study design- Prospective study.
Period of study- February to April 2022
Place of study and data collection- Oncology OPD, chemotherapy wards, and patients' consent were taken before data collection.
Sample size- 40 diagnosed cancer patients were studied. Forms- A proforma was formulated.
Results: Was the news broken- 77.5%? Where was the news broken- 70%? Who broke the news- 82.5%. Patient's understanding and other relatives informed- 75%. Next plan of action and treatment options discussed- 86.5%.
Documentation of breaking the news- 40%
Discussion about prognosis- 72.5%. Patients requests noted- 95%
Conclusion: An audit tool to break the bad news allows better psychological adjustment by the patient. Reduces stress among healthcare professionals. Facilitates an open discussion among patients, relatives and doctors. The audit showed considerable adherence to the formulated protocol.

61. An audit on treatment compliance of patients receiving Paclitaxel and carboplatin therapy in Kingsway Hospitals, Nagpur, India.

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Background: Paclitaxel and carboplatin are two essential anticancer agents. Compliance with therapy is critical, especially in therapies with curative intent. Reduced adherence leads to poor outcomes, including an increase in morbidity and mortality.
Aim: To assess patient adherence to paclitaxel and carboplatin therapies in cancer patients and to - Analyze the compliance rate and identify gaps in adherence, complications, and problem resolution.
Method: Over four months, a prospective audit encompassing audit and re-audit cycles was carried out. Patients' notes, discharge summaries, attendance, complications, and compliance issues were collected from 50 patients receiving Paclitaxel and Carboplatin. The data were analysed using Excel sheets.
Result: The initial audit cycle indicated a 24% non-compliance rate. Financial issues, forgetfulness, travel constraints owing to covid norms, and illness were all noted. Financial struggles and forgetfulness accounted for 66% of the total. Patients and staff were educated on the significance of chemotherapy adherence, a record-keeping and attendance registry was established, reminder calls and messages were initiated, and patients were provided financial incentives. A re-audit was performed, and a 16% improvement non-compliance rate was observed, regarded as acceptable.
Conclusion: Patient compliance with chemotherapy is critical, especially for those treated with curative intent. Compliance can be significantly enhanced and complications prevented by educating staff and patients, motivating them, and using appropriate tools. This audit demonstrates the same.

62. Clinical audit- Thyroid function testing in patients with hypothyroidism receiving replacement thyroxine

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Background and aim: The aim is to provide timely monitoring of thyroid function testing in hypothyroidism patients receiving replacement thyroxine and appropriate treatment.
The study was conducted in Kingsway hospitals, Nagpur, India
Methods: Sample size: 50, Study type: Retrospective study, Duration of study: 1 month (April 2022), Data sampling: Outpatients with hypothyroidism
Inclusion criteria: Adult patients diagnosed with hypothyroidism and receiving thyroxine
Exclusion criteria: Newly diagnosed patients in current visit, Pregnant women, Children
Source: Recommendation 13, ATA/AACE Guidelines for Hypothyroidism in Adults, 2012
Results: Timely testing - 21 (42%), Too frequent testing - 12 (24%), Too late testing- 17 (34%)
Conclusion: Awareness about ATA/AACE guidelines. Importance of audits to improve patient care. 42% of the patients got timely testing even in times of pandemic. Considerably good sample size

63. An audit on premedication compliance in patients receiving Paclitaxel and Carboplatin therapy in Kingsway Hospitals, Nagpur, India.

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Background: Paclitaxel and carboplatin are commonly used as chemotherapy agents and are notoriously known to cause fatal hypersensitivity reactions. Dexamethasone, a glucocorticoid and Ranitidine, a Histamine 2 antagonist, are used as premedications to prevent adverse reactions to this chemotherapy regime. Numerous research and meta-analyses have highlighted their efficacy and significance.
Aim: To evaluate premedication therapy adherence in cancer patients receiving paclitaxel and carboplatin.
To discover gaps in premedication adherence.
To record any complications.
To resolve compliance issues and bridge the gap.
Method: 50 patients were included in a prospective audit that lasted five months. Using tools such as patients' notes, history, discharge summaries, and medication charts, data were generated and analysed using Excel sheets. The dose, route and timing of premeditation were noted and compared with the local guideline. The issues were fixed, the gap was reduced, and a re-audit was performed.
Results: During the audit cycle, 20% of patients were non-compliant with their premedication. According to analysis and history, the most common reasons were inattention and hyperglycemia. Patients and staff were taught the necessity of premedication, and reminder calls and messages were initiated to remind patients about medication time, dosage, and route, and an endocrinologist's opinion was taken to address steroid-induced hyperglycaemia. These findings were presented locally, and recommendations were implemented. The re-audit found that the deficit had been significantly reduced as only two of the twenty-five patients were noncompliant. The results were deemed acceptable, and the audit was closed.
Conclusion: Adverse reactions, including fatal hypersensitivity reactions, are common complications in chemotherapy patients. They can be successfully avoided with the right premedication. This audit demonstrates that strict adherence improves outcomes and prevents deadly consequences.

64. Impact of virtual consultations on carbon footprint and health economics in neurosurgery: could the COVID-19 pandemic have a silver lining?

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Background: The COVID-19 pandemic created an urgent need to protect patients and clinicians by replacing traditional outpatient appointments with remote consultations. Benefits for patients and the environment, including reduced travel time and costs, greater patient choice, and improved CO2 emissions, have been poorly explored. We examined these savings from our neurosurgical outpatient clinic, which serves urban and rural areas, during UK's first COVID-19 peak.
Methods: All planned adult neurosurgical outpatients' appointments in Wales from 1st April to 30th May 2020 were included. A successful 'remote appointment' was defined as when the replacement enabled onward clinical management for the patient by phone, video, or letter.
For these patients, estimated savings in total mileage, travel time and petrol costs were derived using web mapping software and UK government databases. Carbon emissions were approximated based on UK's most popular car.
Results: 81 remote clinics were conducted over the above-described period, with 552 face-to-face appointments re-scheduled. 77.2% (426) were completed virtually (388 telephones, 32 letters, 6 videos), 12.1% were rearranged, and 10.7% were deemed insufficient, similar to a 'Did Not Attend' outcome. These consultations translated into the following potential savings: total road mileage (21,292 miles), petrol costs (£3,492), cumulative travel time (592 hours) and carbon emissions (2.9 tonnes of CO2 equivalents in g/km).
Conclusion: We show the potential savings that remote consultations can offer patients and the environment. Other benefits include increased patient choice and access, especially for those who live far away or in rural areas. Therefore, while virtual clinics do not replace F2F appointments entirely, they may have a significant role in a future hybrid outpatients model.

65. Prevalence and predictors of low birth weight in India: Findings from the 2015-2016 National Family Health Survey (NFHS-4), Professional publication framework

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Background: The main factor for the survival, growth, and development of a newborn is the birth weight. Low birth weight (LBW) infants are likely to be born with congenital heart anomalies and prone to more severe problems like sepsis and respiratory, metabolic and neurodevelopmental disorders. According to the National Family Health Survey (NFHS) of India 2015-16, the prevalence of LBW is at 18.2% of all live births. No proper data accounts for the LBW prevalence at the national level in either birth certificates or hospital discharge data forms, even though India has the highest reported rates for LBW globally. Aim: This paper determines the prevalence of LBW and the factors influencing it in India, also mapped distribution by state. The study will help understand the main factors causing LBW and contribute to developing interventions and policies to reduce the incidence of LBW. Methods: This study consists of the secondary analysis of India's NFHS-4 data. The descriptive results were obtained through chi-square and t-test. Univariate and multivariable logistic regression results obtained predictors causing LBW in India. The causal diagram was drawn using Directed-Acyclic-graph to obtain the potential confounders of the association between maternal age at the time of delivery and LBW. Results: Predictors causing LBW in India are the mother's age at the time of delivery, female child, birth interval less than 24 months, mother's low educational level, poor wealth index, rural residence, no insurance coverage, history of infant death, mother's low BMI, being anaemic, and inadequate ANC visits during pregnancy. Maternal age at the time of delivery is significantly associated with LBW after controlling for confounders. Mothers aged below 18 at the time of delivery are at higher risk of having an LBW child than other women (OR: 1.212, 95% CI: 1.172 - 1.303).

66. An Audit Of Time Taken From First Medical Contact In ER To Treatment In Patients Suffering From ST Elevation MI

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Background: This was an audit done in Kingsway Hospital, Nagpur, from January 2022 – May 2022. The aim was to study the time taken for medical intervention in treating patients suffering from ST-elevation Myocardial infarction from the point of first medical contact in the Emergency Room (ER) . The objective was also to determine compliance with treatment guidelines in such patients as per NICE guidelines.
Method: It was a retrospective & prospective study with a sample size of 25 patients. The resources included patient case files and NICE guidelines. The data was collected using questionnaires and entered into an excel sheet, and the results were interpreted using various graphs and tables.
Results:21/25 patients included in the study were more than 50 years old, and the majority were males. 76% of the patients had comorbidities like Diabetes Mellitus, Hypertension. The doctor saw 52% of the patients within 5 minutes of arrival in ER. Most patients had their ECG done within 15 minutes of arrival in ER. Regarding management, 64% of patients with ST-elevation MI underwent primary percutaneous intervention (PCI), and 36% were treated by thrombolysis. 25 % of the patients had their primary PCI done within 12 hours of the onset of symptoms. Thrombolysis for all patients was done within 100 minutes from the time of arrival in ER.
Conclusion: As far as thrombolysis was concerned,100% compliance with NICE guidelines was observed amongst the patients included in the study. As per the NICE guidelines, among the 4 patients who received primary PCI within 12 hours from symptom onset, only 2 underwent PCI within 120 minutes. Mortality /Morbidity rates post-intervention and until discharge was minimal/nil for all the patients studied.

67. Outcome of Multimodal treatment algorithm for Management of Necrotising pancreatitis

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Background: Infection of pancreatic necrosis is the most critical risk factor contributing to death in severe acute pancreatitis, and it is generally accepted that infected pancreatitis should be managed surgically. Acute necrotising pancreatitis accounts for 10% of acute pancreatitis cases. Less than 4 weeks of disease onset: Acute necrotic collection (ANC) Greater than 4 weeks of disease onset: Walled-off Pancreatic Necrosis (WOPN)
Aim: To devise a multidisciplinary approach for managing Acute Necrotising Pancreatitis.
Methods: A prospective observational study was conducted on 11 patients with biochemical and radiological evidence of Acute necrotising pancreatitis. The study was conducted at a tertiary care centre, Kingsway hospital in Nagpur, for 6 months and the results obtained were systematically tabulated in respective proportions.
Results: Out of 11 cases, less than 2% of patients required intervention after treatment. Multimodal management was effective in about 95% of patients. Less than 5% of patients reported adverse effects related to management. No mortality was reported.
Conclusion: A multidisciplinary conservative approach should be considered for patient stabilization before any surgical intervention, such as an open necrosectomy, as it drastically reduces mortality. Patient-centric management should be considered, and minimally invasive techniques such as endoscopic and laparoscopic/Video-assisted retroperitoneal debridement should be implemented wherever indicated.

68. Gentamicin Antibiotic Dosing in Acute Surgical Patients

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Background: Gentamicin is a broad-spectrum aminoglycoside commonly used to treat intrabdominal sepsis. Despite its significant side effect profile, its clinical use is commonly missed or insufficiently monitored. A quality improvement project was carried out to investigate contributing factors and ratify this.
Methods: Patients admitted to Surgical Decision Making Unit (SDMU) at Morriston Hospital started on Gentamicin were identified. Data was prospectively gathered for height, weight, Gentamicin dose, the timing of the initial dose, the timing of level taken, adjustment and timing of the second dose, and compared with guidelines.
A poster was made summarising essential guidelines with a nomogram for dosing and displayed on computers in SDMU, and surgical wards and attached to new patients' drug charts. Re-audit of the Gentamicin prescription was then completed to assess improvement in compliance.
Results: Of 43 patients in the pre-intervention group, 16 (37.2%) were started on an incorrect dose, of which 5 were changed. 17 (39.5%) were missing key parameters to dose Gentamicin, and 28 (65.1%) had their Gentamicin level taken at an inappropriate time, causing a delay of the second dose in 11 cases.
51 post-intervention patients were analysed. 21 (41.2%) were started on an incorrect dose, of which 11 (52.4%) were changed, a 67.6% improvement. 16 (31.4%) had their level taken inappropriately, 8 of whom had delayed treatment; a 51.8% reduction in inappropriate level taking.
Conclusions: Weight measurement was the main factor for incorrect dosing. The intervention included adding weight recording to doctors clerking, which reduced inaccurate dosages. Pharmacists were invaluable in identifying inaccurate dosing however, further education of junior doctors is needed to streamline Gentamicin prescription. Despite improvement in level timing, levels taken >24 hours post-dose still proved problematic. Further improvement in communication is needed to ensure timely administration.

69. Patients' recollection of post-procedure complications for a local anaesthetic procedure with written and signed consent as compared to verbal consent

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Aim : To analyse the efficacy of taking verbal consent for flexible cystoscopy as opposed to taking written consent and whether it affected patient recall of complications.

Methodology: Flexible cystoscopy has 3 main complications we mention to the patients – Dysuria, hematuria and Infection. The month-long study from August to September 2022 involved 40 patients who had an elective flexible cystoscopy in Aberdeen Royal Infirmary and were randomly selected. 20 patients had verbal consent before the procedure, and the other 20 had a written and signed consent form. We then asked these patients, post-procedure, if they recollected the 3 significant complications mentioned earlier.
Results: All patients recalled that dysuria would be expected post-procedure. However, 65% of the patients who had written and signed consent recalled haematuria as a complication compared to 45% of the patients who had verbal consent. 40% of the patients who had a written and signed consent recollected that they might have dysuria post-procedure. This was 25% of the group that had verbal consent.
Discussion: Putting pen to paper in a written consent form significantly impacts a patient's recollection post-flexible cystoscopy. However, given the quick and relatively rapid turnover of patients, is there a better way to ensure patient recollection by perhaps explaining with a pre-prepared visual aid to assist patients with quick procedures like flexible cystoscopies?
Conclusion: At present, verbal consent does not supersede written consent when it comes to patient recall post-flexible cystoscopy

70. To see or not to see: Quality improvement project on patient feedback forms

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Aim: To assess the need for larger fonts for patient feedback forms for patients attending the Ophthalmology clinic.
Methodology: We selected 85 patients in the Ophthalmology clinic at Aberdeen Royal Infirmary. All patients were shown 2 feedback forms. They were given a feedback form used for years to collect their views and recommendations regarding the service. In September 2022, we introduced a feedback form with a larger font size. We collected the data from the feedback forms to analyse the following parameters-ability to read the text, their visual acuity, and reasons why the patient could not read the standard form.
Results: A total of 85 patients were involved in this study. 35.3% of the patients could read the pre-existing form. However, 64.7% of patients could read the enhanced form. The remainder of the patients could not read either because of pupil dilation or because they did not have their spectacles in hand. We also assessed the visual acuity of all subjects and compared it with DVLA standards for driving (6/12 or better). All the patients who could read the standard forms had 6/7.5 or better vision, whereas only 70.90% of patients who could read the larger print had 6/12 vision or better vision.
Conclusion: Many patients who present to an Ophthalmology clinic have impaired vision. As such, it would be imperative to provide magnified forms so they can read and understand. This would have a significant impact on patient confidence and subsequent treatment.

72. A review of the first month of transitioning to a fully paperless Electronic Patient Record system

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Background: On 8th September 2022, the largest NHS Foundation Trust, Manchester University NHS Foundation Trust (MFT), switched to an entirely paperless Electronic Patient Record (EPR) system.
Aim: This is an insight into how the first month went from a plastic surgery tertiary referral service perspective.
Method: The plastic surgery team operate across four main sites in Manchester. A survey of 50 staff members comprised of nursing staff, doctors and administrative staff aimed to highlight any benefits that have come from the transition, any negatives and any incidences of patient harm that occurred.
Results: All 50 staff members were recruited.
All administrative staff disliked the current system, with responses mainly focusing on simple tasks taking longer and a lack of oversight or reassurance that the process undertaken was correct. Junior doctors were mainly in favour of the new system making most of their work easier and quicker.
Consultants all disliked the new system. The main reason was the lack of information or training given to staff, the number of significant incidences that had occurred due to the global rollout of the system overnight and the rapid increase in adverse patient-safety-related events.
Conclusions: There were two distinctive groups: inpatient services and outpatient services.
Most inpatient work has been made clearer, safer, and more universal, except for medication administration and anaesthetic care. This was slower and full of administration and prescription errors making daily tasks more difficult. All outpatient clinics had become more complex with a lack of previously recorded information, either unavailable or more difficult to access. All doctors are now required to write their letters and book outpatient follow-up appointments, which has caused numerous problems and countless hours of extra work for senior clinicians slowing down the number of patients they can see and treat safely.

72. **Multiple Myeloma**

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Background: Multiple myeloma (MM) is a clonal plasma cell proliferative disorder characterized by the abnormal increase of monoclonal immunoglobulins. Unchecked, the excess production of these plasma cells can ultimately lead to specific end-organ damage. Most commonly, this is seen when at least one of the following clinical manifestations is present: hypercalcemia, renal dysfunction, anaemia, or bone pain accompanied by lytic lesions. The differential is broad with any of these symptoms and/or findings. Still, MM must be kept in mind as part of the differential as management is unique and improved outcomes are available with timely intervention.
Methods/Design: case report.
Conclusion: 1- Multiple myeloma is an important differential diagnosis for recurrent mouth ulcers. 2- CT skeletal survey with no bony lesions does not rule out multiple myeloma. 3- oral ulcer biopsy with no malignancy does not rule out multiple myeloma. 4- Cardiac ECHO is essential to look for possible cardiac amyloidosis. 5- Bone marrow biopsy is the primary confirmative test of multiple myeloma. 6- Amyloidosis is one of the main complications of multiple myeloma.

73. Pre-existing diabetes causing neovascular glaucoma and its impact on Trabeculectomy with Mitomycin C.

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Aim: To evaluate the surgical outcomes for patients undergoing Trabeculectomy with Mitomycin C with pre-existing diabetes causing neovascular diabetes.
Methods: We did a retrospective hospital-based analysis of the electronic medical records of patients with Neovascular glaucoma. Some had pre-existing diabetes and underwent Trabeculectomy with Mitomycin C from 2010 to 2020. The objective was to analyse the impact of diabetes on the outcome of the trabeculectomies.
Results: We analysed 52 eyes of 50 people with neovascular glaucoma who underwent Trabeculectomy with Mitomycin C. Of these 15 procedures - 15 eyes (28.8%) recorded an adverse outcome. An adverse outcome included patients with an Intraocular pressure of more than 21 mmHg and patients who encountered the need to reinstate medical therapy postoperatively.
Of these 15 patients, 11 (73.3%) had pre-existing diabetes documented in their pre-operative assessment.
Conclusion: As seen in the above study, diabetes significantly affects operative success. Neo-vascular glaucoma is an increasing disease with the changes in lifestyle and a growing number of diabetics worldwide. Hence, early recognition that diabetes is a significant prognostic indicator would aid in better managing these patients and encourage further research into the optimisation of diabetics for ophthalmological procedures such as trabeculectomies.

74. COVID-19: to double test or not to double test the paediatric patient for semi-elective surgery?

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Background: The COVID-19 pandemic has resulted in a significant reduction in the number of elective and semi-elective operations being performed. All semi-elective (minor day case trauma) patients in our paediatric plastic surgery department currently require a viral polymerase chain reaction (PCR) COVID-19 test at the time of booking to secure a day case bed on the elective admission unit. On the day of the surgery, all patients were tested again using a lateral flow test (LFT) to ensure no patients with active COVID-19 infection were admitted to the ward. A positive result of COVID-19 mandates a side room being organised for the patient in a different ward. This significant administrative burn was often not perfectly executed and resulted in frequent delays. This audit looked at the number of paediatric patients testing positive for COVID-19 to see if this two-step process is still required.
Aims: Establish the number of positive COVID-19 results in the month of September 2022 for all semi-elective paediatric trauma patients presenting through the plastic surgery department at the Royal Manchester Children's Hospital.
Methods: Viral PCR and lateral flow tests were retrospectively reviewed for every trauma patient presenting during one month to ascertain if the pre-operative viral PCR test is still required and whether a single lateral flow test on the day of surgery should be considered instead.
Results: 68 patients presented during the month of September 2022. None of the 68 patients had either a positive lateral flow test or a viral PCR test.
Conclusion: This audit has demonstrated that lateral flow testing would be sufficient on admission on the day of surgery, given the low incidence of recorded positive results in the paediatric plastic surgery population.