

# BAPIO Annual Conference

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CONFERENCE

ABSTRACTS

Editors

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## 1. Paving the way to a standardised consenting process in Head and Neck surgery using electronic templates: a tertiary centre approach

Rana, Mridul; Patel, Janvi; Farrell, Eric; Winter, Stuart; Oxford University Hospitals NHS Foundation Trust, [mridulrana95@gmail.com](mailto:mridulrana95@gmail.com)

**Background and Aims:** GMC guidance states that effective consent requires informed decision-making. Documentation of consent for surgery serves as a key ethical and medico-legal record. Thorough discussion provides additional support and time for patients to consider the information given, protecting their autonomy. The Royal College of Surgeons of England (RCSEng) and ENT UK provide detailed guidance regarding specific risks and complications related to each Head and Neck operation, which must be discussed for informed consent. This audit aims to improve and standardise these discussions and maintain clear and concise documentation which would ultimately protect both medical professionals from litigation and improve patient safety and satisfaction in a tertiary referral centre.

**Method:** Retrospective review of clinic letters for elective panendoscopy or microlaryngoscopy, parotidectomy and neck dissection over an 8-month period was performed. Dictation software was incorporated, and customised templates were designed in concordance with guidelines. Template uptake and impact were evaluated over a further 8-month period. Subsequently, widespread use of the templates was implemented across the department and re-evaluated for a final cycle.

**Results:** Cycle 1 (n = 38) showed 53% uptake of consenting templates,

improving compliance with RCSEng standards of consent from 27% to 78%, while ENT UK standards increased from 45% to 58% compliance. Cycle 2 (n = 24) saw signposting and teaching of the template system to the new departmental registrars, increasing the uptake of our consenting templates to 96%. This resulted in even greater compliance with ENT UK standards to 90%.

**Conclusion:** The use of electronically generated auto-text templates can ensure informed consent is obtained in adherence to national guidelines. This system potentially allows for more time-efficient consultation, providing high-quality information on surgery for patients to refer to.

## 2. Nurturing Interventional Radiology Awareness and Interest: Near-Peer Teaching for Medical Students.

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**Background:** Interventional Radiology (IR) holds a pivotal role in modern medicine, yet there exists a significant lack of awareness and understanding about this subspeciality among medical students in the UK. This deficiency poses challenges in meeting the growing demand for IR services and skilled professionals. Given the success of Near-peer teaching (NPT) in other medical specialities, we investigated the impact of NPT on medical students' knowledge and interest in IR.

**Methods:** In this quasi-experimental study, our aim was to assess the effectiveness of an NPT session focused on IR. The session consisted of a series

of single-best-answer questions and interactive discussions. Pre-session and post-session questionnaires were utilised to capture participants' perceptions and knowledge levels. Data analysis involved descriptive statistics and the Mann-Whitney U test.

**Results:** Twenty-three participants completed the survey. The NPT session significantly increased participants' awareness and knowledge of IR. Participants' interest in pursuing an IR career improved (pre-session: 30.0% strongly disagree, post-session: 8.7% strongly disagree,  $p = 0.389$ ). The intention to undertake an elective in IR also increased (pre-session: 20.0%, post-session: 26.1%,  $p = 0.616$ ). Participants awareness of the crucial role of IR in emergencies such as stroke (pre-session: 30%, post-session: 60.9%,  $p < 0.05$ ) and aortic aneurysms (pre-session: 30%, post-session: 60.9%,  $p < 0.05$ ) also increased. Recognition of IR procedures improved, including inferior vena cava filters (pre-session: 20.0%, post-session: 60.9%,  $p = 0.001$ ).

**Conclusions:** The study highlights NPT's positive impact on medical students' IR understanding, inspiring potential interventional radiologists and addressing awareness gaps. Integrating IR education into curricula could enhance patient care and contribute to a skilled IR workforce, thereby meeting healthcare demands more effectively. Ongoing collaboration between radiology societies and students can enhance the accuracy and impact of such teaching sessions.

**Keywords:** Interventional Radiology, Medical Students, Near-Peer Teaching, Awareness, Interest.

### 3. Readmission Prevention Plan

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**Background:** The NHS loses around £2.65 billion a year on readmissions. A reduction in readmissions will save NHS costs. Readmission prevention is also a marker of patient care quality. Patient satisfaction, resource utilization and care integration are all enhanced if this process is effectively carried out.

**Methods:** A retrospective study was carried out on 1300 patients readmitted to ASPH NHS Foundation Trust for a period of 3 months (January - March 2022). We filtered through 1300 patients who were readmitted to the Medicine, Surgery, Trauma & Orthopedics departments. Some data was removed according to the exclusion criteria. It was then analysed and sorted based on age, days between discharge and readmission, causes of readmission and LACE index calculation. The percentage of readmissions was then calculated for each department.

**Results:** An analysis of 501 readmitted patients revealed an average age of 73. However, majority of the patients in this study fell under the age category of 80-89 years. Most patients were readmitted within one week of discharge, although the average was 10 days. The most common reason for readmission was the same chief complaint or worsening of the complaint, which accounted for 48.10%. The other causes of readmissions were new medical conditions (17.17%), falls (14.57%),

complications (12.57%), social circumstances (5.79%) and package of care (1.80%). Readmission rates were highest (69.26%) in Medicine, then Surgery (19.96%), and Trauma and Orthopedics (10.78%). In total, 52 patients (10.38%) had their LACE index calculated, of whom 51 had a high LACE index at the time of discharge.

**Conclusion:** The LACE index should be implemented as a mandatory risk assessment tool in the hospital's system for all patients over 70 years of age and to ensure adequate community service referrals are provided to patients with moderate-high LACE scores to reduce readmission rates.

Keywords: Readmission, community services, patient care, care transition, LACE index.

#### 4. Acute kidney injury Management with an Innovative Mobile App.

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**Background:** The management of Acute Kidney Injury (AKI) presents complex issues, prompting the need for a Quality Improvement project that culminated in the creation of a mobile app.

**Aims:** Our primary aim is to streamline and improve AKI management by providing a comprehensive guide for identifying, staging, investigating, treating, and referring AKI cases, catering to doctors, nurses, and allied health professionals.

**Methods:** The app's innovative design incorporates dynamic features such as AKI staging calculations, a curated Renal Screen list, and explicit referral criteria. A unique aspect of this app is

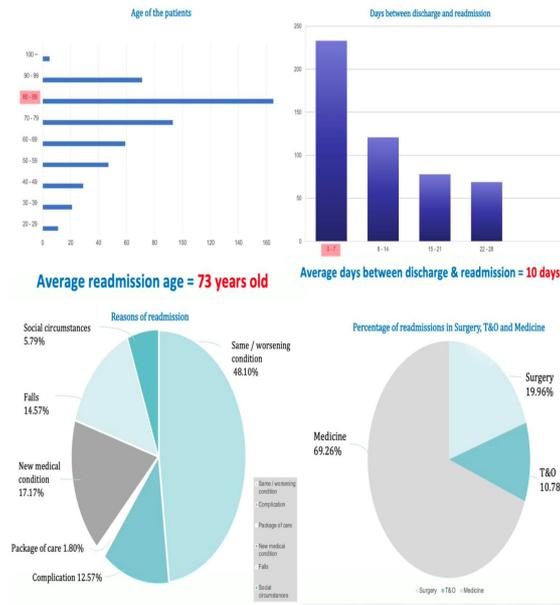
its exclusive focus on streamlined management guidance, substantiated by positive feedback from healthcare providers. Real-world feedback data has backed the foundation of this innovation. Embedded links within the app facilitate further reading of advanced AKI management strategies.

**Results:** Preliminary data demonstrates the app's ability to expedite AKI interventions, leading to improved patient outcomes and shorter hospital stays. The staff awareness and understanding were noted to have improved as well.

**Discussion:** The user-centric design has received real-life positive feedback from healthcare providers. The app's potential to expedite AKI interventions and enhance patient outcomes is a significant advancement in healthcare. Its availability on the Google Store, with an Apple Store version in development, enhances its accessibility among medical professionals.

**Conclusion:** Available on the Google Store [Link: <https://play.google.com/store/apps/details?id=com.akic.vsp>], with an Apple Store version in development, this app represents a forward-looking approach to medical management tools. It promises to ensure efficient interventions for patients across the healthcare spectrum. By using technology and real-world feedback, this innovative app is aimed to reshape the AKI management, benefiting both healthcare providers and patients.

Keywords: Innovation, Healthcare, Mobile app, quality improvement, Acute kidney injury.



**5. Tube stoma for the management of ileocolic anastomotic leak.**

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**Background:** A 53-year-old obese male had stenotic ascending colon cancer with peritoneal deposits. He was discussed in a tertiary colorectal and peritoneal MDT meeting and the plan was to perform right hemicolectomy, cytoreductive surgery and heated intraperitoneal chemotherapy (CRS & HIPEC). His primary surgery was complicated by an anastomotic leak for which he had an emergency laparotomy and then managed in a critical care unit (CCU).

**Aims:** Discuss unpublished case scenario that shows the importance of the MDT approach in decision-making, support surgeons in understanding intraoperative limitations during emergency surgeries and highlight the

need for more surgical options when dealing with intraoperative difficulties.

**Methods:** A retrospective descriptive case report

**Results:** During the initial surgery, the disease was extensive, and the plan was changed to debulking right hemicolectomy with hand-sewed ileocolic anastomosis, greater omentectomy, and peritonectomy. He developed an anastomotic leak and had another laparotomy and due to his large body habitus; short friable mesentery and an anterior anastomotic defect of 0.5 cm, bringing out a stoma was technically unsafe. So, an intraoperative discussion was done between three colorectal consultants, they planned to control the defect with a 30Fr Foley catheter without disrupting the anastomosis, perform peritoneal lavage, and place 4 28Fr drains in the abdomen and shift him to CCU for respiratory and circulatory support. The patient has had a prolonged stay in CCU for 40 days with severe sepsis, acute kidney injury, and intraperitoneal collections requiring CT-guided drainage.

**Conclusion:** With the collaboration of different medical specialties, his management was successful and discharged home after 54 days. He was reviewed at the clinic one month later and he was well; the fistula was healed, had a good oral intake, the bowel opened, and planned for palliative chemotherapy.

## 6. Exploring the Global Paediatric Cardiac Surgery Workforce and the Global Burden of Disease of Congenital Heart Disease.

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**Background:** 28% of all major congenital abnormalities are heart defects, of which there are 15 million child deaths worldwide, most of which occur in low- and middle-income countries. A scoping review was conducted to investigate the global paediatric cardiac surgical workforce and the global burden of CHD.

**Results:** A total of 12,180 adult cardiac surgeons and 3858 paediatric cardiac surgeons were listed in the Cardiothoracic Surgery Network in August 2017. Despite high disease burdens, low-income countries only have 0.07 paediatric cardiac surgeons per million paediatric population, compared to 9.51 per million in high-income countries.

**Conclusions:** The disparity between HICs and LMICs present in cardiac surgery facilities is a global health issue that will take serious thought and planning to resolve. The high proportion of preventable deaths from CHD cases is a regrettable figure that governments and medical organisations should further strive to decrease. The 66% of preventable deaths that stem from CHD in LMICs could be alleviated by further investment in cardiac services that are accessible for the population.

## 7. Revolutionizing Healthcare: Overcoming Workforce Challenges

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**Background:** Introduction to the critical role of healthcare workers in patient care. Promote and maintain patient's health and well-being. Offer emotional support, compassion, and comfort to patients. Make informed decisions by multidisciplinary team collaborations (World Health Organization, 2022). Support patients to understand, evaluate, and use self-care tools and approaches. Emphasis on the impact of workforce challenges on patient outcomes and staff well-being.

Poor quality of care, compromised patient health outcomes, Delays in treatments, Enhanced stress and job dissatisfaction among staff, and Emotional and physical exhaustion among professionals.

Challenges Identification:

Visual representation of key challenges: Staff shortages (Graph showing declining numbers), Burnout rates (Heatmap indicating high-stress areas), Long patient wait times (Pines et al., 2023) (Bar chart displaying average wait times) Quotes from healthcare workers sharing their experiences.

Solutions:

Creative solutions:

"Telehealth Task Force": A virtual care team to extend reach, "Wellness Initiatives": Employee wellness programs and mental health support, "Smart Scheduling": Optimizing staff allocation using AI.

Real-world examples and case studies highlight the effectiveness of these solutions.

Overcoming barriers: Strategies to address resistance to change: Resistance sources Identification Training, coaching, and mentoring, Structured change management approach utilization (Baines et al., 2022).

Interactive link to a video showcasing the implementation process.

[Image: Timeline graphic]

Outcomes and Benefits:

Visual representation of positive outcomes:

Improved patient satisfaction (Upward trending graph)

Reduced staff burnout (Declining burnout rates)

Enhanced work-life balance (Testimonials from healthcare workers)

[Image: Graphics showing improved outcomes]

Discussion and Q&A:

Prominent section inviting questions and discussions.

Did you believe that technological integration improves healthcare service delivery?

Why staff satisfaction is essential for improved patient health outcomes?

## 8. Are we protecting the protectors? Chaperone use in child protection medical examinations.

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**Objective:** Standard 6 of the landmark documents from RCPCH Child protection service delivery standards

states that Child protection (CP) medical assessments be carried out with the support of an appropriate chaperone. This document also says that:

A named chaperone is present as a witness and supports the child and clinician. The chaperone should be trained, a qualified health professional and should not be a student.

We wanted to ascertain the national picture regarding the use of chaperones in Child Protection medical assessments.

**Methodology:** We conducted a survey, using the Survey Monkey tool to understand what the current practices are regarding using chaperones in various parts of the country.

An enthusiastic foundation trainee, in consultation with the Safeguarding team of our trust, designed survey questionnaires. Subsequently, the Named Doctor requested members of the National Named professional forum via email to respond to this survey.

**Results:** Our preliminary results are based on thirty-one responses received so far.

Eighty-four per cent of respondents were Doctors and sixteen per cent were Nurses.

All the respondents were based in England.

Sixty per cent reported that their NHS Trust did not have a dedicated chaperone policy for CP assessments.

Eighty-four percent reported that in their organisation chaperone is routinely offered for CP medical assessments.

Eighty percent report that their organisation did not offer any formal training to the chaperones.

Twenty percent reported that their organisation offered informal training to the chaperones.

Sixty-three per cent reported that it was acceptable in their organisation to have a family member, Social Worker, Police officer or Medical Student act as a chaperone.

The overwhelming majority (Eighty-five per cent) of respondents were interested in the Child Protection chaperone training e-module developed by our organisation.

**Conclusion:** Our survey highlights that neither the Clifford Ayling enquiry nor the Lampard Report recommendations about the safe use of chaperones, especially in the context of Child protection medical assessments are implemented in the UK (England).

As child protection assessment is sensitive, having no/untrained chaperones exposes our patients and staff to serious risk.

The author feels a pressing need to improve the use of chaperones to support the child, their family and the clinicians against any false allegations.

## 9. A rare presentation of myocarditis

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**Background:** History of presenting illness: Case of Myocarditis 25-year-old gentleman presented to ER with c/o central chest pain radiating to the left arm, sharp in nature 7/10, intermittent, lasting 15 minutes, for 2 days. No complaints of fever and flu-like symptoms

Triage Vitals: BP- 128/77, HR- 88 bpm, RR- 18/min, Spo2- 98%, Afebrile O/E CVS S1 S2 heard no murmurs; CNS Patient is conscious, coherent, and cooperative, Pupils-NSRL Moving all 4

limbs; Resp Breath Sounds b/l present, no added sounds; Abdomen Soft, Non-tender, Bowel normal.

**Case Analysis and Management:** The patient had a recent h/o similar episodes of chest pain radiating to the left arm, for which he was taken to ED and was treated as costochondritis and discharged from ED. The patient presented with a worsening of similar symptoms. ECG revealed normal sinus rhythm, with no ST segment and T wave changes. 2D- echo performed in ED- no rwma, no dilatation noted in LV, RA, RV, however, Ef- 45%. The patient was managed with aspirin and Naproxen 500 mg.

**ER Investigation:** Hb- 130, Wbc- 13, Neutrophils- 9.5, D-dimer- negative, Platelet-4.2, UREA-2.5, CREAT-80, Na- 138, K- 3.8, Cl- 100

1st Troponin- 160, 2nd troponin- 236, no previous troponin to correlate with. CXR- no abnormality detected, Urine dipstick- nil anomaly detected. Stay in Hospital the Patient was admitted and shifted to CCU. Wherein he was treated with an anti-inflammatory (Naproxen), and Colchicine, as he was allergic to Ibuprofen. Troponin done on day 4 and day 5 revealed downward trends of troponin and symptoms improved. Hence, the patient was discharged with safety netting and anti-inflammatory.

**Takeaway point:** Every chest pain should be evaluated thoroughly irrespective of age. Myocarditis can at times present with vague symptoms, with the potential to be easily missed.

## 10. Focal Refractory epilepsy in children current management and understanding

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**Background:** Focal refractory epilepsy (FRE) is the most common type of refractory epilepsy (RE). It is characterised by intractable seizures originating from one part of the brain. Incidence of RE in the paediatric population is high (7-20%) of children with epilepsy. However, limited research makes optimal management difficult. We review previous literature to provide an overview of the current understanding of the management of childhood FRE.

**Discussion:** The two main schools of thought regarding the mechanisms of FRE include the overexpression of multidrug efflux transporters which reduces the concentration of anti-seizure medications (ASMs) and reduced sensitivity of the target receptors to ASMs. History of neonatal seizures, high seizure frequency and a high number of ASMs are important risk factors. Seizures that appear pharmaco-resistant can be due to lifestyle factors (such as drug non-adherence and poor sleep) or a misdiagnosis such as psychogenic non-epileptic seizures. FRE can be managed surgically or medically. For identifiable, localised sources of seizures, surgical resection (e.g., hemispherectomy, lobectomy and ablative procedures) of respective zones may be curative. If surgery is inappropriate, combination ASM therapy involving different drug

targets is more effective than increasing dose of the first ASM or changing it. Adding more than three ASMs does not significantly increase seizure freedom, hence alternative therapies should be considered thereafter. Surgical techniques such as corpus callosotomy and vagal nerve stimulation therapy may be used for seizure control.

**Conclusion:** FRE management is complex. Often requiring a personalised, systematic approach. If seizure cessation is not achievable, the aim should be to reduce the frequency. Many findings in this review are based on adult studies making it difficult to extrapolate them to children highlighting the need for more research in this field. Based on this review, we outline a possible pathway to guide management.

## 11 Sip Til Send - Revolutionising Pre-Operative Fasting.

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**Introduction :** Currently most institutions have two to three hours fasting for clear fluids which often translates to greater than six. Prolonged fasting causes patient discomfort, dissatisfaction, anxiety and potentially harm. It doesn't necessarily result in a reliably empty stomach and drinking water may paradoxically reduce gastric volume and increase pH. Furthermore, aspiration of water is very unlikely to result in morbidity. Using the framework developed in NHS Tayside we introduced Sip Til Send, allowing all adult patients to sip water until they are sent to theatre.

**Design:** To simplify the initiative, we allowed all patients to sip water ONLY, using a hospital glass (170ml) allowing a maximum of one cup per hour until they go to the theatre. If concerned about aspiration i.e., in gastrointestinal obstruction or severe reflux then the patient would be nil by mouth.

We undertook staff education sessions with the anaesthetic department, theatre staff, pre-operative assessment team and surgical colleagues before implementation.

We performed a pre-implementation audit of water fasting times and a post-implementation audit two months after the introduction of the initiative to see if our initiative had been successful.

**Results:**

	WATER FASTING TIME	
	MEAN	MODE
Pre-implementation (n=32)	5h48m	12h
Post-implementation (n=12)	2h40m	45 m
p=0.007		

Results of Water Fasting Times Pre and Post Implementation of Sip 'Til Send 

Table 1

Water Fasting Time (p=0.007)	Pre-Implementation of Sip 'Til Send (n=32)	Post Implementation of Sip 'Til Send (n=12)
Mean Time	5h 48m	2h 40m
Mode Time	12h	45m

**Discussion:** Our preliminary audit showed an improvement in average fasting times from 5 hours 48 minutes to 2 hours 40 minutes. Although this is a vast improvement it is still very far from our goal of encouraging all patients to sip water until they go to surgery. Changing the dogmatic views on fasting is very difficult and requires

ongoing education and reinforcement from the anaesthetic team and all others in the perioperative team. As Sip Til Send becomes the norm across the UK, we will hopefully see this change and make a huge improvement to the patient journey.

**12. Adherence of Radiological investigation requests from medical wards to RCR guidelines.**

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**Background:** About 10-12% of radiological investigation requests get rejected, due to non-adherence to RCR (Royal College of Radiologists) and IRMER (Ionising radiation (medical exposure) regulations) guidelines. This leads to significant delays for the requesting clinician, the radiologists who vet the investigation, and the patient whose management is affected, and whose stay is prolonged.

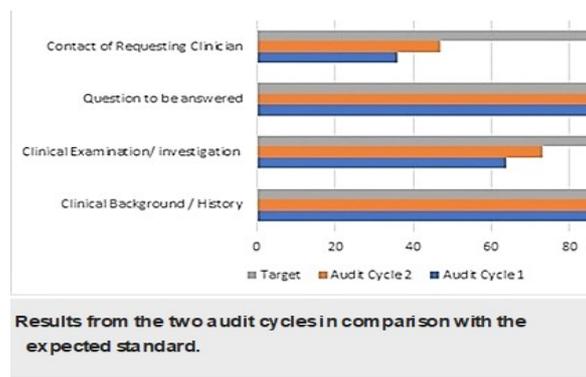
**Aims:** To evaluate the Adherence of Radiological investigation requests from medical wards to RCR guidelines, in turn identifying areas of improvement, to reduce patient delays.

**Methods:** Data from 500 investigation requests for common imaging modalities (CT, X-Ray, MRI) were collected across two audit cycles, omitting any patient identifiable information, and were analysed for their completeness and adherence to RCR protocols.

**Results:** Based on the analysis, inadequacies of imaging requests were identified. In the initial audit cycle, even though more than 90% of investigation requests contained clinical history, name of requesting

clinician and the question to be answered, only 64% of the investigation requests contained clinical examination or relevant investigation findings. In comparison to more than 94% of MRI and X-Ray requests, only 68.6% of CT requests adhered to IRMER guidelines. The audit findings and recommendations were presented in a medical teaching session within the hospital, and the same were propagated among medical doctors, along with information about iRefer, in an online flyer. Upon re-audit, the figures improved to 73.3% and 76% respectively.

**Conclusion:** Radiological investigation requests get rejected if it does not adhere to RCR guidelines of completeness or indication (in compliance with IR(ME)R 2017). The resulting delays in patient management could be minimised by increasing awareness about the above guidelines, thereby making sure all the necessary details are filled-in and the investigation being requested is appropriate for the clinical indication.



Imaging modality	Compliance in the current audit	Compliance in the re-audit	Expected Standard
CT	68.6	76	At least 90%
MRI	94.1	95.3	At least 90%
X-Ray Abdomen	100	98.7	At least 90%
X-Ray Chest	89.9	87	At least 90%
X-Ray Long Bones	97.4	98.5	At least 90%

### 13. Acute Kidney Injury - early diagnosis and management.

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**Background/aim:** Acute Kidney Injury (AKI) is a common presentation in hospital patients. Approximately 1 in 5 emergency admissions/year have AKI. An NCEPOD study estimated that up to 100,000 hospital deaths/year are linked to this, and approximately 20-30% of cases are preventable. The estimated cost of AKI-related inpatient care to NHS England is £1 billion/year. Our goal was to raise awareness about AKI and the importance of early detection and management.

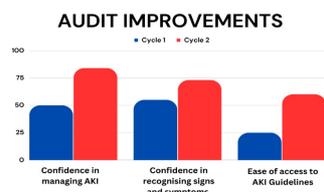
**Methods:** 1. Questionnaire for medical staff regarding diagnosis and management. 2. Analyzing the data to identify trends and scope for improvement. 3. Teaching/posters to raise awareness. 4. Re-audit after intervention.

**Results:** In the first cycle (40 people), 70% of staff knew there were 3 stages of AKI, but only half knew the criteria for each AKI stage. 55% could identify 3/5 common symptoms, and 30% could not name 5 common causes of AKI. The correct management of hyperkalaemia was known to 65%, however 27% could not recognise hyperkalaemia-associated ECG

changes. 30% of participants were unable to identify 4/5 common nephrotoxic medications. 85% knew when to escalate to the Renal Team. Only 50% felt confident in diagnosing and management of AKI.

**Conclusion:** We identified the areas where our colleague's lacked knowledge. We made posters highlighting diagnosis and management. Ward-based teaching was organised. We improved access to clinical guidelines through our online app and took part in our hospital's renal governance meeting. We also presented our findings at a regional AKI peer group.

During the 2nd cycle (38 people), 84.2% felt more confident in defining AKI stages. 73.7% were more confident in identifying clinical signs of AKI. About two-thirds were more confident in diagnosing and managing AKI and hyperkalaemia. 60.5% now found it easier to access guidelines.



#### 14. Well-being Survey in Anaesthesia Department District General Hospital.

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**Background:** Staff well-being and patient safety are intertwined. NHS

devoted 2020/21 plan to safeguard staff through well-being.

**Methods:** Online questionnaire survey about understanding well-being, factors affecting well-being, measures to improve well-being, and intentions of quitting was conducted using Google Forms.

**Results:** Response rate was 46% with 32% from consultants, 20% CT trainees and 24% specialty doctors. Majority related well-being to physical and mental health. Factors improving well-being included family, holidays, pandemic end, department support. 5 felt nothing changed. In factors negatively affecting, 8 highlighted pay/financial concerns, 7 attributed long hours/ staff shortages, 6 bias and discrimination. Others were overwhelming demand of exams, audits, training, and shortage of trainee posts. Of respondents, 64% thought of leaving. Suggestions for improving were better rest facilities and pay, managerial support, reduction in bias with respect for diversity, maintenance of confidentiality in feedback and robust system for planning annual leave. Other remarks included appreciation for trust investment in wellbeing, assignment of mentors for new staff, and increased staff to support ITU night shift. The action plan included creating a well-being Lead in the department, with a SAS & a trainee representative, putting up a well-being board with an anonymous box for queries, venting huddles for juniors, Greatix certificates, organising activities outside work. The department well-being team submits quarterly feedback reports to the trust well-being department.

**Conclusion:** Increasing demand on NHS and rising cost of living is reflected. NHS national survey showed

declining enthusiasm to work from 2018 to 2022. The RCOA and NHS have recognized the need to invest capital in NHS staff that provide care that keeps the country healthy and happy.

### 15. Colorectal Cancer incidence and outcome in UK BAME community patients Referred to THE Christie.

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**Background:** The incidence of colorectal cancer in BAME (Black, Asian, and Minority Ethnic) communities is very low compared to white British. The low incidence can be attributed to dietary factors. The Black and Asian diet is rich in fibre content, which acts as a natural antioxidant and inhibits carcinogenesis, whereas the Western diet has high red meat and low fibre, which are shown to increase colorectal cancer risk. This study will compare the incidence of BAME colorectal cancer patients presenting to The Christie. There are limited studies on the outcome of these patients, however, there is a general impression that the outcome is poor in the Black and Asian populations.

**Aim:** This study will shed light on the outcome of colorectal cancer in the BAME community.

**Method:** Prospectively collected data was analyzed retrospectively for all patients referred to Colorectal MDT at The Christie from 2018 to 2021. BAME community patients were segregated out and then made into different groups depending upon MDT outcome. Their compliance and further follow-up were

seen (how many underwent surgery/chemotherapy/radiotherapy/palliative pathway).

**Result:** The outcome was relatively poor in BAME patients because of the poor compliance with the screening and surveillance.

### 16. What's helping and preventing the acculturation of International Medical Graduates in NHS?

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**Background:** Thirty per cent of the NHS workforce is IMG and it's increasing subsequently. In 2022, more IMGs were registered than local graduates. Workforce challenges in NHS are massive with Brexit, COVID, the European Working Time Directive and limited surgical training opportunities.

**Aim:** The aim of this study was to identify and discuss the enablers or facilitators and barriers to IMG acculturation to the UK NHS in a defined surgical trainee population.

**Methodology:** This was a qualitative study performed with multiple focus group discussions in MCh Surgery students enrolled with Edge Hill university. Transcripts were prepared with the help of zoom software and after multiple readings themes were identified.

**Results:** A total of 7 students from India and Iran consented to participate in the study. Various enablers identified were good administrative support, supporting hospital staff, university support and communication courses. Multiple challenges were identified. These included access to formal teaching, fast pace of academic work,

limited insight into work & life in the UK, English accent, differences in communication and work site culture, variation in practice, diet etc. Solutions suggested were creating a simulation video by trainees on clinical setup working, multiple methods of communication such as brochures & podcasts and face-to-face skill-based teaching.

**Conclusion:** MCh Surgery programme is working well. Use of technology can be made to optimise user experience and vigilance is required to ensure there is a constant review of practices.

### 17. Incidence of ureteroenteric anastomotic strictures after robotic versus open cystectomy: A systematic review and meta-analysis.

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**Background and aims:** It has been suggested that in comparison to Open radical cystectomy (ORC), Robot-assisted radical cystectomy (RARC) increases the risk of Uretero-enteric anastomotic strictures (UAS) despite having similar oncological outcomes. However, an exact comparison between these two techniques is lacking. The aim was to compare the incidence rates of UAS post-RARC vs. ORC in adults undergoing cystectomy and to compare differential stricture rates between Extracorporeal and Intracorporeal urinary diversion (ECUD vs. ICUD).

**Materials and methods:** Two review authors independently assessed relevant titles and abstracts of records identified by literature search to identify suitable studies. The review was

conducted as per PRISMA guidelines. The primary outcome was the incidence rate of UAS post-RARC vs. ORC, whereas the secondary outcome was the incidence rates in RARC post-ECUD vs. ICUD. The quality of evidence was rated according to GRADE.

**Results:** A total of 16 studies were identified that described UAS incidence post-RARC. We found that RARC may have a higher incidence of UAS [11.7% vs 7.9%; OR: 1.51; 95% CI 1.24-1.85;  $p < 0.0001$ ]. Amongst the included studies, the RCTs and the non-randomised studies provided low certainty of evidence. In absolute terms, this corresponds to 5 more cases of UAS per 1000 patients undergoing RARC as compared to ORC.

ECUD may result in a lower rate of UAS as compared to ICUD [OR: 0.74; 95% CI 0.56 to 0.98;  $p=0.04$ ]. All the studies included in this comparison were non-randomised and provided very low certainty of evidence.

**Conclusions:** This meta-analysis shows that the incidence of UAS is higher in RARC as compared to ORC. This study also highlights that ECUD may have lower rates of UAS incidence compared to ICUD. The future trials conducted should include a comparison of the functional outcomes of RARC using the ECUD and ICUD approaches, with ORC.

### 18. Venous thromboembolism (VTE) risk assessment and prophylaxis in obstetric patients at a district general hospital: A clinical audit

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**Background & aims:** The incidence of VTE in pregnancy and puerperium is 1-2 in 1000 maternities overall. It is still the leading direct cause of maternal mortality. Thromboprophylaxis in pregnancy can help in the reduction of the morbidity and mortality related to VTE. Thus, the current audit was performed with the aim of identifying whether antenatal and postnatal management followed local guidelines. The local guideline is based on the National Institute for Health and Care Excellence (NICE) guidelines, and it states that all obstetric women should undergo VTE risk assessment and should receive VTE prophylaxis as per the score.

**Methods:** Retrospective data collection was done on an Excel spreadsheet using a predesigned e-proforma. Data was collected through the paper notes for 51 randomly delivered women over a period of 6 months (1st April to 30th September 2022). The analysis was done using simple statistics.

**Results:** Risk assessment was performed at recommended intervals as per the guideline. It was done in 100% of maternity patients at booking, 60.8% at dating scan, 19.6% around 28wks period of gestation visit, 62.5% during antenatal admission, 93.8% during labor and 98% during postnatal admission. VTE prophylaxis was

administered as per the standards in 100% of antenatal patients and 91.9% of postnatal patients.

**Conclusion:** The unit has satisfactory performance in VTE risk assessment at booking. However, there is scope for improvement in reviewing VTE score at dating scan visit, 28wks visit and antenatal admission. Correct standards were used in prescribing thromboprophylaxis in all the patients antenatally but there is room for rectification in postnatal patients.

### 19. Are we delivering on time: A clinical audit of emergency caesarean births.

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**Background & Aim:** NICE guideline recommends that the Decision to deliver (DDI) for emergency caesarean sections (CS) should be as soon as possible and ideally within 30 minutes for category 1 CS and 75 minutes for category 2 CS. We carried out an audit to check compliance with NICE standards and to identify any improvements compared to the previous audit. DDI is an indicator of quality of care in maternity service as delay can affect maternal or fetal morbidity and mortality.

**Methods:** Data was collected retrospectively from electronic records using an audit proforma at a district general hospital. It included both category 1 & 2 CS over 6 months period (October 2021 to March 2022). Simple statistics were used.

**Results:** Out of the total 196 caesarean sections, category 1 was 75 and category 2 was 121. The average DDI for category-1 CS was 23 minutes and for category-2 CS was 67 minutes. A delay in DDI for category-1 CS was observed in 17/75 patients (22.6%) while it was seen in 29/121 patients (24%) for category-2 CS. Common reasons for delay included occupied emergency theatre, delays in anaesthesia or theatre staffing. Overall, the delay in DDI was not significant and there were no neonatal complications secondary to this. When compared to the previous audit, overall, there was a reduction in delay in DDI by 12%. We observed that maximum emergency CS was seen in Robson's group 2.

**Conclusion:** The standard of DDI for emergency CS was met in most of the cases by the unit. It is recommended to be vigilant about documenting delays, and reasons behind delays by doctors. It is also recommended to include Robson criteria in the electronic obstetric data to help monitor caesarean section rates in different groups.

## 20. Assessment of compliance and quality in completing TEP forms

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**Background and Objective:** To assess the adherence and effectiveness of TEP (Treatment Escalation Plan) utilization within the healthcare setting, ensuring that healthcare professionals consistently engage in shared decision-making with patients and their families, consider mental capacity, and maintain

accurate, up-to-date, and legally compliant TEP documentation. The audit aims to enhance the quality of care, communication, and continuity in clinical management for all patients while upholding ethical and legal standards.

**Methods:** A snapshot approach was employed to review all TEP forms in the cardiology department. Data collection occurred during a single-day review, involving the examination of patient notes and relevant documentation. This method allowed for a comprehensive assessment of TEP form completion and alignment with established objectives.

**Results:** Out of all TEP forms reviewed, only 74% of patients' TEPs were completed, highlighting a gap in the completion process. Several factors were identified as potential causes, including inadequate staffing, resource limitations, communication issues among medical staff, and a lack of awareness regarding the importance of prompt TEP form completion.

Action plan :

- Enhance awareness and education among staff
- Review and revise policies and procedures
- Implement timeline measures to expedite form completion
- Establish a poster highlighting findings and recommendations
- Conduct a second cycle of the audit to assess measurable improvement and focus on the qualitative aspect of completed TEP forms.

Re-Audit results: post-implementation of the action plan, a re-audit was conducted, reviewing all TEP forms. It showed that all patients reviewed had completed TEP forms, achieving 100% compliance. Additionally, there was 100% compliance in completing doctor-related information.

**Conclusion:** Overall, the audit underscores the importance of efficient and timely TEP form completion to ensure high-quality patient care within the NHS, while also highlighting the need for ongoing efforts to further streamline the process and address any remaining delays.

## 21. Streamlining Medical Training with an App-based Reference System for IR procedures: A Cardiology Ward QIP

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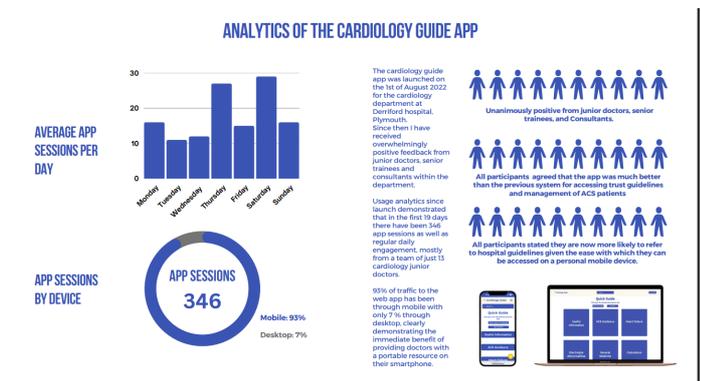
**Background:** Medical training often involves rotating through different departments, which can pose challenges for trainees in handling diverse procedures. To address this issue, we developed a mobile application to aid medical trainees in the cardiology ward. The app stored crucial information for angiograms, streamlining patient preparation and post-procedure management, and aimed to improve the overall learning experience for trainees.

**Method:** We conducted a staff survey in the cardiology department, using a questionnaire to gather feedback from doctors who utilized the app during patient preparation and post-procedure care.

**Results:** Analysis of the feedback forms revealed unanimously positive responses from doctors in the cardiology ward. The app significantly improved workflow when managing patients undergoing angiograms or PCI. Doctors who were new to the department reported that the app reduced their learning curve and served

as a valuable reference tool, enhancing overall efficiency on the ward.

**Conclusion:** The development and implementation of an app-based reference system in the cardiology ward proved to be invaluable. It streamlined patient preparation for procedures like angiograms and improved the management of patients post-procedure. The app empowered medical trainees with easy access to crucial details, boosting their confidence and efficiency in the cardiology ward and beyond. This case study highlights the potential benefits of integrating technology into medical training, positively impacting patient care, and reducing the risks of errors. Future studies can explore the app's applicability in other IR procedures with IR or across specialities.



## 22. Health-seeking behaviours of those accessing primary eye care services in Tamil Nadu, India.

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**Background:** Approximately 270 million Indians have some form of visual impairment. Currently, a global effort is being made to improve primary

eye care services as this acts as the frontline for the health needs of most populations. The goal of this study was to ascertain the health-seeking behaviours of patients attending vision centres (VCs) part of the Sankara Eye Group in Tamil Nadu, India.

**Methods:** A mixed methods study was conducted to explore the health-seeking behaviours of 158 patients who attended seven VCs across three districts of Tamil Nadu. Quantitatively, the patient’s sex, age, monthly household income, travel behaviours, presenting visual acuity and initial diagnosis were recorded for all patients. Qualitatively, some were invited to participate in an interview concerning their views on their own eye health, their knowledge and importance of the subject and their ideas on increasing VC attendance. The analysis involved deducing medians, interquartile ranges, and associations for quantitative and inductive thematic analysis for qualitative data.

**Results:** Quantitatively, three significant associations were found. Women were more likely to attend the VCs with a companion and older patients/those with a higher educational attainment were more likely to pay to travel to a VC. Qualitatively, themes found were: views on hinderances to attendance, motivators to attendance, methods of gaining eye health knowledge and methods to increase VC attendance.

**Conclusions:** Key behaviours found were patients being mistaken about the foreseen costs of attending a VC and not attending until their lifestyles were dramatically hindered. Some also highly valued the importance of eye health. Positive recommendations were a key deciding factor for people to attend the VC and were a major

advertising tool. Hypotheses to test in the future are women bringing companions to clinics and whether there is an intersection between age and cost of travel to a VC.

**Health Seeking Behaviours of those accessing primary eye care services in Tamil Nadu, India**

*Table 1: Associations between patient characteristics and attending a VC with a companion characteristics and whether the patient spent money to attend the VC. Underlined and boldened are any associations where p<0.05.*

Patient Characteristic	Attended Vision Centre with a companion	Spent money to attend the Vision Centre
<b>Sex</b>		
% Male	14.6	30.5
% Female	46.1	21.1
P-value	<b>&lt;0.001</b>	0.176
<b>Age</b>		
Mean ages (years)	57.6 - attended with companion 54.9 - attended without companion	62.3 - spent money 53.4 - did not spend money
P-value	0.336	<b>0.002</b>
<b>MHI</b>		
Mean MHIs (Rupees)	10625 - attended with companion 15821 - attended without companion	8717 - spent money 15877 - did not spend money
P-value	0.276	0.167
<b>Educational Attainment Percentages</b>		
No Education/<1 <sup>st</sup> St.	33.3	31.5
Lower Primary: 1 <sup>st</sup> - 4 <sup>th</sup> St.	46.2	26.3
Upper Primary: 5 <sup>th</sup> - 8 <sup>th</sup> St.	76.5	43.3
Secondary: 9 <sup>th</sup> - 10 <sup>th</sup> St.	26.7	21.1
+2: 11 <sup>th</sup> - 12 <sup>th</sup> St.	9.1	0.0
College/University Degree	26.3	8.3
P-value	0.203	<b>0.016</b>

### 23. Creation of A Digital Dashboard to Identify and Tackle Incivility in The Healthcare Workplace.

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**Background:** Incivility is widely prevalent in the healthcare workplace, which has negative consequences on the effectiveness of the workforce and ultimately, on patient care. Therefore, it’s imperative we tackle this to ensure the staff well-being is protected, to minimise errors and to provide the best patient care. To address incivility, we must devise strategies to identify the areas that will most benefit from interventions.

**Methods:** We developed a digital dashboard, which collated the relevant data related to incivility from across the trust. The data used for this dashboard was sourced from existing pools such as NHS Staff Survey, GMC National Training Survey, Workforce Race

Equality Standard Report, Workforce Disability Equality Standard Report, and local surveys. To identify the appropriate data from these surveys, we reviewed the existing literature on incivility and ascertained fourteen dignity markers, which were assembled into four main groups; trust and respect, right to live with self-esteem and self-worth, fairness, and autonomy to make decisions. We examined the surveys using these dignity markers to identify data that will be applicable in formulating the dashboard.

**Results:** Using the above method, we were able to identify departments within the trust that were most likely to benefit from interventions to address incivility within the workplace. Further targeted focus groups were conducted in the selected local departments to pinpoint the local issues. These were used as the basis to design and deliver focused educational and structural interventions.

**Conclusions:** Digital Dashboards are an effective tool for identifying areas of incivility in the workplace. They are a valuable base to launch targeted interventions to address incivility in local departments. Also, in the long term, they can be used as a monitoring tool to alert organisations to detect regional incivility and devise and deliver early focused interventions.

**Keywords:** incivility, dignity, workplace, culture, dashboard

#### **24. Is there a need for patient education and empowerment through information leaflets? A Quality Improvement Project.**

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**Background:** Patient information leaflets, provided by NHS trusts, are an underutilized resource. In our surgical department, patients have expressed interest in accessing these leaflets, but they are not automatically provided. This study aims to quantify the current usage and knowledge level regarding these leaflets among healthcare workers and to assess patients' attitudes towards receiving them.

**Methods:** Utilizing Plan-Do-Study-Act (PDSA) cycles, we conducted a Quality Improvement Project (QIP) using questionnaires. In the first PDSA cycle (PDSA-1), we assessed the clinician's knowledge of accessibility and current utilisation of information leaflets. The second PDSA cycle (PDSA -2) focused on understanding the patient's perspective and attitude towards these informational materials.

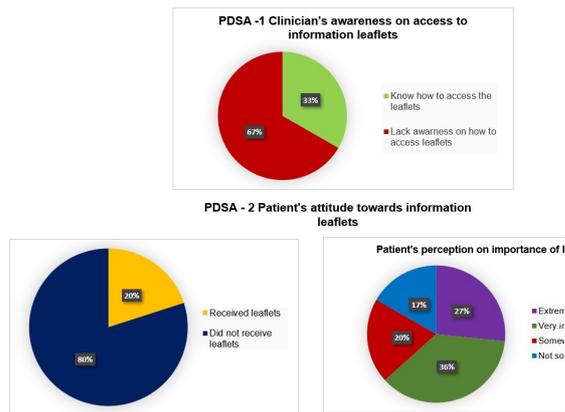
**Results:** In PDSA-1, involving 24 clinicians, 45.8% were unaware of the leaflets as a resource, 45.8% were aware but did not utilise them, and 66.7% lacked knowledge on how to access them.

The PDSA-2 included 30 out of 40 inpatients in the department (70% female, 30% male). 10 patients were excluded as they were too unwell to answer the survey. Of the respondents, 80% did not receive any information leaflets. 63% of patients thought that receiving a leaflet was extremely or very important.

**Conclusions:** The results underscore the necessity to educate clinicians on accessing information leaflets and integrating them into standard clinical practice. Our action plan is to distribute leaflets to patients and evaluate their

impact on patient-reported outcome measures through a follow-up questionnaire. We also aim to integrate these leaflets into the electronic discharge notes for patients to take home.

**Keywords:** Information leaflet, patient education.



## 25. Vital Signs in Children at the Emergency Department- A Quality Improvement Project

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**Background:** Current technology allows the Emergency Department (ED) to record accurate vital signs and provide management. Regardless of innovations in ED, the response time to patients is dependent on human factors. Royal College of Emergency Medicine (RCEM) has published standards (1) to adhere to regarding vital signs in children in A&E.

**Aim:** To investigate and improve compliance to the RCEM standards in measuring vital signs in children and acting upon them at in Furness General Hospital (FGH), University Hospitals of Morecambe Bay Trust.

**Methods:** Cases from the electronic patient records included children less than 16 years of age who presented to the ED of FGH with a medical illness. Those aged 16 and over or with traumatic injuries were excluded. 1st cycle: 15 consecutive cases 15th March 2021 to 15 April 2021. 2nd cycle: 30 consecutive cases 1st September 2021 to 30 September 2021. A traffic light system diagram was provided to the department to improve compliance prior to the 2nd cycle.

**Results:** 70% of cases showed adherence to standard 1a where vital signs were recorded within 15 minutes of arrival. A 23% improvement in the figures. 95% of cases showed adherence to Standard 2 where vital signs were repeated if the initial readings were abnormal. An 84% improvement in the figures.

In both cycles standard 4 indicated 100% adherence whereby all abnormal vital signs were acted upon.

**Conclusion:** Standards 1,2,3 did not show a 100% compliance rate at the end of the QI project. Nonetheless an improvement was noted. This indicates along with visual aids further strategies are required to bring about 100% compliance. Overall, feedback and further recommendations were provided to the ED as part of a continuous improvement process.

**26. Delirium in Acute Medicine - A Quality Improvement Project**

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**Background:** Acute confusional state/delirium is a frequent cause of hospital admission in the elderly, and hence a good number of such patients are encountered in the Acute medicine department. Recognition and proper assessment are crucial to decrease the morbidity and mortality associated with it. Our hospital switched over from paper to computer systems last year, and this study was done to assess the quality of practice.

**Aims:** To assess how the implementation of computer systems across the Hospital impacted delirium assessment in Acute Medicine. To improve the quality of Delirium assessment in Acute Medicine

**Methods:** The project was a retrospective study and consisted of 2 cycles spread over 11 months, including education sessions and Poster publication. In each cycle, patients were selected from the Acute medicine wards over a period of 2 weeks as per the inclusion criteria. Current practice was compared with the Trust Delirium assessment guidelines. Data was collected and analysed using excel sheet tool, with each assessment parameter considered separately.

**Results:** Our first cycle results showed that Trust guidelines for Delirium assessment were not being followed optimally. Following this we arranged Education sessions and made a Poster tool for the Delirium Assessment that was put up in the department. Then the

second cycle was done that showed good improvement in the quality of practice. Six separate parameters were assessed, and the results showed an average of >20% improvement in adherence to the guidelines.

**Conclusion:** Although implementation of computer system had initially decreased adherence to the Delirium guidelines, subsequent education sessions and the Poster tool has helped to improve the quality of practice with respect to delirium assessment.

**Key Words:** Delirium, Acute Medicine, Quality Improvement project.

**Confused about Confusion?**

Is your patient over **60 years old** and has **new onset confusion**?  
Ensure you do all the investigations listed below!

Complete **4AT** on PICS!  
(Assessments → Specialty → 4AT)

Remember to exclude the common causes:  
**Pain**  
**Infection**  
**Nutrition**  
**Constipation**  
**Hydration**  
**Metabolic/medications**  
**Environmental changes**

**TSH**

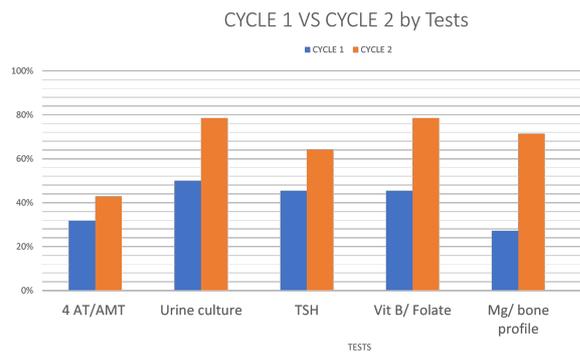
**B12/FOLATE**

**URINE CULTURE**

**GLUCOSE**

**BONE PROFILE/Mg**

CT Head, EEG or serology if other causes clinically suspected



## 27. Outcomes of laparoscopic anterior resection in rectal malignancy: A retrospective review of a single centre.

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**Background:** To assess and improve the quality of care for colorectal cancer patients going through anterior resections at Russells Hall Hospital, based on established criteria, guidelines, and standards and the commitment to providing the best care and treatment in the local healthcare setting.

**Methods:** A quantitative retrospective study was done to investigate the results of anterior resections in the Department of General Surgery from January 2021 to October 2022 which consisted of 126 patients. The design made it possible to retrieve and analyse past patient data, which allowed for a comparison of surgical outcomes during this period.

**Results:** The number of male patients was 63% and 36 % females with 1 Other.

We classified our results as high, low and ultralow anterior resection with 64%, 25%, and 11% respectively.

The conversion from laparoscopic to open was found to be 6%. The complication rate was 21% of which 6.1% was leak, 5.2% had a relook operation and had end colostomy remainder, 13% was wound infection, ileus, AKI, burst abdomen, colo-vesicle fistula. 42% of patients had covering ileostomy, of which 52% percent were reversed. 29% of the ileostomy had complications, of which 46% was parastomal hernia. 10% of the patients had LARS.

**Conclusions:** This has shed important light on the success and drawbacks of surgery. Particularly with anastomotic leaks, a serious problem in colorectal surgery, was handled within the acceptable national guidelines. As opposed to national standards, we found a reduced ileostomy reversal rate due to a shorter follow up period.

Given the shorter follow-up time, the identification of Low Anterior Resection Syndrome (LARS) in 10% of patients emphasizes the need for ongoing monitoring and therapy.

**Keywords:** rectal cancer, anterior resection, laparoscopic surgery, anastomotic leak, low anterior resection syndrome.

## 28. Efficacy of Bench-to-Bedside Translational Research Interventions in Patient Outcomes - A Systematic Review

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**Background:** Translational research entails implementing lab observations from experiments involving animals and non-human subjects to effective clinical interventions when treating human patients. The practice generates new information beneficial to patients;

hence, it is highly likely to enhance patient outcomes. However, there is a gap in knowledge on the superiority of translational research interventions over traditional treatment methods.

**Aim:** The aim of this systematic review was to examine whether translational research interventions have superior results to traditional interventions concerning patient outcomes in acute care settings.

**Method:** The researcher utilized the literature review design as per the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). Databases that were searched are PubMed, ProQuest, EBSCO, Google Scholar, SCOPUS, and WOS.

**Results:** A total of 11 peer-reviewed journal articles that were published between the years 2015 and 2023 were identified.

**Conclusion:** It was concluded that integrating translational research interventions is associated with high-quality treatment outcomes among patients compared to traditional treatment methods in acute care. Therefore, all healthcare facilities must adopt translational research intervention practices.

**Keywords:** Translational research, bench-to-bedside, evidence-based practice, and translational research interventions.

Characteristics of studies included	Country	Study Design	Setting	Sample Size	Risk of Bias	Quality and Outcome
Vorovich, Sotchi, Saito et al. 2023	N/A	Systematic review and meta-analysis	Online library databases	8 articles	Low	High-quality translational research interventions have the potential to improve OOR and OAC in acute care settings with CTMI
Osseghem, Ezzaher, Elshorbagy, 2023	N/A	Systematic Scoping review	Online library databases	8	Low	High-quality translational research interventions have a high efficacy
Soltan, Karam, Elwan et al. 2023	UK and Germany	Review Article	N/A	N/A	Low	High-quality translational research interventions increase the chance of achieving the SDGs
Hadji, Davis, Beldas et al. 2020	USA	Systematic scoping review	Online library database	N/A	Low	High-quality translational research interventions improve patient safety, efficiency and patient health
Tiber, 2018	N/A	Systematic scoping review	Online library database	N/A	Medium	Medium level translational research interventions are associated with better results concerning translational research
Dushin, Ravi, 2022	India	Editorial	N/A	N/A	High	High-quality translational research

Leung, Sun, Hui et al. 2017	USA	Systematic review and meta-analysis	University of Southern California	N/A	Low	High-quality translational research interventions improve patient safety, efficiency and patient health
Jacobson, 2019	UK	Review Article	Online library	N/A	Low	High-quality translational research interventions improve patient safety, efficiency and patient health
Chaturvedi, Chaturvedi, 2023	India	Systematic scoping review	Online library databases	42 articles	Low	High-quality translational research interventions improve patient safety, efficiency and patient health
Chaturvedi, Chaturvedi, 2020	Germany	Systematic scoping review	N/A	N/A	Low	High-quality translational research interventions improve patient safety, efficiency and patient health

Hashish, Alyass, 2020	Egypt	Cross-sectional study	Alexandria City, namely Hospital, Egypt	N = 300	Low	High-quality translational research and EBP contributes to quality improvement in acute care
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## 29. Effectiveness of lay public awareness programmes in C spine & whole spine protection provided as part of onsite & en route care to trauma victims in Kerala.

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**Background & Aims:** In India, prehospital trauma care is mainly provided by basic providers, constituting the lay public. The Ministry of Health & Family Welfare developed a training curriculum for first aid providers in 2017, but the efficacy of these programs is unknown. Spinal injuries resulting from trauma pose a significant problem in India, with prehospital care playing a crucial role in determining patient outcomes.

However, no studies have quantified the effectiveness of the training and awareness programs attended by the lay public.

The study aimed to compare the care provided by individuals who attended awareness classes with those who didn't, using statistical analysis.

**Materials and Methods:** A validated questionnaire was used to collect data on population demographics and spinal immobilization during extrication. A mixed population was surveyed over a 6-month period, with a pilot study conducted to estimate the required sample size. A sample size of 3100 achieved in which 610 were excluded due to inadequate data (n=2485).

**Results:** 643(25.9%) of the population attended training or awareness classes, while the majority (74.1%) did not. Among those who participated in rescue operations, 193(45.7%) provided neck stabilization and 142(33.7%) provided whole spine immobilization. Individuals who attended training were more likely to be involved in rescue efforts, but the differences in stabilization rates between the two groups were not statistically significant. An association was found between individuals under 20 years old and involvement in spine stabilization.

**Discussion & Conclusion:** The study highlights a lack of awareness regarding spine stabilization among the public in India. The current training model does not show a significant difference in care provided between trained and untrained individuals. Improving training and awareness programs for the lay public is critical for enhancing prehospital trauma care in India.

### 30. Psychosocial Aspects of First Responders during Road Traffic Incidents. A cross-sectional study in Kerala, India.

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**Background and aims:** The psychological factors of first responders play a crucial role in managing road traffic incidents-(RTIs), particularly as they are often carried out by the public in countries like India. This research aims to address both psychological and social goals. The psychological goals focus on understanding the difficulties experienced by the public during rescues, such as anxiety, panic attacks, low confidence, lack of self-control, and concerns for safety. Socially, the research investigates the attitudes of the general public towards issues like fear of multiple police-phone calls, overcrowding, curiosity about the incident, and reluctance to follow instructions from healthcare professionals.

**Methods:** A validated questionnaire was distributed to random subject groups for a period of six months in Kerala-India. The collected data was statistically analysed using the chi-square test and null hypothesis to determine the impact of public-awareness programs on the psychosocial aspects of the public during RTIs. The study achieved a sample-size of 3100, with 610 subjects being excluded due to insufficient data- (n = 2485).

**Results:** Subject-groups that participated in public-awareness programs showed fewer psychological difficulties during rescues and

demonstrated better decision-making abilities. However, the awareness programs did not show statistical significance in relation to these outcomes. A notable proportion of the study subjects expressed concern about receiving post-rescue calls from the police and believed that they might face legal questioning if they took a victim to the hospital. Overcrowding and reluctance to follow instructions from healthcare professionals were also found to be prevalent issues.

**Conclusion:** The study emphasizes improving the quality of awareness programs for the public, as the existing programs were not statistically significant in addressing the psychosocial aspects of first responders.

overcrowding, fear of legal proceedings, and the public's hesitant attitude towards trained first responders further complicate the rescue process.

**Keywords:** a cross-sectional study, public survey, road traffic incident.

### 31. Understanding Mental Health Stigma among the South Asian Populations

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**Background:** The main aim of this research is to examine the concept of stigma as it applies to mental health problems in South Asian populations.

**Methods:** Two empirical research were conducted as the first phase of the research. Study 1 was conducted to identify existing stigmatising beliefs, attitudes, and actions. An online survey on Qualtrics with a vignette (Feeg et al., 2014), Attribution Questionnaire (Corrigan et al., 2003), and Rosenberg Self-Esteem Scale (Rosenberg, 1965) with questions about the cause and

treatability of mental health conditions were employed. A total of 365 (246 female, 110 male) from Maldives (40.4%), India (46%), Bangladesh (7%), Nepal (3.4%) and Pakistan (1.1%) took part in the research.

**Results:** Findings showed 81.5% (N= 290) had a formal diagnosis, and 26.4 % and 29.8% experienced stigma or witnessed stigma, respectively. There was a 3.27 difference in Self-Esteem scores among participants with a formal diagnosis (M = 24.70, N= 53) and no diagnosis (M= 27.97, N= 237). After a median split of Self-Esteem scores, it was found that 46.1% (N=164) had a low score (10-28) and 35.4% (N= 126) had a high score (29-40). On the Attribution Questionnaire, the lowest scores were observed in the subscale of Anger and Personal Responsibility Beliefs by females and the highest scores were also obtained by females (N= 207) in the subscales of Pity and Helping.

Study 2 interviewed people with a mental health diagnosis over Zoom. The interview schedule was adapted from Howe et al. (2014) research. A total of 15 (11 female, 4 male) participants from South Asian backgrounds were interviewed. Interviews lasted around 90-120 mins. Some common themes of experiences include family issues, pressure, trauma, sexual abuse, suicide, misdiagnosis, labelling, conflict with a mental health practitioner, stigma by association and family members in denial of their own mental health.

### 32. Experience-based investigation and Co-design of approaches to Prevent and reduce Mental Health Act Use: (COPACT)- Manchester Site workshop.

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**Background and aims:** The UK's Mental Health Act allows for involuntary hospitalization, with stark racial disparities Black individuals are nearly five times more likely than white individuals to be detained. In response to a government call for insight into compulsory care, the CO-PACT study began. Its mission: assess patient perspectives and enhance their care.

**Methodology:** Participants from various English locations, including Manchester, were recruited. The study embraced Photovoice, replacing conventional interviews with disposable cameras, enabling patients to visually express their journey. Thematic analysis followed, and findings were disseminated in workshops involving diverse stakeholders: service users, psychiatrists, caregivers, psychologists, social workers, nurses, police, commissioners, and policy experts.

**Results:** Manchester's collaborative workshop efforts led to innovative approaches to ease patient distress under the Mental Health Act, resulting in two action plans. The first aims to improve spaces in Accident and Emergency departments for assessments, designing dedicated, supportive rooms and addressing amenity gaps. This initiative awaits further discussion with local commissioners. The second plan focuses on creating comprehensive care strategies for patients post-

discharge to prevent Mental Health Act-related readmissions. Collaboration with patient groups is essential for effective implementation.

**Conclusion:** The CO-PACT study shed light on patients' experiences under the UK's Mental Health Act. Through innovative methods and stakeholder engagement, critical issues were identified, and concrete action plans were developed to enhance patient experiences. These actions signify substantial progress toward addressing disparities and advancing mental healthcare for all. CO-PACT serves as a promising example of ongoing efforts to ensure compassionate, effective care for those in need.

### 33. Diagnostic accuracy of pleural biopsy Gene Xpert MTB/RIF in diagnosing Tuberculous Pleural Effusion

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**Background and Aim:** Tuberculosis (TB) and tuberculous pleural effusion (TPE) are major health problems in the world, especially in countries with high TB burden. Its diagnosis is challenging as the pathophysiology involves a hypersensitivity reaction rather than bacterial proliferation. Several studies have compared pleural biopsy Gene Xpert with pleural biopsy culture. However due to low bacterial load, culture has low sensitivity, and the sensitivity of Gene Xpert may be overestimated when compared with it. The aim of this study was to determine diagnostic accuracy of pleural biopsy Gene Xpert against histopathology as the reference standard.

**Method:** The study was conducted over 2 years in a tertiary care hospital in India. 107 Patients with undiagnosed pleural effusion underwent thoracoscopy and the pleural biopsy specimens were sent for Gene Xpert and histopathology. Diagnosis was made based on histopathology and sensitivity and specificity of Gene Xpert were calculated.

**Result:** Out of the 107 patients, 61 had the final diagnosis of TPE on histopathology which was confirmed by response to anti-tubercular therapy. 34 patients with tuberculosis had positive Gene Xpert and 27 had negative results. The sensitivity of Gene Xpert in pleural tissue was found to be 55.74%, specificity was 100%. The positive predictive value was 100% and the negative predictive value was 63.01%.

**Conclusion:** Gene Xpert can be a useful diagnostic tool in making quick and definite diagnoses of TPE and at the same time identifying Rifampicin resistance. It can help in early chest tube removal, early discharge from the hospital and timely initiation of therapy. High positive predictive value makes it a good rule-in test. However, as a rule-out test, its scope is limited. Diagnostic yield can be increased by combining pleural biopsy Gene Xpert with histopathology.

**Keywords:** Tuberculous pleural effusion, Thoracoscopy, Pleural biopsy, Gene Xpert, Histopathology

### 34. How to Self-Administer Enoxaparin at Home

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**Background/Aim:** The aim of this project is to develop a comprehensive guide that educates patients on the proper technique for self-administering enoxaparin injections at home. By providing clear and concise instructions, this project aims to empower patients with the knowledge and skills necessary to manage their anticoagulation therapy safely and effectively. The project will also address common concerns and provide practical tips to enhance patient confidence and adherence to the self-administration regimen. Ultimately, the goal is to improve patient outcomes, reduce the risk of complications, and promote a smooth transition from healthcare facility-based administration to home-based self-administration of enoxaparin. Currently, there is no patient information leaflet in our Trust for educating about it. These injections are prescribed widely in Orthopaedics, Gynaecology, and some in surgery as well.

Patients are usually given some education by Health care staff (Mostly by Nurses, and staff) but they don't have a written source or source where they can go back to if in doubt or forget anything.

**Methods:** Data was collected using a patient-pre-defined questionnaire on problems patients encounter during the process and what solutions could help them. Then, a Patient information leaflet and a video were prepared explaining the whole process including information on FAQs, doubts, and emergency help. Both the Leaflet and Video are available on the Trusts website.

**Results:** Patient Information leaflet and video was shown to the patient. It greatly increased patient satisfaction and their confidence in self-

administration. It led to improved patient understanding, adherence, and overall safety.

**Conclusions:** This project helps to improve convenience, reduce healthcare costs, enhance patient autonomy, and ensure proper medication administration, ultimately improving the overall patient experience and outcomes and have fewer disruptions to healthcare.

### 35. The evaluation of the implementation of CHIP (Complete Health Improvement Program) on a cohort of doctors.

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**Background:** The CHIP (Complete Health Improvement Program) is a scientifically proven lifestyle intervention designed to prevent, treat, and reverse chronic diseases through lifestyle changes. This study evaluates the program's effectiveness when implemented with a group of doctors. Recent surveys conducted by GMC and BMA report that doctors often experience burnout and secondary post-traumatic stress, affecting their own health and well-being. Studies also indicate that despite most doctors recognizing the importance of promoting positive lifestyle changes, only a small percentage of doctors feel capable of providing such guidance to their patients in an effective manner.

**Aims:** This study, conducted by PCFT, aims to assess how the CHIP program can reduce burnout and enhance health & well-being among trainees and educators.

**Methods:** Twelve doctors participated, including consultants, specialist trainees, and core trainees. The program consisted of 18 online modules covered in 10 weekly group supervision sessions, addressing optimal nutrition, physical activity, sleep, stress management /mental well-being including behaviour change strategies, self-monitoring, and goal setting. Participants completed pre- and post-program online questionnaires to assess their overall health and well-being.

**Results:** 10 out of the 12 doctors completed the program. Feedback was overwhelmingly positive. 100% of participants recommended that program for all doctors in training, 100% of them said that they felt more confident in achieving their health & wellbeing goals. 90% reported that the knowledge has equipped them to help their patients. Participation levels were influenced by the time commitment, with senior doctors attending fewer group sessions.

**Conclusions:** Implementing this program with trainee doctors offers dual benefits, both professionally and personally. It can positively impact their clinical work while enhancing personal health & well-being. This initiative supports doctors in developing long-term healthy lifestyle habits early in their careers, reducing their susceptibility to mental health issues and chronic conditions commonly faced by doctors later in their careers.

### 36. Audit on Dual Anti-platelet therapy compliance in PCI patients.

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**Background:** Patients undergoing Percutaneous Coronary Interventions (PCI) for Acute Coronary Syndromes (ACS) are advised to take dual antiplatelet therapy for at least a period of 12 months after PCI.

**Aim:** To audit the set practice of dual Anti-platelet therapy for 12 months post PCI in ACS patients.

**Setting:** Department of Cardiology at Park Hospital, Gurugram.

**Design:** Prospective Clinical Audit

**Materials & Methods:** All patients who underwent PCI for ACS in the past 12 months, under the follow-up care of the Dept. of Cardiology and visiting the Cardiology OPD between 1st November 2021 and 31st December 2021 were included.

**Statistical Analysis:** Data was coded into MS Excel and calculated as percentages and proportions.

**Results:** A total of 42 patients satisfying inclusion and exclusion criteria were seen on follow-up OPDs during the audit period. 6 of the 42 patients were advised admission on the follow-up visit. 36 patients were compliant with their DAPT regimen while 6 were non-compliant. The major reasons for non-compliance were cost, inaccessibility of drugs and loss of follow-up. Of the 6 patients who required re-admission on their follow-up visit, half i.e., 3 were non-compliant with their DAPT regimen. Of the 36 patients not requiring re-admission on their follow-up visit, 33 of them were compliant with their DAPT regimen. Patients were

also assessed regarding their bleeding risk using the HAS-BLED score.

**Key Words:** Dual Anti-platelet Therapy, Acute Coronary Syndrome, Percutaneous Coronary Intervention.

### 37. Assessment of Quality of Recommended Summary Plan for Emergency Care & Treatment (ReSPECT) forms – Audit.

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**Background and Aims:** This audit were conducted to:

- 1) Improve the quality of ReSPECT forms and ensure it is filled completely.
- 2) To ensure patients +/- relatives are aware of the decisions on the ReSPECT form and the treatment that the patients will receive.
- 3) To ensure medical healthcare professionals have a better understanding of ReSPECT and what treatment it entails.
- 4) To ensure the decision on ReSPECT forms is communicated with the general practitioner (GP).

**Methods:** A cross-sectional quantitative study was done in which the ReSPECT forms in 5 wards were examined in detail and the data was collected in Excel. We also went through the discharge summaries to see if the decision on the ReSPECT forms was communicated with the general practitioners.

**Results:** It was concluded that the ReSPECT forms were not filled to expectation. 90 percent of the ReSPECT forms were not filled completely and there were many sections that were not filled. The escalation plan was recorded only in 50 percent of the forms. The

decision on ReSPECT was rarely ever communicated with the GP.

**Conclusion:** ReSECT forms need to be filled appropriately as they guide healthcare professionals to work out a plan for potential future emergency treatment. It helps ensure that the patient receives the best possible treatment based on individual situations. We further want to make this audit a quality-improvement project and implement ReSPECT training for all healthcare professionals. A detailed leaflet is designed which will be provided to patients to have a better understanding of ReSPECT.

### 38. Cost awareness of anaesthetic consumable items amongst NHS staff and the financial impact on the NHS.

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**Background:** The financial burden of running the National Health Service (NHS) is high. Staff members should be aware of the cost of the equipment they use to enable efficient use of resources, reduce waste and control spending. However, limited financial education at undergraduate and junior stages has contributed to relatively poor knowledge among healthcare workers at all levels. Anaesthetics is a speciality which uses a large amount of equipment; therefore, we aim to assess the cost awareness amongst staff do commonly used consumables. Furthermore, we aim to assess staff members' attitudes towards the financial and environmental impact of the equipment they use and whether this would change their practice.

**Methods:** An electronic survey was sent to staff members from the anaesthetic department of the Medway NHS Foundation Trust during a one-month period. Respondents were asked to estimate the cost of 19 commonly used anaesthetic consumables, with an estimate categorised as correct if it was within 20% of the actual cost. At the end of the survey, there were 5 questions for respondents to answer regarding the financial and environmental impact of their current healthcare practice and possible alternatives.

**Results:** There were 69 respondents within the anaesthetic department from a variety of roles. Overall, only 9.37% of items were estimated correctly, with cheaper items commonly being overestimated and more expensive items being underestimated. 60% of respondents said the cost of an item would influence their use. The overwhelming majority claimed that the environmental impact was a concern, and most would favour recyclable/reusable alternatives.

**Conclusions:** Cost awareness amongst anaesthetic staff for commonly used equipment is poor. More education and training are necessary in this area as limited knowledge of service costs restricts the ability to make cost efficient choices which are needed in the current NHS.

**Keywords:** health economics, sustainable healthcare, NHS.

### 39. Perception of COVID-19 among factory workers and assessment of their stress levels in Karachi, Pakistan.

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**Background:** In December 2019, a new coronavirus was identified which spread globally rapidly. The pandemic led to drastic public health measures like lockdowns in several cities in Pakistan. In that situation the awareness of safety and risks of COVID-19 spread, stigma, social prohibition and excessive misinformation led to difficult understanding and development of stress and anxiety.

**Objective:** To assess the perception of factory workers about Covid-19 in different factories in Karachi and to determine the prevalence of stress in factory workers and its associated factors in Karachi.

**Methods:** A cross-sectional study was conducted on factory employees from Sept 2020 to Feb 2021. The data was collected physically after the lockdown was removed using a validated questionnaire of 36 items. Workers who had observed some periods of lockdown were included in the study. The sample size was calculated by using Open Epi version 3.01.

**Results:** A total of 354 participants participated in our study. Most of the participants were from the age group 31-40 years. Most participants believed coronavirus to be real and a dangerous threat to their health, but some nominal participants also considered it to be invented in a laboratory but feared it

too. Most of the variables were significant specifically in age group 18-25 years, males, participants who had education below matric, married, having children, worker level employees, people having experience 1-5 years, people having contractual jobs and having salaries less than PKR 18000 had severe stress with P-value as 0.000.

**Conclusions:** Majority of workers had enough knowledge and correct perception related to corona virus. Regardless the participants had varied stress levels, young workers earning the lowest set of income were the most stressed.

**Keywords:** Covid-19, Stress, Perception, Knowledge, Factory Workers.

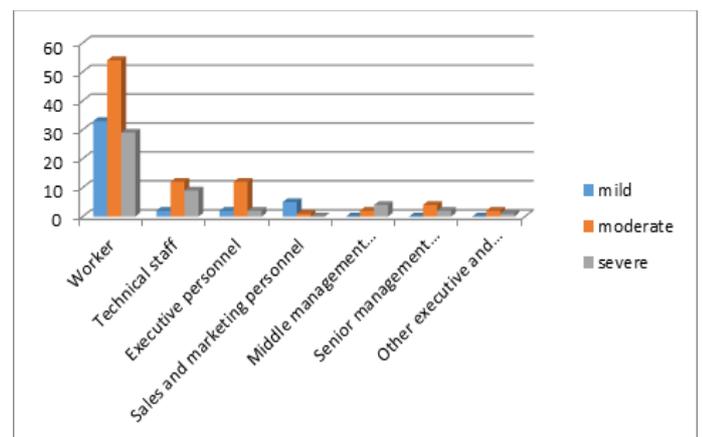


Figure.1: Stress levels of different departments of Factory workers

#### 40. Re-audit of the adequacy of utilisation of the American Spinal Injury Association (ASIA) chart when assessing spinal pathology prior to specialist referral

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**Backgrounds and Aims:** To compare the results from the previous audit cycle. To assess if patients with suspected spinal pathology have a completed ASIA chart. To assess if patients with suspected spinal pathology have a completed motor and sensory component of the ASIA chart. To assess if an MRI has been done for patients with suspected spinal pathology. To assess if spinal referral has been sent for patients with suspected spinal pathology.

**Methods:** A retrospective cross-sectional study of 40 patients with suspected spinal pathology referred to the Trauma and Orthopaedics department at King's Mill Hospital. Analysis was done using Google Forms to assess whether the components of the ASIA chart were completed.

**Results:** ASIA charts were completed for 75% of the patients which was a significant improvement compared to last time when they were completed only in 33%. In the first cycle, the motor and sensory components were completed only 33% and 20% respectively which improved to 72.5% and 75% in the second cycle.

**Discussion:** According to NICE guidelines, if spinal cord injury is suspected in people > 4 years, a neurological examination needs to be done and an ASIA chart needs to be completed as soon as possible. The use

of ASIA charts has significantly improved when compared to the first audit cycle which showed that the ASIA chart was not used for most patients with suspected spinal pathology.

**Conclusion:** The use of ASIA charts needs to be further encouraged to ensure neurological examination is done for all patients who are suspected to have a spinal pathology. We recommend teaching sessions to ensure that all junior doctors know how to perform neurological examinations for patients with suspected spinal injury and how to fill the ASIA chart appropriately. The ASIA chart has also been added to the trauma clerking booklet.

Parameter	1st cycle	2nd cycle
Number of patients	15	40
ASIA chart used	33	75
Motor completed	33	72.5
Sensory completed	20	75
Anal tone recorded	0	55
Cauda Equina confirmed	7	5

#### 41. Scoping review to identify interventions to support digital literacy and inclusion for children and adolescents with neurodevelopmental and learning/intellectual disabilities- Preliminary findings.

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**Background:** Awareness about neurodiversity has increased exponentially in the past few years. It focuses on how this phenomenon is a variation of the normal and should be treated as such. Efforts have been made at a large scale to educate children with diagnoses such as autism spectrum disorder, attention deficit hyperactivity disorder, and so on in mainstream schools, with required support. Digital technology is used for learning, teaching, and support for children. 'Digital literacy' involves primarily having access to a device, knowing how to use it and how to search effectively for the required content. Since COVID there has been a huge rise in such platforms, interventions and applications which are used as learning aides for pupils.

**Objectives:** To evaluate the inclusivity; and if young persons with neurodevelopmental disorders were given consideration whilst these digital health toolkits were developed and put into place. We aim to highlight any change required in the technological redesign of services.

**Methodology:** This is an ongoing descriptive, retrospective study conducted as a systematic review of research articles from the past 10 years. All study types were included such as

analysis, interventions, or mixed methods.

A preliminary search was done using the search terms 'neurodevelopmental disorders', 'learning disabilities', 'intellectual development disorder', 'Digital Literacy' 'Intellectual disability', 'Computer literacy', 'Adolescent or adolescent health', and 'Child or child health'.

**Results:** A total of 258 studies (all types) were initially identified. They were then shortlisted based on their abstracts. Studies older than 10 years, not in the English language or aimed at carers (adults) rather than children were excluded. After the selection process, 40 articles have been finalised to be included in the next stage of the study i.e., data extraction.

**Findings:** A major surge in relevant articles was seen from 2021, which implies research done related to this saw an increase due to COVID-19. There were only 2 articles shortlisted prior to 2019. Interestingly, no studies reported a lack of resources such as access to gadgets, which was a known issue during COVID-19. Even though only English language articles were included, the body of research work is not limited to English-speaking or first-world countries only, rather it spans the globe.

The expected date of completion of the project is August 2025.



#### 42. Identifying the Phenomenology of Professional and Domestic Stressors for Private School Teachers of Lahore, Pakistan.

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**Background:** The study discovered the nature and impact of professional and domestic teacher stress in the private schools of Lahore, Pakistan. Over the past decade or thereabouts, there has been a substantial expansion of private schools across almost every region of Pakistan. As a result, there has been a noteworthy increase in the number of teachers working in these academic establishments. In 2017-2018, the private sector represented 37.9% of all educational institutions and 44.3% of total enrolments countrywide (Pakistan Education Statistics 2017-2018). The share of private schools in total educational institutions at the middle and high school levels stood at 64.5% and 57.2%, respectively. According to the Educational statistics, the total number of teachers at the high school level is 563,302, out of which 247,447 (44%) are in public and 315,855 (56%) are in private sector. 218,064 (39%) male and 342,578 (61%) female teachers are at this level.

**Aim:** The increase of private school teachers has generated importance in identifying the professional and domestic stressors of teachers. This research aims to explore the following questions: 1) What are various stress-causing factors for female schoolteachers in the private sector? 2) Do professional stressors cause more stress in female schoolteachers

than domestic stressors?  
**Method:** The focus group technique was applied to collect the data. Three focus group interviews were conducted in three different school premises, with eight participants in each group. (N=8) Each private school teacher was 25-45 years old, married, and trained with at least three years of teaching experience.

**Result / Discussion:** Using thematic analysis, the following main themes were generated: workload, health, Job description, student-teacher relationship, and administration. An extensive literature review identified themes aligned with the study population, such as exams, job security, promotion, lack of resources, and colleagues. However, this study has a unique aspect. It has explored new themes such as stress coping strategies, quality time with family, and effective time use and discussed relevant implications.

Keywords: professional stress, domestic stress, private school teacher, thematic analysis.

#### 43. Dissecting the Purpose of Higher Education: An Analysis of Graduate Employability and Goal of Higher Education.

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**Background:** Historically, higher education (HE) prepared learned clergy and allowed for upward social mobility. The advent of the 20th century and particularly the post-World War II period redefined the purpose and scope of HE. This redefining of the purpose of HE partly came across as a natural by-product of physical capital

being supplanted by knowledge and technology as the source of development and resulting wealth. This led to a manifold increase in the gross enrolment ratio in HE which is taken as the percentage of total enrolment in tertiary education to the total population of the five-year age group from secondary school leaving. This ratio increased across the world steadily from around 10% in 1970 to 36% in 2016. Consistent with global trends, Pakistan experienced an exponential increase in the number of universities in the last two decades, which led to an unprecedented increase in enrolment in HE. Ironically, the increase in the number of universities and graduates correlates with a surprise parameter: graduate unemployment, which is one of the highest in the country.

**Method:** In this work, we analyze the vision and mission of more than 230+ operational universities in Pakistan and identify both the market and non-market (social) purpose/goals set by each university. This is followed by assessing and comparing the expectations of a university student from HE with the expectations and goals of the university administration and teaching faculty.

**Results and Conclusion:** The findings suggest that student expectations from HE tend to be very instrumental and personal, while the university's purpose tends towards highly ideal life and society-transforming consequences. The purpose of HE as set forth by students and university administration is then correlated with graduate employability followed by recommendations for policymakers to address the growing misalignment between, HE providers and students and graduate unemployment.

#### 44. Perspective of Women Empowerment in Higher Education: Challenges and Opportunities.

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**Background:** The Gender Social Norms Index (2023) by the United Nations Development Programme (UNDP), highlights a disconcerting finding: A significant majority, precisely nine out of ten individuals, exhibit enduring biases against women, globally. Consequently, this study was initiated to gain insights into the challenges encountered by female leaders in higher education in Pakistan, explore the impact of gender on their career prospects, and examine the strategies they employ to attain empowerment.

**Methods:** Qualitative research methodology was used because the researcher's stance to conduct research on this phenomenon is based on the interpretive paradigm. Focus group was used to collect the data. Five vice-chancellors of women's universities took part in the focus group discussion. Leading questions were shared with them before the Focus Group Discussion (FDG).

**Results:** The findings of the study revealed that women leaders in higher education face many challenges which are categorized as organizational, cultural, and personal challenges. Participants unanimously agreed that women's representation in policy formulation is insignificant, therefore, the ultimate impact of such policies predominately favours men and makes their career ladder more serene and

encouraging. Gender impacts women's higher education and careers, posing challenges in access, representation, bias, advancement, networking, and communication. Strategies like mentorship and leadership development are crucial for equity and resilience.

**Conclusions:** Such biases create inequality by causing people to expect greater competence from men than from women. Feminists conceptualized women's empowerment as context specific. All the participants stated that collaboration with each other was of great help for them to encounter such problems. Implications include that mentoring prospective women leaders would be significant for making them better and for the increased number of successful women leaders in the future.

**Keywords:** women empowerment, higher education, challenges, opportunities

#### 45. Psycho-social Challenges of Women Entrepreneurs in Pakistan.

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**Background:** Entrepreneurship is the ability to develop, establish, and run a new business while taking all the risks to generate profit (Ismail, 2016). If women own an enterprise with a minimum financial interest of 51% of capital and at least 51% of employment is given to women, then this is called women entrepreneurship (Ghani, 2023). Only 1% of women in Pakistan are entrepreneurs (Tribune, 2023).

**Aims:** The main aim of this study was to identify the psycho-social challenges women entrepreneurs face in Pakistan.

**Method:** For this purpose, qualitative research method was used. Exploratory research design was used. A purposive sampling technique was used to select the sample. Five in-depth semi-structured interviews were conducted with five women (n=5) working in LCCI. Audio recorded interviews were analyzed using thematic analysis.

**Results and discussion:** Thematic analysis revealed that women in Pakistan face two different kinds of psychological problems which are cognitive problems such as difficulty in problem solving, decision making and lack of attention and emotional problems such as depressive symptoms, stress, anxiousness, and feeling of fear. Women entrepreneurs face two different kinds of social problems: work-related problems such as harassment, lack of access to training and resources, male dominating society, gender discrimination, lack of support from government, lack of encouragement and acknowledgement and work overload and family-related problems such as lack of support from family and work-family conflict.

**Conclusion:** This study will help develop an intervention program and establish strong implications for organizational psychologists and policymakers.

**Keywords:** entrepreneurs, harassment, gender discrimination, work-family conflict, depression, anxiety

#### 46. Psychosocial Challenges Faced by Women Engineers in Pakistan

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**Background:** The underrepresentation of women in the engineering field is a subject of great concern globally, and Pakistan is no exception. In developing countries like Pakistan, the emerging trend of higher education in all educational fields is increasing among women, especially in science and technology, which highlights the increasing passion and dedication of women in engineering fields.

**Aim:** The present study explores the psychosocial challenges women engineers face in Pakistan.

**Methods:** To achieve this objective, focus group discussions were conducted with women engineers working in the field and academia (n=8), women engineers who have left their jobs (n=8), and in-depth interviews with stakeholders, and experts in the engineering field (n=5). These interviews aim to gather rich, contextual insights into the psychosocial challenges women engineers face in their professional and personal lives. A thematic analysis technique was applied.

**Results:** The major themes along with some unique themes extracted from focus group discussions are gender disparity, workplace harassment, challenging work environment, unequal learning opportunities, psycho-socially constructed stereotypes, lack of recourses and facilities, unawareness about revolutionary scientific advancement, work-to-family and family-to-work conflicts, role allocation, and the role of

media in portrayal of a woman in society.

**Conclusion:** The results of this study may help experts in the field of engineering and policymakers to look carefully at all these concerns and issues to create a better work environment for women in the field of engineering. Understanding these challenges is essential for promoting gender diversity, fostering inclusive work environments, and creating equal opportunities for Women engineers in Pakistan.

**Keywords:** women, engineering, gender disparity, workplace harassment, work environment.

#### 47. Perioperative temperature monitoring of patients undergoing surgery at Tertiary Centre in Manchester.

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**Background:** Perioperative hypothermia is common and associated with increased blood loss, transfusion requirements, incidence of wound infections, length of stay in the post-anaesthesia care unit, and costs. Temperature management in the pre-, intra-, and postoperative periods is crucial to diminish the risks of perioperative hypothermia. Awareness of perioperative hypothermia, temperature measurement accurate continuous probes and active body surface warming before induction of anaesthesia and during surgery are essential to maintain.

**Aim:** To look for any incidence of hypothermia during the perioperative care.

**Method:** A pre-warmed audit was conducted a proforma was made to measure the temperature of the patient in the perioperative period. All the patients who underwent surgery under general anaesthesia or general anaesthesia with regional anaesthesia (> 30 minutes duration) were included in the study and finally, the results were compared with the recommendations from the NICE guidelines.

**Results:** In 70% of the patients, we found that there was incidence of hypothermia, whether it was intentional (19%) or unintentional. 6 % of patients had hypothermia at preoperative assessment, 50% of the patients had hypothermia at the intraoperative period (induction till the end of surgery) and 20% of the patients had hypothermia at recovery. Most of the time active action was taken to normalise the body temperature.

**Conclusion:** Prevention of perioperative hypothermia can avoid significant post-operative morbidity and appropriate actions should be taken for the same.

#### 48. Impact of Robotics and AI in the Healthcare Industry

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**Background:** The healthcare sector has seen remarkable technological advancements over the past decade, with robotics and AI playing an increasingly prominent role. However, the application of robotics in healthcare is still in its nascent stages. This paper

explores the current state of robotics in medicine, analyzing its potential to transform healthcare delivery and patient outcomes.

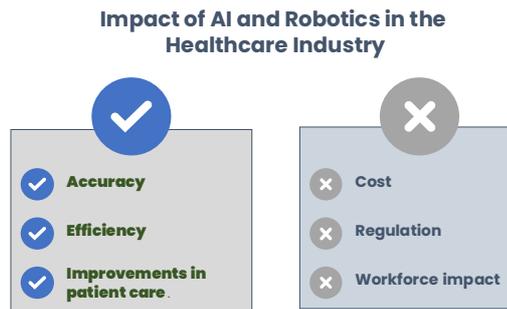
**Methodology:** The research methodology employed for this study involves a review of relevant literature and a survey of over 200 medical practitioners, along with insights from 10 medical students. These sources collectively provide a comprehensive view of the perception and utilization of robotics and AI in healthcare.

**Findings:** The benefits of robotics in healthcare are substantial, including enhanced accuracy, reduced human error, and the ability to undertake repetitive tasks efficiently. Robots, when integrated into healthcare settings, have demonstrated improvements in diagnostics, surgery, and logistics, leading to more streamlined processes and better patient care. Additionally, AI-driven robotics has the potential to assist in tasks such as interpreting medical data and optimizing treatment plans.

Nevertheless, there are significant challenges and disadvantages to consider. The high cost of implementing robotics, regulatory hurdles, and concerns about data security and patient privacy pose barriers to widespread adoption. Furthermore, the potential displacement of healthcare jobs raises questions about the impact on the workforce. Patient acceptance of robots in caregiving roles remains a crucial concern, as does the preservation of the essential human touch in healthcare.

**Conclusions:** In conclusion, while the integration of robotics and AI in healthcare is still in its infancy, there is a consensus among healthcare professionals that it holds great promise. The advantages, including

increased accuracy, efficiency, and potential improvements in patient care, make a compelling case for continued exploration of this technology. However, overcoming challenges such as cost, regulation, and workforce impacts will be essential for realizing the full potential of robotics in healthcare.



#### 49. Mindset Sketchpad with junior doctors in India: Quality Improvement Project.

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**Background:** brief, single-session, codeveloped video-guided intervention, Mindset Sketchpad (MS), aimed at improving junior doctors' well-being and self-efficacy. The self-directed content, with relatable scenarios, is based on positive psychology principles and theories.

**Methodology:** As part of a quality improvement project focus group discussion (FGD) sought feedback from 10 BAPIO Training Academy doctors on the 2-plus-2 program in India who had participated in the MS intervention. The FGD held online on the 15th of July 2022 to gather feedback to refine the intervention.

**Results:** The FGD revealed positive feedback from the participants. Participants suggested adding India-specific scenarios to the intervention. Key areas identified were work pressure, time management, work-life balance, and dramatisation of the content to enhance engagement. They emphasised the need for solutions related to managing stress arising from work pressure and ways to balance work and personal life. Additionally, participants felt that including content on time management would be beneficial, as they often struggle to study after long workdays. They suggested incorporating activities for relaxation and reducing work-related thoughts.

Furthermore, participants expressed the importance of integrating MS training into hospitals where trainees are attached, even in India. They believed that psychological training, such as the MS intervention, should be provided from the initial stages to better prepare doctors for challenges they may face in new countries or placements.

The content was deemed relatable and helpful. Participants highlighted the importance of sharing the intervention with international medical graduates transitioning to new countries, as the videos address challenges faced by junior doctors in new settings.

**Conclusions:** The FGD highlighted the positive reception of the MS intervention among junior doctors in India to better equip doctors for future challenges. These findings provide valuable insights for further development and implementation of the MS intervention in the Indian healthcare context.

Focus group discussion themes:	
1. Presentation of the intervention and its duration	<ul style="list-style-type: none"> <li>• duration of the video appropriate</li> <li>• their attention did not waver through the presentation.</li> <li>• content was presented <u>well</u></li> <li>• learned something new through it.</li> </ul>
2. Content	<ul style="list-style-type: none"> <li>• relatable</li> <li>• helpful for postgraduates as well as trainees.</li> <li>• A participant mentioned: <i>"I kind of agree with the things where you can change your personality...one particular thing about the exams...like most of gave our exams recently and the results did not come as expected; all of us were feeling really low...but we encouraged each other, and similar things we saw in the video...so it helped us to remember again and work towards our goal"</i>.</li> </ul>
3. International medical graduates (IMGs)	<ul style="list-style-type: none"> <li>• should be particularly shared with IMGs and those who would be soon going to a new <u>country</u></li> <li>• the videos also mention the challenges faced by junior doctors in a new setting and how to deal with them.</li> </ul>
4. Additional content	<ul style="list-style-type: none"> <li>• The participants shared that in addition to the existing videos and scenarios, India-specific scenarios related to the following need to be added:               <ol style="list-style-type: none"> <li>(i) work pressure</li> <li>(ii) time management</li> <li>(iii) work-life balance</li> <li>(iv) dramatization of the content</li> </ol> </li> </ul>

**50. Roshni-3**

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**Background:** Maternal and child health disparities among Black, Asian, and Minority Ethnic (BAME) women in the UK, exacerbated by the COVID-19 pandemic, highlighted an urgent need for innovative interventions (Vaivada et al., 2022). BAME women face heightened economic and social impacts, leading to lower life satisfaction and happiness, potentially due to healthcare inequities, language barriers, and cultural differences (Women’s Budget Group, 2021; Latif, 2014; Masood et al., 2015).

**Objectives:** This project, "ROSHNI-3," aimed to develop a culturally adapted, brief, remotely delivered psychosocial intervention for BAME women during the perinatal period. Building on previous work with BAME women, including a group psychological intervention for postnatal depression

(Husain et al., 2022) and promoting parental involvement and attachment (Husain et al., 2021), ROSHNI-3 seeks to enhance the overall well-being of BAME mothers.

**Methodology:** We established an intervention development group involving the research team and BAME women in the perinatal period. Drawing from ROSHNI-2, which addressed postnatal depression in British South-Asian women, and Learning Through Play (LTP+) intervention, the group codeveloped ROSHNI-3. Using an action research cycle, the group iteratively gathered feedback and made refinements to the intervention content.

**Results:** The project's outcome is the development of ROSHNI-3, a culturally adapted intervention based on co-production and refinement by the intervention development group. The intervention is tailored to the UK context, incorporating feedback and insights from BAME women.

**Conclusions:** ROSHNI-3 represents a promising initiative to address the well-being of BAME women during the perinatal period. By co-producing, culturally adapting, and refining the intervention, this project aims to bridge existing gaps in support and ultimately improve the lives of BAME mothers facing complex needs during pregnancy and early motherhood. The next stage of a feasibility study will inform future efforts to promote maternal and child health equity within BAME communities in the UK.

### 51. Case report of biclonal gammopathy presenting as Anasarca.

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#### Background and Aims:

Gammopathies include Monoclonal Gammopathy of Undetermined Significance to multiple myeloma. If two types of monoclonal protein are detected, it is called biclonal gammopathy.

#### Results & Discussion:

A 68 year old male, came with swelling on B/L Upper and lower Limbs, easy fatiguability and pain all over the body for a duration of > 1.5 months. Biochemical findings were suggestive of Iron deficiency anaemia and hypoalbuminemia. Radiological findings were unremarkable. UGI endoscopy showed atrophic gastritis & oesophageal candidiasis. Colonoscopy showed a polyp in the colon for which a polypectomy was done, biopsy was normal. Factor 5 Leiden mutation was positive. Whole-body PET did not show any evidence of metabolically active lesions in the body to suggest a neoplasm.

Myeloma panel was normal. S Protein electrophoresis " low albumin, increased alpha globulin & beta 2 microglobulin. The Kappa and lambda chains were positive. The serum IgG - elevated, IgA/M normal. Bone marrow aspiration was normal. Arterial, venous doppler of upper & lower limbs was normal. ANA by IF was negative, anti-CCP & RF were positive.

#### Conclusion, treatment and follow-up:

In view of the findings of positive kappa and lambda, the possibility of biclonal gammopathy was considered, Oncology team started him on Bortezomib along with treatment for

seropositive RA. The swelling decreased and his symptoms improved. Unlike MGUS, SMM is more aggressive, progressing to MM at an approximate rate of 10% per year during the initial 5 years. The progression of either BGUS or biclonal SMM to MM is still debatable. Additionally, previous studies have proposed that biclonal MM responds to treatments in a similar fashion to the monoclonal variants.

### 52. Learning from Clinical Cases

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**Background:** A 58-year-old man was admitted with sub-acute onset of headache, blurred vision, and left-sided ptosis. He had a background of hypertension, hypercholesterolaemia, non-alcoholic steatohepatitis with liver fibrosis, oesophageal varices (requiring banding), non-diabetic hyperglycaemia and superior mesenteric vein thrombus (treated with Apixaban).

**Clinical Findings:** Over the first 24-48 hours, the partial left-sided ptosis progressed to complete ptosis and new right-sided ptosis developed. He had bilateral third nerve palsy and pupils were not reacting to light. He was becoming increasingly drowsy with ongoing headaches and poor oral intake. On examination, it was ascertained that the patient had reduced body hair, small genitalia, truncal obesity, and the presence of a dorso-cervical fat pad.

flexibility of management plans in the face of challenging clinical trajectories.

**Investigations:** Hormone profile revealed hypothyroidism alongside very low testosterone (1.3) and low luteinizing hormone (0.8). Full blood count showed longstanding thrombocytopenia. Other lab findings were unremarkable. CT scan of the head revealed a large pituitary fossa mass. MRI confirmed a large central mass on the pituitary fossa eroding the Clivus and Cavernous Sinus, extending into the posterior pharynx, invading the Sphenoid Sinus (46 x 40mm dimensions), and displacing optic chiasm superiorly.

**Clinical course and challenges:** The patient received 6mg of Dexamethasone inadvertently before screening tests, potentially affecting pituitary hormonal profile. Within three days, the patient experienced hyperpyrexia (41°C) and tachycardia (>180), necessitating intubation and admission to the ICU. Neurosurgical referral took place, but surgical intervention was ruled out due to longstanding thrombocytopenia, despite haematological approval with platelet coverage.

**Key learning points:** Caution must be taken with Dexamethasone administration as it can interfere with pituitary hormonal profiles, delaying diagnosis and impacting prognosis for individuals. Confounding factors such as Cushingoid appearance emphasizes complexities in interpreting hormone profile. This case highlights the importance of close monitoring, early specialist involvement, multidisciplinary collaboration, and

