



**National Foundation
Doctors Presentation
Day**

 **UK
Foundation
Programme**



2026 Abstract Book

Friday 23 January 2026

Southampton Football Club, Britannia Road, Southampton, Hampshire, SO14 5FP

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We are very grateful for the continued support of colleagues from the following organisations, who kindly gave up their time to support the event:



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Helen Johnson & Ashley Byford, NHSE enhance programme

Pushpa Kadappa, Medical Defence Shield

Katy Ware & Sandy McPherson, Fidelius Medical

Thomas Kirkum, The MDU - Professional medical indemnity

Jie Fei Lau, Humans of the Foundation Programme

Emily Nicholas, General Medical Council

Frank Minal & Tim Combley, British Medical Association

Faculty

We would like to warmly thank our faculty who kindly gave up their time to support the event by shortlisting abstracts, judging on the day and providing logistical support on the day.

Faculty support

Anita Brudkowska, Wessex
Elaine Colaço, UKFPO
Emma Smith, Y&H
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Julian Shepherd, North West of England
Karen Moore, Northern Ireland
Kata Várnai, UKFPO
Kiran Kaur Padham, UKFPO
Lucy Wyatt, Wessex
Rowentee Wong, Y&H
Sarah Sanders, Wales
Sioned Edwards, Wales
Sophia Berridge, UKFPO
Stephanie Tindall, Y&H
Sue Reid, Y&H
Ursula Gialanze-Reitano, Malta

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 David Woods, Undergraduate Surgical Tutor
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 Gemma McKenzie, Lincoln Urology Education lead, ES and CS
 Helen Johnson, EoE Deputy Dean
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 Rekha Ramanath, FY2 TPD
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 Victoria Hemming, Consultant
 Vincent Lam, FTPD
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Introduction

Welcome to the National Foundation Doctors Presentation Day 2026 Abstract Book. This event is proudly hosted by the UK Foundation Programme Office (UKFPO).

We are thrilled to offer this annual opportunity for current foundation doctors to present their work at a national meeting and always look forward to seeing and hearing about their contributions to medicine and to the NHS.

Format

Foundation doctors from across the UK were invited to submit abstracts relating to activities undertaken during their Foundation Programme training in the categories of Quality Improvement & Sustainability, Clinical Case Reports, Education, Research or Original Work and, for the first time this year, Foundation Programme and the Arts.

Successful applicants were invited to present on the day, with the top abstracts being selected for oral presentations. The rest of the successful applicants were invited to prepare poster presentations. Oral presentations are 10 minutes long, with 8 minutes to present and 2 minutes for questions. Poster presentations are carried out in a “mini-oral” format, with 2 minutes to explain the key messages of the poster and 1 minute for questions.

Category winner

The oral presentations and each poster group are judged by a category group panel. One oral presentation and one poster from each poster group were selected as the category winner. The oral presentations and each poster group were marked by panels of judges against a set of criteria including choice of subject; presentation and visual aid; depth of knowledge, evidence or research, literature review; reflections and conclusions.

The winning oral presentation will be awarded a slot to present their work as part of the UKFPO educational webinar series in spring 2026.

About the National Foundation Doctors Presentation Day

For the past 15 years, the National Foundation Doctors Presentation Day has highlighted and celebrated the achievements of foundation doctors. The primary focus of the day is on FY1 and FY2 doctors delivering oral and poster presentations, showcasing their work in a variety of categories to their peers and senior foundation faculty, and inspiring us all. In addition, we were delighted to welcome Chief Medical Officer for England, Professor Chris Whitty, as our keynote speaker.

The event also provides opportunities for organisations such as the GMC, NICE, BMA and more to engage with this dynamic and enthusiastic cohort of doctors at the start of their career.

Speakers and session chairs



Dr Mike Masding, MA (Ed) FRCP

Dr Mike Masding is the National Clinical Director of the UK Foundation Programme Office. He has previously been Head of Wessex Foundation School, and Foundation Programme Training Director and Director of Medical Education at the trust where he does his clinical work. The subject of his MA(Ed) dissertation at the University of Winchester in 2010 was workplace supervision of foundation doctors. He divides his time between

UKFPO and clinical work as a Consultant Physician & Diabetologist.

Professor Chris Whitty, Chief Medical Officer for England

Professor Chris Whitty is Chief Medical Officer (CMO) for England, the UK government's Chief Medical Adviser and head of the public health profession.

Chris is a practising NHS Consultant Physician at University College London Hospitals (UCLH) and the Hospital for Tropical Diseases, and a visiting professor at Gresham College.

Chris is an epidemiologist and has undertaken research and worked as a doctor in the UK, Africa and Asia. He was Professor of Public and International Health at the London School of Hygiene and Tropical Medicine (LSHTM) before becoming CMO and remains an honorary professor.

Chris was the interim Permanent Secretary at the Department of Health and Social Care (DHSC) from December 2024 to June 2025. He was Chief Scientific Adviser for DHSC from January 2016 to August 2021, with overall responsibility for the department's research and development, including being head of the National Institute for Health Research (NIHR), the government's major funder of clinical, public health, social care and translational research.

Chris was the interim Government Chief Scientific Adviser from 2017 to 2018, including during the Novichok poisonings. Before that, he was the Chief Scientific Adviser at the Department for International Development (DFID), which included leading technical work on the West Africa Ebola outbreak and other international emergencies.



Dr Kaveeta Malhi, UKFPO Fellow

Dr Kaveeta Malhi is an FY2 doctor currently working in the emergency department at Bronglais General Hospital in Aberystwyth, Wales. This somewhat unexpected relocation has fostered an interest in the driving factors of rural healthcare inequality, particularly the challenges of staff burnout and retention. As a UKFPO Fellow, Kaveeta is developing a project focused on near-peer support networks in remote and rural locations and producing resources to aid the transition into FY1.



Dr Devon Ward, UKFPO Fellow



Dr Devon Ward is currently working as a Specialised Foundation Programme (SFP) Year 2 doctor in the Liverpool University Hospitals Group. Devon graduated from Cardiff University with a commendation in her medical degree and a 1st in an intercalated Psychology degree. Devon is really passionate about medical education and improving training for foundation doctors, which is why she has pursued two projects as Fellow this year: improving access to self-development time and improving resources for the foundation e-portfolio.

In tandem with her role in the North West Foundation Forum, Devon is committed to representing the interests of and issues faced by foundation doctors and aims to improve the experiences of foundation doctors on a national scale.

Dr Ali Carter, FSD (London) and Lead FSD for England

Dr Ali Carter is Foundation and Undergraduate Dean for London and Director of the London Foundation School. Since April 2025, Ali has been Lead FSD for England. She also works as an Intensive Care Medicine (ICM) consultant at University College London Hospital (UCLH) in North Central London. Ali has a long-standing interest in medical education and has undertaken a variety of education roles including local Education Lead for ICM, Foundation Training Programme Director (TPD) at UCLH, Lead TPD for London ICM specialty training and FICM Regional Advisor for North Central London. Prior to her Foundation role, Ali was Associate Dean (Distribution), a project looking at aligning training posts with health inequalities distribution across England.



Dr Lorraine Parks, MMEDSci, FFARCSI

Dr Lorraine Parks is Associate Postgraduate Dean and Director of Foundation Training for Northern Ireland. Dr Parks graduated in Medicine from Queen’s University Belfast (QUB) in 1991, and after completing specialty training was appointed as a Consultant Anaesthetist in 2001.



Throughout her career Dr Parks has had an interest in Medical Education. During 1998-2000, she was involved in the redesign of the QUB undergraduate medical curriculum and completed a Masters’ Degree in Medical Education. She was appointed QUB Honorary Lecturer in 2001, progressing to Senior Lecturer in 2007. From 2001-2011 Dr Parks was involved in the setting up and running of the Northern Ireland Clinical Simulation Centre. In 2012, Dr Parks was appointed to the Northern Ireland Medical & Dental Training Agency (NIMDTA), to lead on the development and delivery of the NI Foundation Regional Teaching Programme.

In 2016 she was appointed Deputy Director of the foundation school, a post she held until her appointment as Foundation School Director in 2018. Dr Parks’ main interests are Interprofessional Education, Human Factors and Simulation Based Education.

Dr Etyld Watson, Deputy Foundation School Director, Wales



Dr Etyld Watson is the Deputy Foundation School Director for Wales. She splits her time between her education role and clinical work as a paediatric emergency medicine consultant and a SARC doctor. She has previously worked as the foundation programme director in Prince Charles Hospital, Merthyr - where she is based - as well as roles in undergraduate education, including helping to set up the popular EPIC (emergency medicine and prehospital immediate care) intercalated degree with Cardiff University. She is mum to a lively 7-year-old whom she enjoys outdoor activities with but finds time to work as an immediate care doctor for Cardiff rugby and the Welsh rugby union.

Timetable

Southampton Football Club, Britannia Road, Southampton SO14 5FP

Time	Activity	Session Chair	Room
08:30-09:15	Registration, collection of name stickers, refreshments FDs to mount posters (<i>see rooms list</i>)		
09:15-09:25	Welcome, housekeeping and introduction Dr Mike Masding, National Clinical Director, UKFPO	Dr Mike Masding	Mike Channon Suite
09:25-10:10	Keynote speech Professor Chris Whitty, Chief Medical Officer for England		Mike Channon Suite
10:10-10:20	Refreshments & changeover (<i>Trade stands and poster viewings</i>) Travel to poster rooms		
10:20-11:20	Set 1: Oral Presentations x 5 (10 minutes each)	Dr Mike Masding	Mike Channon Suite
	Poster group 1: CR01: Case Report Poster Group 1		The Staplewood Lounge
	Poster group 2: CR02: Case Report Poster Group 2		Boardroom
	Poster group 3: RO01: Research / Original Work Group 1		Matthew Le Tissier Suite
	Poster group 4: FA01: Foundation Programme & the Arts		Markus Liebherr Lounge
11:20-11:30	Comfort break & changeover (<i>Trade stands and poster viewings</i>)		
11:30-12:30	Set 2: Oral Presentations x 5 (10 minutes each)	Dr Lorraine Parks	Mike Channon Suite
	Poster group 5: RO02: Research / Original Work Group 2		The Staplewood Lounge
	Poster group 6: ED01: Education Poster Group 1		Boardroom
	Poster group 7: QS01: QI / Sustainability Poster Group 1		Markus Liebherr Lounge
12:30-13:30	Lunch (<i>Trade stands and poster viewings</i>)		
13:30-14:30	Set 3: Oral Presentations x 5 (10 minutes each)	Dr Ali Carter	Mike Channon Suite
	Poster group 8: QS02: QI / Sustainability Poster Group 2		The Staplewood Lounge
	Poster group 9: QS03: QI / Sustainability Poster Group 3		Markus Liebherr Lounge
	Poster group 10: QS04: QI / Sustainability Poster Group 4		Matthew Le Tissier Suite
14:30-14:40	Comfort break & changeover (<i>Trade stands and poster viewings</i>)		
14:40-15:40	Set 4: Oral Presentations x 5 (10 minutes each)	Dr Izzy Watson	Mike Channon Suite
	Poster group 11: QS05: QI / Sustainability Poster Group 5		The Staplewood Lounge
	Poster group 12: QS06: QI / Sustainability Poster Group 6		Boardroom
	Poster group 13: QS07: QI / Sustainability Poster Group 7		Matthew Le Tissier Suite
15:40-15:50	Changeover / comfort break / trade stands and poster viewings		
15:50-16:10	UKFPO Fellows project presentations Dr Kaveeta Malhi & Dr Devon Ward	Dr Mike Masding	Mike Channon Suite
16:10-16:30	Oral & poster presentation winners Dr Mike Masding, National Clinical Director, UKFPO	Dr Mike Masding	Mike Channon Suite

2026 winners

Many congratulations to our 2026 presentation winners listed below:

Oral presentations	Presenter(s)	Oral presentation title
Winner	Dr Matthew Emerson, Oxford Foundation School	OP010: A Retrospective Comparison of Artificial Intelligence and the Orthopaedic Multi-Disciplinary Team in the Management of Intracapsular Neck of Femur Fractures
Runner up	Dr Rajan Chand, West Midlands Central Foundation School	OP018: A single-centre experience of fluoroscopic-guided erector spinae plane blocks in degenerative lumbar spine surgery

Poster presentation Group	Poster Presentation Presenter(s) & FS	Poster Presentation Code & Title
CR01: Case report group 1	Dr Minna Chang, London Foundation School	CR111: Atypical Presentation of Familial Dysbetalipoproteinemia - A Case Report
CR02 – Case report group 2	Dr Holly Keelan, Wessex Foundation School	CR211: Fatal Bowel Perforation and Septic Shock Following GLP-1 Receptor Agonist Use: A Case Report
RO01 – Research & original work group 1	Dr Juliet Banks, London Foundation School	RO102: Outcomes of Paediatric Medical Stabilisation Admission for Restrictive Eating Disorders: a multicentre evaluation.
RO02 – Research & original work group 2	Dr Rohan Chikhal, Yorkshire & Humber Foundation School	RO209: The Use of Indocyanine Green (ICG) in Endoscopic Pituitary Surgery: A Systematic Review
ED01 – Education poster group	Dr Justin Ho, East of England Foundation School	ED101: Enhancing Awareness and Understanding of Predatory Journals Among Medical Students and Residents: Production and Evaluation of a Delphi-Validated Educational Video
FA01 – Foundation Programme and the Arts poster group	Dr Michelle Gladstone, West Midlands North Foundation School	FA101: The Hum of the Student
QS01 – QI / Sustainability group 1	Dr Jeevtesh Soni, Kent, Surrey & Sussex (KSS) Foundation School	QS102: Improving Communication between the Phlebotomy and Medical Team
QS02 – QI / Sustainability group 2	Dr Katie Hinton & Dr Megan Jarman, Yorkshire & Humber Foundation School	QS205: Improving Year 4 Medical Student Attendance and Engagement on ICU - A Quality Improvement and Teaching Project
QS03 – QI / Sustainability group 3	Dr Hateem Rafeeqe, Northern Ireland Foundation School	QS309: Assessing Staff Access to Drinking Water in a District General Hospital
QS04 – QI / Sustainability group 4	Dr Shaan Kotecha, London Foundation School	QS406: Bridging the Gap: Integrating Non-Ambulatory Fragility Fractures into the Orthogeriatric Pathway
QS05 – QI / Sustainability group 5	Dr Lisa Abraham, North West of England Foundation School	QS506: Improving the time taken to access paediatric emergency algorithms
QS06 – QI / Sustainability group 6	Dr Samantha Barker, Wales Foundation School	QS610: Rethinking Routine: Towards Sustainable and Patient-Centred Pre-Operative Testing in Laparoscopic Cholecystectomy
QS07 – QI / Sustainability group 7	Dr Joseph Cannon & Dr Samuel Harvey, London Foundation School	QS711: Digital Capture of ECGs



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2026 Abstracts



Oral presentations

OP001

Cross-Cultural Depictions of Albinism in Children's Animated Media

Authors

Dr. Lilian Zevlaris (first co-author), Dr. Vanessa Rodwell (first co-author), Dr. Mervyn G. Thomas (second author)

Leicester, Northamptonshire & Rutland (LNR) Foundation School

Background

Oculocutaneous albinism (OCA) is a rare genetic disorder (~1 in 17,000 globally) causing reduced melanin and resulting in pale skin, hair, and eyes. Children with OCA often face visual impairments such as nystagmus, photophobia, and strabismus, as well as social stigma and even persecution in some regions. Misrepresentation and harmful stereotypes persist in media. This study analyzes OCA portrayals in Western and Eastern children's animations and aims to promote accurate and ethical depictions.

Methods

Characters (n=60) were selected from MyAnimeList, IMDb, and Fandom based on predetermined criteria of visible OCA traits. Two researchers independently evaluated them for common stereotypes (isolation, magical powers, vilification) and personality traits, using a 0–12 scale to rate negative, neutral, or positive portrayals. Two-tailed chi-square tests were applied for statistical comparison.

Results

Among 60 characters, 32% were villains, 63% isolated, 80% had magical powers, and 43% showed exaggerated albinism features. One-third had visual impairments: glasses (33%), eye patches (28%), strabismus (28%), prosthetic eyes (6%), or blindness (17%). Visual issues linked to negative traits in 67% and positive in 33%. Western animations depicted OCA more negatively ($\chi^2=6.24$, $P<0.01$) with exaggerated traits ($\chi^2=13.3$, $P<0.001$), while Eastern ones were more neutral.

Key messages

Western animations often portray people with albinism as villains or minor characters, echoing old stereotypes. In Eastern anime, white-haired characters appear frequently, linked to magical or cold traits. Though subtle, these depictions can reinforce harmful myths tied to real-world persecution. The study urges responsible, informed portrayals of OCA to promote awareness, inclusion and advocacy.

OP002

Compliance with Venous Thromboembolism (VTE) Risk assessments on a Medical Ward – a Quality Improvement Project

Authors

Dr Katherine Haber, Dr Mohit Sembi – Supervised by Dr Tristan Page and Dr Shumaila Baloch

West Midlands South Foundation School

Background

Venous thromboembolisms (VTE), encompassing deep vein thromboses and pulmonary emboli, are a leading cause of preventable hospital mortality. The National Institute for Health and Care Excellence (NICE NG89, 2018) advises that a VTE risk assessment is completed within 24 hours and 48–72 hours of admission for all adult inpatients. Despite clear guidance, completion of reassessments often lag behind initial assessments, potentially compromising patient safety.

Methods

A prospective audit was conducted on a medical ward, using data from the electronic record system. Compliance was measured for completion of VTE assessments in 24, and at 48–72 hours. Interventions were implemented: educational posters, consultant discussions, daily highlighting of incomplete assessments, and reinforcement during morning board rounds. A repeat cycle was undertaken.

Results

In Cycle 1 (n = 51), 80.4% received an initial assessment within 24 hours, 58.8% had a completed reassessment at 48–72 hours, and 56.9% met full compliance with both assessments completed in time. This is short of NICE guidelines (NICE NG89, 2018). Following the interventions, Cycle 2 (n = 66) demonstrated marked improvement: 93.9% initial assessment, 96.9% reassessment, and 92.4% full compliance — this represents a marked improvement in overall compliance from 56.9% to 92.4%.

Key messages

Simple, multidisciplinary, and low-cost interventions significantly improved compliance with VTE risk assessments. Embedding regular reminders, senior oversight, and visible prompts fostered sustained cultural change. Future work to expand the project trust-wide as well as determining VTE assessment completion with medical prophylaxis prescribing is required.

References available.

OP003

Improving Communication and Documentation of Physical Health Conditions on an Acute Inpatient Psychiatric Ward - A Quality Improvement Project

Authors

Dr Indigo Charles MBChB LLB PGCert FHEA

Yorkshire & Humber Foundation School

Background

People living with serious mental illness have a life expectancy up to 20 years shorter than the general population, largely due to unrecognised and undertreated physical health conditions. Acute psychiatric admissions are a crucial opportunity to identify physical health risk factors, initiate investigations, and start treatment. When communication and documentation are poor, abnormalities are missed, opportunities to intervene are lost, and morbidity and mortality outcomes worsen.

Methods

On a psychiatric ward, 2 PDSA cycles tested 3 communication interventions: a weekly nurse-doctor meeting; prompts to discuss and record physical health in multidisciplinary meetings; and an email to nursing staff summarising physical health tasks. Outcomes: % of correct documentation in MDT notes and care plans, and % of NICE-aligned cardiometabolic plans; measured at baseline, 4 and 8 weeks.

Results

Documentation in MDT notes rose from 25% at baseline to 75% after cycle one and 83% after cycle two. Completeness of physical-health documentation in nursing care plans increased from 29% to 42% and then 63%. The proportion of abnormal cardiometabolic results with guideline-concordant management plans improved from 75% to 83% and 88%. Qualitative feedback indicated that, by cycle 2, nursing staff demonstrated greater confidence in managing physical health conditions than at baseline.

Key messages

Low-cost, team-centred communication changes improved completeness of physical-health documentation markedly and increased documentation of guideline-concordant plans for abnormal cardiometabolic results modestly. Overall, the QIP embedded reliable processes and created a scalable model for inpatient psychiatric settings to improve documentation and thereby patient care.

OP004

Improving the Quality of Post-Take Ward Rounds for Ischaemic Stroke: A Clinical Audit and Re-Audit

Authors

Francesca Perry-Poletti (F2), Aimee Mortimer (F2), Supervisor Dr Katja Adie (Stroke and Eldercare Consultant)

Peninsula Foundation School

Background

Ischaemic stroke is a leading cause of disability and mortality. Optimising initial investigations and management is crucial to improving outcomes. Effective post-take ward round (PTWR) documentation ensures adherence to evidence-based secondary prevention and timely investigations. This audit evaluates documentation of stroke PTWRs, identifies areas for improvement, and assesses the impact of introducing a checklist.

Methods

We reviewed 100 PTWRs across 2 cycles at Royal Cornwall Hospital (Jan–Aug 2025). 8 key areas were assessed: intermittent pneumatic compression (IPC) use, short- and long-term antiplatelet/anticoagulation plan, 24-hour cardiac monitoring, carotid imaging, proton pump inhibitor (PPI) cover, treatment escalation plan, and cholesterol-lowering medication. A checklist was introduced after cycle 1.

Results

A total of 100 patients with ischaemic stroke were included across 2 audit cycles, mean age 78 (SD ± 11.2) years, 47% female, mean National Institutes of Health Stroke Scale (NIHSS) (2) was 7 (SD ± 6.2), indicating moderate stroke. Initial documentation compliance was 55%, highest for short-term antiplatelet (91%) and lowest for PPI cover (15%). Post-checklist, overall compliance increased to 94%, with largest gains in PPI cover (15 \rightarrow 100%).

Key messages

Our audit highlights variability in PTWR documentation for ischaemic stroke, with gaps in PPI cover, statins, and IPCs. A standardised checklist improved compliance, and integrating it into documentation pro formas or electronic records may further enhance adherence. Further research is needed to assess the impact of PTWR documentation quality on patient outcomes.

OP005

Handover & Out

Authors

Dr Sophie Sawyer,

West Midlands South Foundation School

Premise / Key Messages / Reflections (Foundation Programme & the Arts)

'If I can do it, you can do it',
Something I need to discover for myself,
Like pressing a bruise to see if it hurts.

Does anyone ever get over the impostor syndrome?
I think, walking away from calls of 'Doc! Doc!',
Not realising that I am 'Doc'.

5th patient of the day; I'm in scrubs and a stethoscope,
Explaining a disease they never knew existed,
Still feeling like I'm duping everyone.

The eponym 'impostor syndrome' recognises that ironically real impostors do exist.
A £70,000 degree suggests I'm not an impostor;
maybe just a victim of syndrome.

New rotation ebb and flow,
Knowledge, confidence, and skills gained,
All lost from morning to afternoon.

Caring colleagues and newfound friends,
Exchanged for people who
Couldn't choose me out of a lineup.

It's a game of resilience now,
Start afresh and learn what you can,
Knowing a similar hurdle approaches soon.

Being able to answer medical student questions,
I must've picked up some morsels over 6 years:
Unknown knowns apparently do exist.

Colleagues dispersing to other hospitals,
New FY1s coming to remind us where we began,
Like re-watching the start of Grey's Anatomy or Scrubs.

Nostalgia for even the difficult times,
And the endless hours of working in a team,
Giving the same heart glow as a patient calling a speculum a spatula.

Hindsight is clearer than my glasses prescription,
And I find myself saying, without irony, to the new FY1,
'If I can do it, you can do it'

OP006

Feasibility and Impact of What Matters to You? Conversations in Frail Surgical Patients: A Quality Improvement Project

Authors

Dr Paola Favarato, Dr Antke Hagena, Dr Nisha Rajeshthamaran, Dr Pratheepan Ponnuthurai.

London Foundation School

Background

“What matters to you?” (WMTY) is a globally recognised tool for person-centred care, yet its use in UK surgical wards remains limited. Frail surgical patients are at high risk of functional decline, but advance care planning (ACP) is often delayed until late in the disease trajectory. Surgical wards may therefore represent a crucial setting for embedding WMTY as an entry point for ACP

Methods

A quality improvement project was undertaken at North Middlesex University Hospital surgical wards. Inclusion criteria were patients >65 years, frail, post-emergency surgery, or with cancer. Using three PDSA cycles, WMTY conversations were conducted, documented, and evaluated for feasibility, patient engagement, and potential to prompt advance care planning (ACP).

Results

Thirty WMTY conversations were completed. The mean patient age was 81 years (range 64–94). Most (93%) were not difficult, and 70% of patients engaged meaningfully. Conversations were time-efficient, with 63% lasting <15 minutes. Almost half (47%) revealed new information or required clinical actions, such as medication adjustments or improved communication. Thirty percent directly opened potential ACP discussions, with additional patients expressing wishes relevant to future care.

Key messages

The project demonstrates that WMTY is feasible and impactful in surgical wards. It fosters humanised, patient-centred care, improves communication, and provides early entry points for ACP discussions in frail populations. Embedding WMTY into surgical workflows could reduce missed opportunities for ACP and improve continuity of care across hospital and community settings.

OP007

Quality Improvement & Innovation: Bridging the Communication Gap: Standardising 'Hospital Course' Entries to Optimise Patient Handover

Authors

Dr Reza Sarwary & Dr Aleksandra Dunin-Borkowska

London Foundation School

Background

The RCP state: 'failure in handover is a major preventable cause of patient harm' and 'only 2.5% of information is retained at the final handover if there is no written record'. However, 'if notes are taken, 85% of information is retained', which 'rises to 99% when a standardised proforma is used'.

Clinicians covering unfamiliar wards often struggle to understand a patient's journey due to fragmented and inconsistent documentation.

100% of clinicians felt that the HC section would be beneficial.

Methods

Two PDSA cycles were conducted on a 28-bed post-acute ward. Cycle 1 delivered education on hospital course documentation, improving awareness but showing variable quality. Cycle 2 introduced a structured EPIC proforma with ward round integration, achieving 100% completion, higher accuracy, timeliness, and positive clinician feedback.

Results

Cycle 1 showed partial improvement: hospital course completion 60%, presenting complaint 50%, management 46%, and poor recording of medication (11%) and discharge plans (18%). After introducing a structured EPIC proforma in Cycle 2, completion rose to 100%, with meds 82%, discharge 64%, and universal positive feedback on usefulness, accuracy, and timeliness.

Key messages

Targeted education and a structured EPIC proforma led to universal hospital course completion and improved documentation quality, enhancing handover and continuity of care. This model can be adopted across wards, with sustained improvement requiring ongoing education and regular review for accessibility.

OP008

Optimising peri-operative pain management in accordance with NICE guidelines - a closed loop audit

Authors

Dr Zhuo Jun Lim, Dr Kim Rawlings

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Background

Effective perioperative pain management is vital for recovery and patient safety. NICE CG180 (1.6) recommends regular pain assessment and multimodal analgesia. An initial audit in our district general hospital found good compliance with multimodal analgesia and opioid use for severe pain, but poor prescribing of pre-operative paracetamol and post-operative ibuprofen, highlighting areas for improvement.

Methods

Retrospective data from case notes was gathered from 133 adult patients undergoing operations at Tunbridge Wells Hospital. The findings were presented at a local meeting and interventions were implemented by putting up posters and hosting a focussed awareness session on clinical guidelines. To close the audit loop, data from a further 266 patients was collected post-intervention.

Results

The initial audit cycle demonstrated good compliance with the use of multimodal analgesia and appropriate opioid administration for severe pain. However, it identified poor prescribing of pre-operative paracetamol and post-operative ibuprofen. A significant improvement was seen in compliance post-intervention: 14% rise in pre-operative paracetamol prescribing, 14% rise in both pre and post-operative paracetamol prescribing and 8% rise in post-operative ibuprofen prescribing.

Key messages

Targeted education and visual prompts can improve adherence to NICE CG180 perioperative pain management standards. Closed-loop audit identified prescribing gaps, particularly in pre-operative paracetamol and post-operative ibuprofen use. Simple, low-cost interventions can standardise practice and enhance perioperative analgesia quality.

OP009

Bridging the Parity Gap: Embedding Cardiometabolic Health Monitoring in Community Mental Health Pathways for People with Serious Mental Illness

Authors

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Background

People with serious mental illness experience 15–20 years' reduced life expectancy, mainly from preventable cardiometabolic disease. Despite national guidance, physical health monitoring remains inconsistent. Baseline review showed only 19.4 % had full checks. Root-cause analysis identified unclear clinical ownership, role duplication and inefficient electronic documentation as key barriers.

Methods

Using a Plan–Do–Study–Act approach, same-day physical health checks were integrated into psychiatric and clozapine clinics. A streamlined RiO template and clear staff responsibilities were introduced. Baseline and re-audit cohorts (30 patients each) were compared across seven parameters using identical 12-month criteria and descriptive analysis.

Results

Comprehensive monitoring improved from 19.4 % to 76.7 %. Blood pressure and cholesterol documentation rose to 86.7 %, ECG completion to 60.0 % ($p < 0.05$). Staff reported greater efficiency and clearer accountability; patients valued integrated “one-visit” care. The new workflow is now embedded across both hubs with re-audit planned at 6 and 12 months.

Key messages

Redesigning clinical pathways, rather than relying on repeated training, delivered sustainable parity of esteem between physical and mental health care. Embedding cardiometabolic screening within psychiatric reviews offers a scalable, low-cost model that advances the NHS Long Term Plan commitment to integrated, equitable care for people with SMI.

OP010

A Retrospective Comparison of Artificial Intelligence and the Orthopaedic Multi-Disciplinary Team in the Management of Intracapsular Neck of Femur Fractures

Authors

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Background

Artificial intelligence (AI) tools, such as ChatGPT, could potentially support junior clinicians in making initial operative decisions for hip fractures. However, the safety and reliability of such use are uncertain. This study compared ChatGPT's management recommendations for patients with intracapsular neck of femur fractures (iNOFFs) to decisions made by orthopaedic consultants.

Methods

Retrospective patient cohort admitted with iNOFF over 18-weeks to UK DGH. Patient data collected, de-identified and entered into ChatGPT asking for management based on NICE guidance. ChatGPT's advice compared to operation received. If disagree, gave ChatGPT consultant decision and rationale. Validated ChatGPT on new anonymized patients. Cohens' κ for agreement. 2-proportion z-test for significance

Results

105 patients included in the primary cohort and 30 in the validation cohort. Initial agreement between ChatGPT and consultants was low ($\kappa=0.03$, 95% confidence interval [CI] -0.11 to 0.19, $p=0.70$). After training, agreement rose ($\kappa=0.93$, 95% CI 0.84 to 1.00, $p<0.001$), a statistically significant improvement ($z=10.3$, $p<0.001$). In the validation cohort, agreement fell ($\kappa=0.29$, 95% CI -0.04 to 0.60, $p=0.06$) and did not significantly differ from the initial agreement ($z=-1.51$, $p=0.13$).

Key messages

ChatGPT did not reliably replicate orthopaedic consultant decision-making for iNOFFs. Although in-session adjustments produced high superficial concordance, this effect did not generalize to a validation dataset. The model's tendency to conform to user prompts risks creating false confidence in its outputs. Further clinical validation is required of AI medical decision-making.

OP011

Prolonged Transient Global Amnesia Triggered by Adhesive Solvent Exposure

Authors

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Background

Transient global amnesia (TGA) is a syndrome that presents as sudden onset anterograde amnesia with preserved alertness and identity, and without focal neurological deficits. It classically resolves within 24 hours with recovery of normal memory, except for the episode itself. The aetiology remains uncertain, with psychological, vascular, and neurological factors suggested as potential triggers. Solvent-related amnesic syndromes are rarely reported.

Case presentation

A man in his 50s developed amnesia after gluing insulation with an aerosolised solvent in a boat cabin for seven hours. The next day he was confused and had no recollection of the night before or how he got home. He retained self-identity and contacted his son, who brought him to ED. He remained confused, had visual hallucinations of his deceased parents and couldn't identify his grandchildren.

Outcomes

His amnesia lasted 36 hours, 12 longer than the traditional timeframe. His presentation was consistent with TGA rather than encephalopathy or delirium since he remained oriented to self, recognised his older children throughout the episode and complex neurological functions, such as driving home, were preserved. Blood tests, CT, imaging and toxicology screen were normal, with no residual abnormalities.

Follow up discussion

A literature search revealed no prior reports of solvent inhalation precipitating TGA, suggesting that exposure to one containing acetone, liquefied butadiene and hydrocarbons, as in this instance, may have triggered the prolonged episode. Toxic injury may transiently damage hippocampal neurons, disrupting memory consolidation—a mechanism likely shared with idiopathic TGA.

OP012

Valuating the efficacy of Artificial Intelligence as a Patient Education Tool in Paediatric Care: A Cross-Sectional Comparative Study

Authors

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Background

As patients increasingly turn to digital platforms for medical information, the role of artificial intelligence (AI) tools such as ChatGPT and DeepSeek in patient education is expanding. However, concerns remain regarding the readability, accuracy, and overall quality of health content produced by AI models. This study is the first to compare AI-generated patient education materials with clinician-authored resources for parents of children with common ophthalmic conditions.

Methods

The readability and quality of AI-generated patient education materials for four common paediatric eye conditions (chalazion, blepharitis, amblyopia, and strabismus) were compared with NHS leaflets. ChatGPT and DeepSeek responses, prompted using NHS headings, were assessed via four readability metrics (Flesch-Kincaid Grade Level and Reading Ease, Gunning Fog, SMOG) and the EQIP quality tool.

Results

NHS patient leaflets were significantly more readable than those generated by AI models (mean FKGL: 4.1 vs ChatGPT: 7.5, DeepSeek: 9.2; $p = 0.0011$). Only human-generated leaflets met the recommended FRE score of 65 for the general population (mean FRE 74.8 vs 57.7 ChatGPT and 48.1 DeepSeek ($p = 0.0038$)). EQIP scores showed significant differences in information quality ($p = 0.0041$), with NHS leaflets scoring highest (mean 69.61), outperforming ChatGPT (mean = 58.26) and DeepSeek (mean = 56.75).

Key messages

While AI offers accessible and timely health information, their outputs fall short in readability and quality. These limitations, along with a lack of references for information, pose a risk for patients, especially those with limited health or digital literacy. Until LLMs can reliably meet standards for clarity and accuracy, NHS materials should remain the primary reference for patient education.

OP015

Dip smart, protect your kidneys: a regional quality improvement initiative aimed at improving management of acute kidney injury

Authors

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Background

Acute Kidney Injury (AKI) affects over 20% of hospitalised patients and carries a fourfold higher mortality. Up to 30% of cases are preventable with timely care. Urinalysis is a simple, low-cost test offering early insight into glomerular injury, yet remains underused. Our quality improvement initiative aimed to enhance AKI management in line with KDIGO guidance and ensure all patients with AKI undergo urinalysis.

Methods

We conducted a 12-month retrospective review (Jan–Dec 2024) of 116 patients with AKI referred from the assessment unit to the renal team. Clinical notes were reviewed for AKI stage, pre-existing kidney disease, nephrotoxic drug management, imaging, and urinalysis documentation. The intervention involved infographic posters to raise awareness of AKI management.

Results

Urinalysis was performed in only 33%, representing both a missed diagnostic opportunity and a target for intervention. Clinician feedback revealed confusion on performing urinalysis. This led us to design a poster titled “To Dip or Skip” to raise awareness on the indications of a urinalysis and a second poster was designed to depict KDIGO guidelines as an infographic. In the second cycle (April–Aug 2025, 120 patients), urinalysis rates rose to 72%.

Key messages

Baseline cycle showed urinalysis was underused, which can delay recognition of intrinsic renal pathologies. Clinician feedback prompted the development of a poster emphasising indications of urine dips rather than merely promoting urinalysis for AKI. The second cycle showed improved urinalysis rate. Sustainability will require ongoing reinforcement of the message through educational sessions.

OP016

Reducing Catheter Duration and Length of Stay in Hip Fracture Patients: A Two-Cycle Quality Improvement Project at Pilgrim Hospital, Boston

Authors

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Trent Foundation School

Background

Prolonged urinary catheterisation after hip fracture surgery increases infection risk, delays mobilisation, and prolongs hospital stay. Baseline audit at Pilgrim Hospital revealed inconsistent catheter review and delayed TWOC. We aimed to improve catheter management and reduce length of stay through a multidisciplinary quality improvement intervention.

Methods

A two-cycle QIP was conducted. Cycle 1 (Feb–Mar 2024, n=56) audited baseline practice. Interventions included ward teaching, daily catheter review, and visual prompts. Cycle 2 (May–Jul 2025, n=45) re-audited outcomes. Data included demographics, catheter duration, TWOC documentation, and length of stay (LOS).

Results

Catheter review documentation improved from 15 to 40%. Inappropriate TWOC delays fell from 31.8% to 8%. Mean catheter duration reduced from 11.6 ± 11.1 to 4.2 ± 2.7 days. LOS decreased by 26.9% in catheterised (18.5 to 13.6 days) and 16.1% in non-catheterised (13.1 to 11.0 days) patients. Regression showed catheterisation prolonged LOS by ≈ 7 days ($p = 0.044$).

Key messages

A simple, low-cost intervention improved catheter practice and reduced both catheter duration and LOS. This foundation doctor-led QIP shows how structured, team-based interventions can enhance perioperative recovery and discharge efficiency in hip fracture care.

OP017

How reliable is Stumble Score in predicting Outcomes post Rib Fractures

Authors

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Background

Stumble score (SS) is used to predict mortality in patients with blunt chest wall trauma. Rib fractures can lead to a range serious complications, with variations in pain management and escalation requirements. This study analyses the predictive value of SS for complications (flail segment and/or displaced rib, pneumothorax and/or lung contusion, HAP, mortality), management (PCA use, ESP block, chest drain, chest physiotherapy) and level of care (ITU admission, length of hospital stay).

Methods

This is a retrospective audit involving 71 patients with rib fractures under general surgery at Glan Clwyd Hospital between January-June 2024. Datasets were collected from surgical handovers and patient records, were either continuous or binary, and thus analysed using the following statistical analyses: Logistic regression, Mann Whitney U test, Fischer's Exact test or Spearman rank.

Results

SS predicts mortality (p: 0.040, odds ratio: 1.2), PCA use (p: 0.035, OR: 1.1), and flail/displaced segment (p: 0.046, OR: 1.2); and correlates with length of hospital stay (rho: 0.3, p: 0.006). This is not the case for pneumothorax/lung contusion (p: 0.436), HAP (p: 0.07), ESP block (p: 0.488), or chest drains (p: 0.07). Increasing age also predicts mortality (p: 0.048). Number of ribs fractured was not linked to mortality or flail/displaced segment. No factors predicted ITU admission.

Key messages

SS is a valuable tool for early risk stratification and management decisions. A high SS warrants earlier triage and lower threshold for further investigations, prioritising pain management, closer monitoring in the elderly subgroup and helps guide discharge planning. Each additional age year increased mortality odds by ~6%. ITU admission should be based on comprehensive clinical criteria.

OP018

A single-centre experience of fluoroscopic-guided erector spinae plane blocks in degenerative lumbar spine surgery

Authors

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Background

An erector spinae plane (ESP) block is one of several interfascial block techniques, employed when managing post-operative pain. These blocks are easy to perform, provide good analgesia and remain low in complications. ESP has been starting to increase in popularity in lumbar spine surgery, yet its overall utility remains undetermined, with small studies supporting its use. We report the largest single-centre experience in the utility of ESP blocks in degenerative lumbar spine surgery.

Methods

Prospective data was collected on two separate patient cohorts. We had a standard of care (SOC) group and an ESP block group. The visual analogue scale (VAS) was used when analysing patient's pain levels. Pain scores were taken on day 0 and day 1 following surgery. Additional data including patient demographics, complications, 24-hour opioid use and length of stay were also collected.

Results

48 patients were included in each cohort, totalling 96. Each group sustained 2 intra-operative CSF leaks. 3 patients in the ESP block group went home on day 0, so a day 1 pain score was unattainable. The mean day 0 pain scores were 4.2 and 6 in the ESP group and SOC group respectively, $p < 0.001$. Similarly on day 1, pain scores were 2.3 in the ESP group and 5.13 in the SOC group, $p < 0.001$. Additionally, total 24-hour morphine consumption and overall length of stay were also lower in the ESP group.

Key messages

This is the largest single-centre study to date looking at ESP blocks in lumbar spine surgery. We have shown a significant improvement in pain scores post-lumbar spine surgery in those receiving an ESP block. Next steps include utilising ESP blocks in different surgeries and establishing whether ESP blocks have any long term adverse effects, as these would not have been identified in this study.

OP019

Consent form compliance: Do 'Risk Stickers' improve consent form validity? A closed loop audit.

Authors

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Background

Valid, informed consent is a fundamental ethical and legal obligation, as outlined by the Royal College of Surgeons Good Surgical Practice. An inadequate consent process can compromise the surgeon–patient relationship and expose clinicians to litigation. Time pressures and inter-surgeon variability can lead to missed-information or illegible documentation. This audit aimed to assess consent form validity and if introducing standardised risk stickers improved the quality of consent documentation.

Methods

Retrospective review of consent forms for laparoscopic cholecystectomies performed in June 2024 (1st cycle) and June and July 2025 (2nd cycle). Data collected included patient demographics, risks listed, use of risk sticker, grade of consenting clinician, legibility and complications. Risk stickers were implemented after the first cycle and findings were compared using comparative analysis.

Results

Sixty cases were included over the two cycles (28-32). The proportion of consent forms including all relevant risks improved markedly from 14% in the first cycle to 72% following the introduction of risk stickers. Legibility remained similar (60% vs. 61%), and stickers were used in 72% of cases.

The use of standardised risk stickers substantially improved the completeness of documented risks, demonstrating that a simple, low-cost intervention can significantly enhance consent quality.

Key messages

Persistent variation in legibility highlights an ongoing need for education and standardisation among clinicians.

Implementing risk stickers for laparoscopic cholecystectomy consent forms improved compliance and documentation accuracy. Their wider adoption across other common general surgical procedures is recommended.

OP020

Improving Digital Professionalism Through Education: A Quality Improvement Project on Social Media Use Among Foundation Year Doctors

Authors

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Background

The rise of “medfluencing,” whereby medical students and doctors share experiences online, blurs the lines between personal expression and professional responsibility. Platforms like Instagram and TikTok enable education and advocacy but create professionalism risks. New FY1 doctors face these digital challenges with little guidance on safe, GMC-compliant use. We aimed to improve awareness and adherence to professional social media guidelines among new FY1 doctors.

Methods

A structured training session was delivered to all new FY1 doctors, followed by directions to GMC and local Trust guidance. Participants completed pre- and post-session surveys assessing familiarity with GMC and Trust guidance, confidence in identifying unprofessional content, and perceived usefulness of the session. Pre- and post-session response rates were 61.1% and 54.4%, respectively.

Results

Awareness and confidence improved after the session. FY1s very familiar with GMC and Trust guidance rose from 3.6% to 28.6%, and 65% had never previously read formal guidance before the intervention. Confidence in recognising unprofessional content more than doubled, and confidence in using social media appropriately rose. Around 50% planned to review their online behaviour, and over 80% found the session useful. Strong gains in awareness were achieved, though ongoing reinforcement is needed.

Key messages

This project shows the need for structured teaching to help doctors use social media professionally and engage positively online. This intervention improved awareness but lasting behaviour change requires ongoing reflection and support. We are now developing a similar session for FY2s and will re-assess the original FY1 group after 4 months to evaluate sustained impact on online professionalism.

Poster presentations – ED01: Education Poster Group 1

ED101

Enhancing Awareness and Understanding of Predatory Journals Among Medical Students and Residents: Production and Evaluation of a Delphi-Validated Educational Video

Authors

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Background

Predatory journals prioritise profit over scientific integrity, using misleading information, poor transparency, and aggressive solicitation. They exploit pressures on medical students and early-career researchers to publish quickly, often without proper peer review, compromising research quality and patient care. Greater education is urgently needed; this study aims to address that gap by developing and assessing the impact of an educational video on recognising and avoiding predatory journals.

Methods

Two Delphi processes were conducted to validate the script and audiovisual components of the video. Consensus was established at a threshold of 100% agreement. Participants completed pre and post-video questionnaires after viewing our Delphi-validated video, with follow-up 30 days later. Each included questions on predatory journals and both post-video assessments used the EDUCATOOL questionnaire.

Results

The Delphi process finalised the 10 min 42 sec video. 64 participants completed the survey, including 51 medical students (79.6%). Wilcoxon tests indicated that self-perceived knowledge increased from pre- to post-video (4 vs 8, $p < 0.0001$) and remained stable at 30 days (8 vs 7, $p = 0.38$). Assessment Total Score also increased (7 vs 14.5, $p < 0.0001$) and sustained at 30 days (14.5 vs 13, $p = 0.92$). The video received high ratings in relevance and engagement across both EDUCATOOL questionnaires.

Key messages

This study developed, validated, and assessed an educational video to raise awareness of predatory journals. Refined through a rigorous Delphi process and

audience feedback, the video meets high standards of clarity and usability, offering a valuable tool for young researchers. Our Delphi-validated video effectively enhances understanding of predatory journals and could complement medical study.

ED102

The impact of a national Duke Elder teaching series in the preparedness for exam of the participants

Authors

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Background

The Duke Elder Examination is exclusively for undergraduates studying medicine, which allows participants to show an interest in ophthalmology and gain points on their portfolio depending on their score.

The main resources for preparation available include paid question banks and paid teaching sessions, creating disparities in who can access these high quality resources. To bridge this gap, we created a National Duke Elder Series, working with 15 UK universities delivering high yield sessions.

Methods

We ran an 11-part peer-led teaching series for medical students. Attendees completed pre and post questionnaires, including 5-point likert scales to assess our teaching series, changes in confidence and knowledge from the session. The series was free for, and was advertised through our team network of 15 university group chats and our online instagram page we had developed with over 300 followers.

Results

The series had an attendance of 94 participants across the 11 sessions, which took place the month before the exam. The series had a 4.62/5 rating overall and found over 90 % increase in knowledge based on the questions pre and post teach. Through feedback, we found 92.3% felt there was a gap in accessible structured national teaching for the Duke Elder exam, and greed our series bridged this gap, helping 90% participants feel more confident for the exam.

Key messages

It is evident from our results that the series we created was a highly rated and accessible series, and was highly sought out for the participants of the exam. We also successfully increased both knowledge and confidence for those sitting the exam. Providing more free resources for medical students can help bridge inequalities in developing portfolios for being accepted into speciality training.

ED103

Innovating Medical Pedagogy: A qualitative analysis and insights from a UK-Wide Online MCQ-based Teaching Platform

Authors

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Background

The online learning industry has boomed since the COVID-19 pandemic, offering accessibility, interactivity, and a broad reach for students and educators. MedTic Teaching is a UK-wide, online-only teaching platform founded in 2021 which employs a core strategy of Multiple-Choice Question (MCQ)-based pedagogy. This discussion describes the platform's committee structure, MCQ-based teaching strategies, and use of digital tools, to share insights and reflections on effective online medical pedagogy.

Methods

The design and delivery of 27 sessions were undertaken by nine foundation doctor committee members. Teaching was structured into four series: Pass the PSA, Thursday Ten, UKMLA Revision Weekend, and How to Survive FY1 and Careers. Feedback was collected via Google Forms and MedAll and analysed thematically.

Results

A total of 3151 students participated in teaching from 09/01/25 to 18/09/25 (468 live, 2683 on-demand). Feedback from 238 live attendees praised the high-quality MCQs, interactive teaching and in-depth explanations following each MCQ. Primary successes include the ability to foster high-level knowledge application using the MCQ approach and overcome physical barriers to learning. Challenges included the maintenance of synchronous attendance and navigating cross-platform accessibility issues.

Key messages

Medtic Teaching demonstrates the success of a National, foundation doctor-led, online MCQ-based pedagogy. While this model effectively targets universal learning gaps, existing challenges necessitate the development of strategies to optimize synchronous engagement given the return to in-person activities and navigating platform accessibility issues to ensure continued student engagement.

ED104

Enhancing Clinical Skills Teaching Resources Using a Bespoke Generative AI Model

Authors

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Background

Clinical skills teaching materials can become outdated as guidelines evolve. We developed a bespoke generative AI (GPT) tool capable of reviewing, updating, and improving clinical skills handbook content of a local medical school to ensure accuracy, inclusivity, and alignment with current NICE and peer-reviewed guidance.

Methods

The GPT was coded to process handbook documents and generate six structured outputs: suggested updates, summary tables, rewritten excerpts, pedagogical tips, assessment questions, and EDI considerations. We evaluated each output through reflective student review of its clarity and usefulness.

Results

Preliminary reflections showed the AI produced accurate, guideline-aligned updates and practical teaching suggestions. Students found the summaries and EDI insights particularly valuable. A planned survey will assess student perceptions of educational impact and usability before wider implementation.

Key messages

Generative AI can support the modernisation of clinical skills teaching resources. Early findings suggest it improves accuracy, inclusivity, and pedagogical value. With further evaluation, such tools may enhance consistency and engagement within undergraduate medical education.

ED105

A novel approach to teaching safeguarding, our experience with near peer teaching

Authors

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Background

Child safeguarding is a crucial aspect of medical education, yet undergraduates receive limited training and often lack confidence in this area. This was evident in a survey of 55 QMUL medical students, which revealed that only 56.4% of students received formal training through central university teaching. It also revealed a significant lack of confidence in safeguarding among students, with only 2/55 students expressing high confidence, despite 49.1% nearing foundation year training.

Methods

To address this, a virtual, case-based, near-peer teaching program was developed by FY1 doctors for Year 4 students. Through flipped learning, students familiarised themselves with guidelines before the session, allowing time for safe, collaborative discussion. Near-peer tutors created a phrase bank to support effective communication in safeguarding within clinical settings.

Results

Anonymised feedback was unanimously positive, with all participants finding the course impactful. Students reported that combining flipped learning with near-peer teaching enhanced their understanding of child safeguarding through practical examples and thorough discussion. The near-peer approach was highly praised, as students found their tutors more relatable and approachable.

Key messages

Near-peer teaching promotes social and cognitive congruence, relational proximity, and psychological safety. As safeguarding is vital for all foundation doctors, this pilot highlights the importance of strengthening undergraduate training to ensure graduates feel confident and competent in addressing safeguarding concerns in clinical practice.

ED106

Impact of foundation doctor-led tutorials for fourth and fifth-year medical students

Authors

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Background

Teaching sessions for 4th and 5th year medical students were delivered by FY1 doctors in Dr Gray's Hospital, a rural DGH in North Scotland over a course of 4 months. Number of attendees at each session varied from 2 to 15 students. Topics were selected based on student requests and ranged from ECG and blood gas interpretation to simulated emergencies and a "Surviving FY1" talk.

Methods

Each week for four months, a FY1 doctor was assigned a group of 4th/5th year students and tasked with covering topics of their choosing. These sessions could be small group tutorials or simulated clinical scenarios.

We collected feedback from students who took part using an anonymous survey. Students were asked to rate several domains on a numerical scale. A section for additional comments.

Results

We received a total of 66 responses from 11 sessions. Each domain was scored using a Likert scale out of 4.

Overall content of teaching received a mean rating of 3.93 while matching the educational needs of medical students received 3.96. The quality of presentations was scored 3.94. The average overall rating for teaching sessions was 3.91.

Additional comments highlighted areas which were particularly helpful; these included the use of case-based learning and simulation for emergencies.

Key messages

Overall, this teaching programme offered a valuable learning opportunity not only for students, but also the foundation doctors taking the sessions. We believe more institutions should be implementing similar programmes to provide benefit to both medical students and resident doctors alike.

ED107

Enhancing Multidisciplinary Learning on an Orthogeriatrics Ward through Bite-Size Teaching Sessions

Authors

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Background

Formal teaching on busy wards can be inconsistent, particularly in complex areas like Orthogeriatrics where management is delivered by specialised multidisciplinary teams (MDTs). Junior doctors reported limited structured learning despite rich MDT expertise. Brief, focused (“bite-size”) sessions have been shown to improve engagement and retention. This project, undertaken during Foundation training, aimed to develop an MDT-led teaching framework to enhance learning for junior doctors.

Methods

Weekly 20-minute multidisciplinary teaching sessions were organised on the Orthogeriatrics ward over six weeks, held immediately after the afternoon board round. Sessions were delivered by members of the MDT, aimed at junior doctors but open to all, and focused on the management of post-operative geriatric patients. Pre- and post-intervention surveys assessed access, relevance, and confidence.

Results

Feedback showed improved satisfaction with teaching and greater confidence among junior doctors, including Foundation trainees. Sessions were also attended at various points by nursing, pharmacy, and physiotherapy staff, reflecting growing multidisciplinary engagement. Participants valued the short, practical sessions and MDT input. However, they noted as a drawback that staff turnover and variable shift patterns prevented all team members from attending every session.

Key messages

Bite-size, MDT-led teaching improves access to and engagement with learning on the ward.

The short, focused nature of these sessions fit within clinical workflow.

Organic MDT participation highlights the potential for inter-professional learning.

Project shows the positive role Foundation doctors can play in leading sustainable, high quality educational initiatives for the teams they are part of.

ED108

Designing Digital Doctors: A Hands-On AI Education for Future Trainees

Authors

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Background

AI is reshaping healthcare at remarkable speed, yet future clinicians receive almost no formal training in how to interrogate, design, or implement such tools. This absence of AI and digital literacy excludes them from the innovation process, even though they are uniquely positioned to recognise and solve front-line challenges. Without these skills, clinicians risk becoming passive users of technology rather than active architects of its impact.

Methods

A four-part programme was delivered to students, grounded in experiential and problem-based learning. It guided participants from idea to implementation: beginning with critical appraisal of AI case studies, progressing to live demos of AI tools, followed by workshops on prototyping, and concluding with consultant feedback on prototypes. Understanding pre/post programme was surveyed.

Results

Seven participants completed feedback. Prior to the programme, 71% reported knowing “nothing at all,” 14% “a little,” and 14% “a fair amount.” Post-programme, 71% rated their understanding as “a fair amount” and 29% “a lot,” with 100% showing improvement and a mean gain of +2.1 levels on a 0–4 scale ($p < 0.01$). Semantic analysis of qualitative feedback identified themes of engagement, creativity, and relevance, with participants valuing its interactivity and real-world application.

Key messages

This programme demonstrates that structured, hands-on teaching in AI can rapidly build confidence, understanding, and digital literacy, equipping future doctors to contribute safely and effectively to digital innovation. Embedding such experiential learning early in training may help ensure clinicians remain active partners in shaping the future of healthcare.

ED109

Medics & Me Careers Series

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Background

Widening participation (WP) in medicine aims to broaden access to medical careers for under-represented students, ensuring a workforce that reflects the diversity of the communities it serves. Despite initiatives, WP students face financial strain and social barriers that persist into postgraduate training and influence specialty choice. The Medical Schools Council Fostering Potential Report calls for targeted mentorship and structured interventions to help WP students thrive through training.

Methods

A 12-week online careers series was delivered via MedAll, with each session focusing on a different specialty. Each featured a consultant or specialist registrar alongside a junior resident doctor, where they discussed the specialty, application requirements and advice. Feedback assessed students' WP status, knowledge, confidence, and perceived achievability in the specialty application process.

Results

Across 12 sessions, 347 students (47% WP) provided feedback. The results showed a significant improvement across key areas. Knowledge of specialty applications rated good/very good increased from 21.3% to 89.9%, portfolio understanding from 15.9% to 87%, and confidence in applying improved from 47.6% to 90.5%. Furthermore, perceived achievability of applying increased from 22.5% to 78.7%. These results demonstrated significant improvement across all measures.

Key messages

Virtual consultant and trainee led sessions improved students' understanding, confidence, and perception of specialty applications. Access to tailored, specialty-specific advice helped demystify the application processes. Future efforts should include in-person mentorship, networking, and long-term follow-up to measure sustained impact.

ED110

Pilot of National Teaching Programme EDIFY (Equality, Diversity, Inclusion, For You)

Authors

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North West of England Foundation School

Background

A national survey of 753 foundation doctors across 18 foundation schools found that only 7.8% of foundation doctors reported receiving equality, diversity and inclusion (EDI) teaching and just 17.2% of these felt that the training adequately addressed challenges that healthcare professionals faced. 90.2% of foundation doctors said they wanted EDI training and research shows that inclusive and diverse teams have better patient outcomes. In response, the EDIFY teaching programme was developed.

Methods

EDIFY, a teaching programme, was created and piloted in the North West (NW) Workshops included real life scenarios and interactive activities. Sessions were delivered by trained F2 doctors to F1 colleagues to reduce hierarchy and to ensure sustainability. Content was co-produced with stakeholders and aligned to FPC6 and FPC11 learning outcomes.

Results

Ninety percent of trusts in the North West have booked EDIFY 2025/2026 for delivery to the 1020 F1 doctors in the deanery as part of core teaching so far. F2 facilitators were successfully recruited across all participating hospitals. Feedback from workshops delivered to date showed F1 doctors' self-rated EDI knowledge improved from 2.42 before the session to 4.46 after (out of 5), demonstrating significant perceived learning gains.

Key messages

EDI teaching for foundation doctors is necessary for both improving patient outcomes and staff wellbeing

EDIFY provides a sustainable solution to the EDI gap in core Foundation teaching.

The programme is scalable and adaptable to other foundation schools, medical schools, specialty trainees and GP practices

Future workshops will focus on inclusive patient care and advanced EDI practice.

ED111

Improving prescribing competence in medical students through a targeted Prescribing Safety Assessment (PSA) teaching programme

Authors

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North West of England Foundation School

Background

The Prescribing Safety Assessment (PSA) is a mandatory national examination assessing prescribing competence in newly qualified doctors. Students frequently report anxiety surrounding the PSA due to limited preparation resources, time pressures, and unfamiliarity with the British National Formulary format. This project aims to evaluate the impact of a structured PSA teaching programme on medical students' preparedness, confidence, and prescribing safety.

Methods

Nine online sessions were delivered between October 2024 and January 2025, covering each of the eight PSA sections plus a mock exam. Feedback was collected after each session using online forms with Likert-scale and free-text responses. At the end of the course, feedback was collected to evaluate the course and included questions on usefulness and whether they had passed the PSA.

Results

Across all sessions, 1,246 feedback forms were collected, with most participants being final-year medical students (84%) from several UK medical schools. Overall, 99% (786/793) of respondents agreed or strongly agreed that the content was presented at an appropriate level, and 97% (782/806) that the aims and objectives were clearly defined. Following the course, 75% (62/83) rated their preparedness for the PSA as high (4 or 5 on a 5-point scale), and 99% (198/200) reported passing the PSA.

Key messages

This structured PSA programme received overwhelmingly positive feedback with measurable improvement to student confidence, preparedness and pass rates for the examination. As PSA performance reflects core prescribing competencies, this is likely to promote safer prescribing during the transition to Foundation Year 1.

ED112

Redesigning Surgical Induction to Enhance Foundation Doctor Confidence and Preparedness at Oxford University Hospitals NHS Foundation Trust

Authors

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Oxford Foundation School

Background

Foundation Doctors often begin surgical rotations with limited confidence in ward systems and acute care tasks. Existing induction was largely didactic and information-heavy. This project aims to create a practical, peer-led induction that enhances preparedness, promotes early team integration and supports safer patient care.

Methods

A short needs-assessment survey identified key gaps in surgical workflow knowledge, on-call escalation and post-operative care. A new induction was co-designed with registrars and FY1s, incorporating scenario-based teaching, SEU walk-throughs and quick-reference guides. Implementation is scheduled this term with pre- and post-session confidence surveys.

Results

Implementation is in progress, with the new induction due for delivery this term. Early informal feedback from pilot participants indicates improved clarity and relevance. Formal evaluation will assess changes in self-rated confidence and preparedness before and after attendance. Full results will be available for presentation in January 2026.

Key messages

- Peer-led, practical induction enhances trainee confidence and patient safety from day one.
- Co-designing education with trainees increases engagement and consistency.
- Foundation-led educational QI is achievable, sustainable, and high-impact.
- Embedding interactive learning into routine induction strengthens team culture and performance.

Poster presentations – RO01: Research/original work Group 1

RO101

Brief transcranial focused ultrasound stimulation causes lasting modifications to the synaptic circuitry of the hippocampus

Authors

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Background

Brief transcranial focused ultrasound stimulation (tFUS) is used in cognitive mapping, where it is assumed that the intervention itself does not cause lasting modifications to the underlying networks being targeted. However, how so-called 'offline' effects impact the dynamic function of neural circuits is largely unknown.

Methods

Acute rat hippocampal slices in vitro, and rat hippocampi in vivo, were exposed to 40 s, 5 Hz pulsed ultrasound or sham stimulation. The effects of ultrasound on the dynamic synaptic and circuit function of the hippocampus were assessed through quantitative proteomics and extracellular field electrophysiology.

Results

Ultrasound stimulation induces persistent and differential changes in protein expression and kinase activity in the hippocampus. This occurs concurrently with an enhancement of basal synaptic transmission and modifications to the susceptibility for the hippocampal circuit to undergo synaptic plasticity via a canonical Akt-dependent metaplastic process. The results indicate that tFUS can modulate key signalling mechanisms responsible for determining the synaptic efficacy in a neural circuit.

Key messages

tFUS can fundamentally modulate key signalling mechanisms responsible for determining the synaptic efficacy in neural circuits. Persistent circuit enhancement in clinical interventions could offer benefits by strengthening/restoring neural pathways for cognition, emotion and motor control. This may be achieved with fewer side effects when compared with established pharmacological approaches.

RO102

Outcomes of Paediatric Medical Stabilisation Admission for Restrictive Eating Disorders: a multicentre evaluation.

Authors

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Background

Eating Disorders (ED) are associated with significant mortality and morbidity. A short refeeding admission on a paediatric ward is now an established intervention of which the outcomes have not previously been evaluated in a UK setting. The aim was to describe the patient population and identify key variables and outcomes to develop a standard data set.

Methods

A retrospective cohort analysis of 85 children and young people (CYP) from 2 UK hospitals. Sequential sampling was used for patients 0-18 years, admitted for a restrictive eating disorder from January 2018 - September 2022 where length of stay was greater than 1 day.

Results

Cases were most often adolescent (15.1 years, IQR = 2.7), females (n = 73, 85.9%) with a diagnosis of anorexia nervosa (AN) - (n = 41, 48.8%). Discharge to community treatment was the most common outcome (n = 51, 61.4%). The median length of stay was 21.0 days (IQR = 23.0). Nutritional supplements were required for 1/3 CYP orally (n = 30, 36.1%) or via a NG tube (n = 25, 30.1%). A diagnosis of AN or lower %mBMI was linked to a higher likelihood of needing further inpatient care (p<0.05).

Key messages

This study provides insightful baseline data of core outcomes to inform a larger, multi-centre dataset as well as valuable information when counselling CYP and families. It will also provide individual services with baseline clinical outcomes to work to improve the care and outcomes of CYP requiring medical stabilisation for restrictive eating disorders.

RO103

Can ED Clinicians Safely Triage Acute Vertigo? A Prospective Evaluation of Clinical Predictors, Diagnostic Accuracy, and Referral Outcomes

Authors

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Background

Acute vertigo is a common emergency department (ED) presentation that poses significant triage challenges. While most cases are benign, accurately identifying patients with central causes such as stroke or TIA is critical. Specialist tools like HINTS-plus are highly effective but typically require neuro-otological expertise. In this study, we evaluated whether more accessible ED-based variables (e.g., ABCD₂, focal neurological signs) could support triage decisions in a cohort of ED clinicians.

Methods

67 adults with acute vertigo were referred to the neuro-otology clinic at the NHNN (London). ED assessments were performed by clinicians with targeted training in acute vertigo evaluation. Triage accuracy was assessed by comparing ED impressions to specialist diagnoses. Logistic regression models evaluated predictors of central causes. Statistical performance metrics were calculated.

Results

Stroke or TIA was diagnosed in 24% (n = 16) of patients. ED clinicians demonstrated 87.5% sensitivity and 86.3% specificity for central causes, with an NPV of 96% and a PPV of 70%. A simplified multivariate model incorporating ABCD₂, focal signs, and acute nystagmus achieved an AUC of 0.843 (95% CI: 0.716–0.944). Notably, 86% of patients without central causes underwent additional investigations despite ED confidence in a peripheral origin.

Key messages

In this trained ED setting, accessible clinical variables showed promising utility for triaging acute vertigo, supporting decisions on referral and imaging. A simplified model may complement specialist tools like HINTS-plus by identifying patients who require further workup while reducing unnecessary investigations in low-risk cases. Further validation is warranted.

RO104

Nail bed biopsy: diagnostic yield in subungual melanoma detection in cases of longitudinal melanonychia in a tertiary centre cohort

Authors

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Background

Longitudinal melanonychia (LM) is a common nail pigmentation presentation, often benign but occasionally indicative of subungual melanoma, a rare yet aggressive malignancy. This study has been conducted to assess whether nail bed biopsy is mandatory in every case of LM and to review diagnostic outcomes and complications associated with nail bed biopsy.

Methods

A retrospective cohort study of 110 consecutive patients was assessed over 12 months (January 2023- December 2023). Demographics, family and personal history of melanoma, clinical features, management strategies, complications and histopathological findings were reviewed.

Results

Lesion duration ranged from 1-9 months, the mean duration being 3 months. 92.7% of the patients had single nail involvement. Trauma association was 5.5%. Subungual melanoma was diagnosed in only 1 patient (0.9%) (obvious clinical features, wide dark asymmetrical melanonychia and positive Hutchinson sign), with the majority (109/110) being benign or non-specific. Complications occurred in 20% of patients including nail deformities, ridging and refractory complex regional pain syndrome.

Key messages

Nail bed biopsy remains the gold standard for diagnosis in cases with suspected clinical features but carries a risk of complications. Careful selection of patients and thorough consent is critical. This study has demonstrated that nail bed biopsy is not necessary in majority of low-risk patients and can be managed conservatively with clinical and photographic follow up.

RO105

Mapping the Evidence on Post-Intensive-Care Syndrome in Paediatric Populations: A Scoping Review Protocol

Authors

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Background

Survival following paediatric intensive care has improved, yet many children experience lasting physical, cognitive, and psychological difficulties - collectively termed post-intensive-care syndrome in paediatrics (PICS-p). These sequelae can hinder recovery and wellbeing. Despite growing recognition, literature surrounding diagnosis and management strategies remains fragmented. This review will map current diagnostic, preventative, and management approaches to PICS-p.

Methods

This registered scoping review follows PRISMA-ScR and Joanna Briggs Institute (JBI) guidance. Comprehensive searches of PubMed, Scopus, CINAHL, Cochrane, and grey-literature databases (2000–2025) will identify primary studies on PICS-p among patients aged 1 month–18 years, excluding neonates. Two reviewers will screen, extract, and chart data, summarising findings narratively and thematically.

Results

As this is a protocol-stage project, data synthesis is pending. Preliminary findings reveal limited paediatric-focused research on PICS-p, wide variation in outcome domains, and an absence of consistent screening or follow-up pathways. The completed review will integrate evidence on diagnostic tools, interventions, and recovery outcomes, highlighting unmet clinical needs and informing multidisciplinary, family-centred strategies for optimising post-ICU survivorship in children.

Key messages

PICS-p is an under-recognised but significant challenge for child survivors of critical illness. This review will provide the first structured synthesis of diagnostic and management strategies across paediatric settings, guiding clinicians and policymakers in developing holistic, family-centred post-ICU pathways and identifying priorities for future research.

RO107

Magnesium intake and the risk of pancreatic cancer: a systematic review and meta-analysis

Authors

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Background

Pancreatic cancer is a highly fatal malignancy with poor prognosis and limited preventive strategies. Diet and micronutrient intake may influence pancreatic cancer risk through effects on inflammation, glucose metabolism, and DNA synthesis. Magnesium, an essential mineral abundant in whole grains, nuts, and green leafy vegetables, has been linked to reduced risk of metabolic diseases, but its relationship with pancreatic cancer remains unclear.

Methods

We conducted a systematic review and meta-analysis following PRISMA guidelines to evaluate the association between magnesium intake and pancreatic cancer risk. Electronic databases including Medline, EMBASE, PubMed, and CINAHL, were searched through September 2025. Random-effects meta-analyses were performed, with subgroup analyses by study design and meta-regression to explore heterogeneity.

Results

Nine studies (4 cohort, 5 case–control) were included. Overall, higher magnesium intake was associated with a 38% lower risk of pancreatic cancer (pooled RR = 0.62, 95% CI: 0.45–0.85, $p = 0.003$). Subgroup analyses showed stronger associations in case–control studies (RR = 0.51) than in cohort studies (RR = 0.79). Meta-regression indicated study design explained most heterogeneity, with no evidence of publication bias.

Key messages

Higher dietary magnesium intake is linked to lower pancreatic cancer risk, particularly in case–control studies. Findings support magnesium as a potentially modifiable dietary factor for prevention, though more large prospective studies are needed.

RO108

Age-specific Fracture Patterns in Rheumatoid Arthritis: Clues to Early Skeletal Fragility.

Authors

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Background

Rheumatoid arthritis raises fracture risk, but age-specific patterns are often overlooked. Standard tools such as FRAX emphasise hip and spine fragility in later life, while peripheral injuries in younger patients receive less weight. We examined whether fracture site varies by age, and whether those differences could signal early skeletal fragility. As FRAX records previous fracture as a single variable, it may mask site-specific risks in younger individuals.

Methods

We conducted a retrospective cohort of RA patients referred for DEXA scanning from 2004–2021 in Northwest England. Patients were age stratified (<65/≥65). Fractures were coded by anatomical site and distributions compared (χ^2). Age–site associations were modelled with logistic regression, and reported as odds ratios (OR) with 95% confidence intervals (CI).

Results

Of 2,649 patients with RA (median age 67.9; 77% female), 921 (34.8%) had ≥1 fracture (31.8% <65; 36.6% ≥65). Fracture distribution differed significantly between age groups ($p<0.001$). Logistic regression confirmed that spine (OR 1.67, 95% CI 1.27–2.24, $p<0.001$), femur (1.67, 1.17–2.40, $p=0.005$) and forearm (1.42, 1.10–1.84, $p=0.008$) were more common in ≥65, while ankle/foot (0.39, 0.24–0.63, $p<0.001$) and wrist (0.57, 0.34–0.95, $p=0.03$) were more common in <65.

Key messages

Fracture site carries age-specific meaning in RA. In patients under 65, peripheral fractures should prompt early investigation for skeletal fragility. A site-aware approach with timely DEXA scanning, review of FRAX inputs and initiation of bone-protective therapy where appropriate could shorten time to diagnosis and treatment and better capture risk that age-weighted tools may overlook.

RO109

Ultrasonographic Predictors of Difficult Laparoscopic Cholecystectomy, DOI: [10.7759/cureus.93870](https://doi.org/10.7759/cureus.93870)

Authors

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Background

Laparoscopic cholecystectomy (LC) is the gold-standard treatment for gallstone disease, but some procedures become technically challenging, resulting in longer operative times, higher conversion rates, and increased complications. Accurate preoperative prediction is essential for safe surgical planning. This review summarizes current evidence on ultrasonographic predictors of difficult LC (DLC) and evaluates validated ultrasound-based scoring systems for preoperative risk stratification.

Methods

A literature review was conducted using PubMed, Scopus, and Google Scholar to identify studies assessing ultrasonographic predictors of difficult laparoscopic cholecystectomy. Search terms included “DLC,” “ultrasound predictors,” “gallbladder wall thickness,” and “scoring system.” Only English-language original studies on adults were included; case reports and abstracts were excluded.

Results

Gallbladder wall thickness consistently demonstrates the strongest independent association with DLC, correlating with conversion and postoperative complications. Pericholecystic fluid, is highly specific for severe inflammation and complex cases. Gallstone impaction at the neck or Hartmann’s pouch is a stronger predictor than stone multiplicity. Abnormal gallbladder size, whether contracted or distended, complicates dissection, while common bile duct dilatation serves as a secondary predictor.

Key messages

Gallbladder wall thickness, presence of pericholecystic fluid, Gallstone impaction and Abnormal gallbladder size were all associated with a difficult laparoscopic cholecystectomy. Several scoring systems combine these sonographic features with clinical variables such as age, sex, obesity, and prior inflammation, helping achieve stronger predictive accuracy.

RO110

Non-reconstructive Hip surgery in Cerebral Palsy patients: A systematic review

Authors

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Background

Hip displacement is common in patients with cerebral palsy, carrying high morbidity without surgical intervention (pain, seating tolerance, perianal hygiene and care). Operative techniques commonly used for non-reconstructive/ salvage hip surgery are proximal femoral resection (PFR), valgus osteotomy (VO), and arthrodesis. There is limited literature comparing the outcomes between these operations. The aim of this study is to provide an up-to-date comparison to guide surgical decision making.

Methods

This study is PROSPERO(CRD42022364078) registered. This literature search used Cochrane, PubMed, MEDLINE and EMBASE. English publications were included with no date restriction including prospective, retrospective and comparative studies. Data were extracted including pain improvement, parent/caregiver satisfaction, range of movement(ROM), heterotopic ossification(HO) rate and hygiene ease.

Results

Forty-two studies fulfilled our criteria, totalling 1261 hips in 1103 patients. The pain relief was comparable between PFR and VO (95% vs 100%), with PFR having a higher patient/carer satisfaction rate (100% vs 80%), however, much higher rates of heterotopic ossification (52% vs 13%). PFR provided a more favourable ROM. Arthrodesis found a higher rate of secondary surgery (24%) to PFR (16%) and VO (10%).

Key messages

This systematic review found PFR has a higher patient/carer satisfaction and ROM with comparable pain relief to VO, however a higher rate of HO. More research is needed to understand the clinical impact of HO. Arthrodesis was less commonly performed.

RO111

Incidental Findings Leading to Thyroidectomies: Minimising Morbidity and Mortality while Managing Surgical Risk

Authors

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Background

Thyroid cancer is the most common endocrine malignancy. Advances in imaging mean low risk masses have been increasingly identified and treated with thyroidectomy internationally; this has not been associated with improved survival. 44% of thyroidectomies in Ninewells Hospital over 3 months in 2024 were driven by incidental findings. Complications were limited although present. Active surveillance is an alternative mitigating risk by identifying low risk presentations that develop into a threat.

Methods

A retrospective review of 50 thyroidectomies performed at Ninewells Hospital over 3 months in 2024 examined indications, ultrasound grades, FNA cytology, age, sex, and deprivation index. Thyroidectomies were categorised as clinically or incidentally driven. Postoperative histology and complications were analysed to assess malignancy patterns and demographic influences on thyroidectomy indications.

Results

Of 50 thyroidectomies, 22 (44%) followed incidental findings, with similar malignancy rates to non-incidental cases (68% vs. 61%). Nearly half of cancers were discovered incidentally, typically as small papillary microcarcinomas. Men with incidental lesions had a higher malignancy risk (100%) than women (60%). Age was associated with increased malignancy. Deprivation showed no significant trend. Surgical complications occurred in 8–18%, highlighting the risks of potentially avoidable procedures.

Key messages

Incidental thyroid masses are common; most indolent microcarcinomas that can have survival rates of over 99% at 20 years. Male gender, family history and increasing age are associated with a poorer prognosis. Data from this retrospective review and the wider literature show many low risk presentations can be safely guided into active surveillance to improve outcomes by mitigating surgical risk.

RO112

AKTivate: Why are UK medical students using costly external study resources to prepare for the new Medical Licensing Assessment (MLA)?

Authors

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Background

The MLA is the new National Licensing Examination for medical schools in the United Kingdom (UK). It comprises of two written single-best answer papers [Applied Knowledge Test (AKT)] and a Clinical and Professional Skills Assessment. This study focused on how students prepared for the AKT. Anecdotally medical students rely on external study resources, with additional costs, to prepare for examinations. There is no published evidence of why students elect to purchase additional study resources.

Methods

This was a cross sectional study conducted between January and April 2025 at 11 medical schools in the UK. Data was collected using an online questionnaire. It contained multiple choice, 5-point Likert-scale, ranked and free-text questions. It explored the MLA Content Map and Medical Schools Council (MSC) practice papers, general usage of study resources and the impact of their associated costs.

Results

In total 644 responses were collected. All students used external resources outside their medical school curriculum to supplement their preparation for the MLA AKT, with 94% agreeing this was required. Additionally they all had further costs for these resources outside their tuition fees. Inadequate resource provision by medical schools and the MSC, external influence and targeted exam practice were prevalent themes among the responses as to why students elected to pay for additional resources.

Key messages

Students in the UK relied on external resources, with additional costs, to prepare for the AKT in 2025. They do not feel the practice questions and resources provided by the MSC and their medical schools alone are sufficient to prepare them for this exam. This data has the capacity to support students and guide further resource provision by UK Medical Schools and the MSC.

Poster presentations – RO02: Research/original work Group 2

RO201

A Digital Simulation Approach to Lipidology Training: Feasibility, Acceptability, and Impact of the SIMBA Model

Authors

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Background

The management of lipid disorders has become increasingly complex with the advent of novel lipid-lowering agents. The Simulation via Instant Messaging for Bedside Application (SIMBA) framework provides a low-fidelity simulation-based learning model designed to enhance participants' confidence in handling various medical scenarios. This study evaluated the feasibility, acceptability and effectiveness of SIMBA in improving the confidence and competence in lipidology.

Methods

This study was conducted in Birmingham, UK, between April and October 2024, employing the SIMBA framework. 31 healthcare professionals engaged with five expert-validated clinical cases on lipid and metabolic disorders. Self-reported confidence was measured before and after the sessions using Likert-scale surveys. Quantitative data were analysed using Wilcoxon Signed-Rank and independent t-tests.

Results

Post-session confidence improved significantly across all cases, with an overall increase of 65.4% ($p < 0.00001$). Familiarity with both established and newer lipid-lowering therapies also improved. GRS assessments confirmed strong performance in history-taking (median 4.0) but weaker scores in interpretation of investigations (median 1.5). Qualitative analysis showed high acceptability, clinical relevance, and preference for SIMBA over lecture-based formats.

Key messages

SIMBA Lipid is a feasible and acceptable simulation-based learning model that significantly enhances clinician confidence in managing complex lipid disorders and familiarising the practical application of newer lipid therapies. This innovative approach can support continuous professional development in cardiovascular medicine.

RO202

Do routine post-operative X-rays change management of tibial fractures?

Authors

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Background

Routine postoperative X-rays are common in tibial fracture care despite unclear impact on outcomes. We examined whether timing/frequency of follow-up radiographs influence clinical decisions and resource use.

Methods

Retrospective review of 384 tibial fractures (Apr 2024–2025). 180 met inclusion criteria (excluded: no follow-up imaging, age <18, prior imaging). Data collected: follow-up timing, RUST progression, and management changes. Two alternative protocols were modelled: Scenario A—second X-ray ≈9 weeks (RUST ≈8); Scenario B—second X-ray ≈12 weeks (RUST ≈10).

Results

Initial post-op imaging was obtained at ~2.5 weeks; second and third follow-ups at 6 and 12 weeks. Median RUST rose from ~5 to 7 and 8, showing progressive healing. By the second X-ray, 37.8% reached RUST ≥8 and 5.6% ≥10; by the third, 58.3% ≥8 and 12.8% ≥10. Only 7.2% required management changes, with 2.8% influenced by imaging. Delaying follow-up to ~9 weeks (Scenario A) or ~12 weeks (B) could avoid 127–253 X-rays (£12.8k–£25.5k saved).

Key messages

Most 6-week follow-up X-rays offered limited value and rarely changed management. Aligning imaging with healing milestones can safely reduce unnecessary X-rays. Optimising routine imaging timing may significantly lower costs. An evidence-based protocol focused on key healing stages ensures effective fracture monitoring while improving efficiency.

RO203

Thermoregulation in Transfer

Authors

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Background

Thermoregulation maintains stable body temperature despite external changes. In critical care, hypothermia (<36°C) is a major modifiable risk linked to higher mortality and multi-organ failure. Admission temperature predicts ICU and long-term outcomes. In trauma patients prolonged exposure and damp conditions increase hypothermia risk. It worsens the danger diamond- acidosis, coagulopathy, hypocalcaemia and mortality, making temperature control essential in critically ill and trauma patients.

Methods

We implemented the 3B's strategy and attached a checklist criteria to the transfer trolley in x2 hospitals. The question to ask yourself prior to transferring any patient "Have you done the 3Bs to prevent heat-loss?":

1. Bair Hugger -predeparture
2. Blood. (fluid) warmer- for all fluid pre and during transfer
3. Blizzard Blanker- for all patients being transferred

exclusion criteria: OOHCA

Results

Patients aged 23–82 were transferred across various medical and surgical specialties. Transfer details, including location and specialty, were recorded. Compliance with the 3B's was: Bair Hugger 10/15 (66.6%), Blood Warmer pre-departure 6/15 (40%), in-transit 1/15 (6.6%), and Blizzard Blanket 14/15 (93.3%). Arrival temperatures ranged from 35.2–38.2°C (mean 36.52°C). 8/15 patients showed an increase in temperature; all had Blizzard Blankets applied, with 25% higher 3B compliance in this group.

Key messages

Adherence to the 3B's improved the likelihood of patients arriving with a higher temperature than at departure, while lower compliance increased temperature loss. The longest transfer 1hr 20 showed full compliance, with a 0.2°C rise. Use of the Blizzard Blanket had the highest adherence (93%), proving a simple, cost-effective (£24.81) way to reduce heat loss and support better patient outcomes

RO204

Comparing the Outcomes of Robotic, Laparoscopic, and Open Colorectal Surgery: A Multicenter Cohort Study

Authors

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Background

Over the years, minimally invasive surgery, including laparoscopic and robotic surgery, has become the gold standard in colorectal surgery due to reduced complications and faster recovery time compared to open surgery. Despite the benefits, large multicenter research data comparing robotic, laparoscopic, and open techniques across diverse indications are scarce. This study aims to compare the outcomes of the three methods using a large international database.

Methods

This study represents a retrospective cohort study of 7,147 patients from 13 centers in Europe and North America who underwent colorectal surgery between January 2012 and December 2020. The primary outcomes studied are hospital stay, operative time, and complication rates.

Results

In total, 52.52% of the procedures were open, 35.34% laparoscopic, and 9.02% were robotic surgery. In this cohort study, robotic surgery was associated with significantly longer operative time ($p < 0.001$) but the shortest length of hospital stay ($p < 0.001$) in comparison to laparoscopic and open surgery. Additionally, robotic surgery was associated with 54% and 21% lower risk of overall complications compared to open and laparoscopic surgery, respectively.

Key messages

Robotic and laparoscopic surgery were associated with favorable outcomes, including reduced postoperative hospital stay and complications compared to open surgery, although robotic surgery had a longer operative time. Despite the benefits of the minimally invasive technique, future research should explore its cost-effectiveness analysis and long-term impact.

RO205

Systematic review and meta-analysis of the sensitivity of vibration perception threshold as a biomarker of chemotherapy-induced peripheral neuropathy.

Authors

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Background

Chemotherapy-induced peripheral neuropathy (CIPN) is a common, debilitating, and treatment-limiting adverse effect of many chemotherapeutic agents. There is currently no gold-standard diagnostic criterion nor a widely accepted method for accurate and early identification of CIPN. Vibration perception threshold (VPT), which reflects large-fibre nerve function via rapidly adapting A-beta afferents, has been proposed as a promising biomarker for CIPN

Methods

A systematic review and meta-analysis was conducted in PubMed, EMBASE, Scopus, CENTRAL, and Web of Science databases from inception to November 2024. Risk of bias was assessed using appropriate Cochrane tools. Standardised mean differences (SMD) and 95% confidence intervals (CI) were calculated using random-effects models.

Results

Thirty-one studies involving 1,635 patients were included. There was a moderate-to-large worsening in VPT following chemotherapy in both the hands (SMD 0.65 [95% CI 0.45 to 0.85]) and feet (SMD 0.60 [95% CI 0.47 to 0.73]). Heterogeneity was higher in the hands ($I^2 = 77.5%$) than the feet ($I^2 = 40.4%$). Meta-regression appeared to show that combination therapy with taxanes and platinum agents produced a greater increase in VPT than either agent alone, but this did not reach statistical significance.

Key messages

The study findings demonstrate consistent increases in VPT following chemotherapy. Future studies should incorporate clear CIPN diagnostic criteria, defined timepoints, and comparative analyses between patients with and without CIPN to clarify the potential of VPT as an early biomarker for this condition

RO207

Artificial Intelligence VS. Professional Standards: A Cross-Sectional Comparative Study of Chat GPT, Gemini, and ENT UK in Delivering Patient Information on ENT Conditions

Authors

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East of England Foundation School

Background

Currently, patients seeking ENT information increasingly turn to AI tools like ChatGPT and Gemini for quick answers, though their readability and accuracy remain uncertain. Professional resources like ENT UK set clear standards, yet few studies compare these with AI outputs. This study evaluates readability, quality, and actionability of AI-generated patient information against ENT UK.

Methods

Methods included obtaining ENT UK patient information and generating equivalent content using ChatGPT-4-turbo and Gemini 2.5 Pro for six different laryngology conditions. Readability (FRE, FKGL), quality (DISCERN), and patient engagement (PEMAT-P) were assessed. Statistical analysis was performed using ANOVA, Tukey's HSD, and Kruskal-Wallis tests.

Results

ENT UK had the highest readability (FRE 64.6, FKGL 7.4), outperforming ChatGPT (FRE 38.8, FKGL 11.0) and Gemini (FRE 38.3, FKGL 11.9) ($p < 0.001$). DISCERN scores showed no significant difference. PEMAT-P understandability was similar across groups, except lower ChatGPT scores for vocal cord paralysis. Actionability was also comparable, though AI models showed greater variability across topics.

Key messages

AI tools like ChatGPT and Gemini can produce patient education materials of comparable quality to ENT UK but with lower readability and above-recommended literacy levels. Clinicians must ensure AI remains a supplement, not a replacement for clinician-patient communication. Professional standards should guide AI content, with ongoing quality monitoring.

RO208

Bolt-connected EVDs vs tunnelled EVDs- A systematic review & meta-analysis comparing complications

Authors

Taha Ansari, Ithar Abbas, Michael Lau, Conor S Gillespie

Yorkshire & Humber Foundation School

Background

External ventricular drainage is lifesaving in the context of acutely raised intracranial pressure. However, external ventricular drains (EVDs) have a relatively high complication rate leading to morbidity and mortality. Traditionally, an EVD is tunnelled under the skin before being secured distally. Bolt-connected EVDs have been suggested to reduce complications. We aimed to compare rates of complications between these two techniques.

Methods

A PRISMA compliant systematic review and meta-analysis was conducted (PROSPERO ID (CRD420251045971). Articles published in MEDLINE, Embase, and Cochrane Library between inception and 1 May 2025 were included. Rates of infection, revision, obstruction, pullout and haemorrhage were identified. Binary and continuous outcomes were calculated using random effects meta-analysis models.

Results

9 studies (1,889 patients) were included in the meta-analysis. No statistically significant benefit or harm in complications measured was noticed. However, bolt-connected EVDs trended towards lower rates of revision (7 studies; RR 0.54, 95% CI 0.17- 1.70, $p=0.2388$), obstruction (4 studies; RR 0.46, 95% CI 0.15- 1.44, $p=0.1190$) and pullout (6 studies; RR 0.39, 95% CI 0.06- 2.33, $p=0.2317$). Tunnelled EVDs trended towards lower rates of haemorrhage (4 studies; RR 1.57, 95% CI 0.77- 3.21, $p=0.1401$).

Key messages

Bolt-connected EVDs do not appear to show significant benefit or harm compared to tunnelled EVDs with regards to rate of infection, revision, obstruction, pullout or haemorrhage. However, no randomised control trials exist, and existing studies are largely retrospective with significant heterogeneity and overall high risk of bias. Further prospective studies are required to validate findings.

RO209

The Use of Indocyanine Green (ICG) in Endoscopic Pituitary Surgery: A Systematic Review

Authors

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Yorkshire & Humber Foundation School

Background

Indocyanine Green (ICG) fluorescence imaging is increasingly utilised in endoscopic pituitary surgery to enhance intraoperative visualisation and surgical accuracy. This systematic review evaluates the efficacy and clinical utility of ICG in improving tumour delineation, extent of resection, and anatomical orientation during pituitary surgery.

Methods

This systematic review followed PRISMA guidelines, searching Scopus, PubMed, Embase, and Web of Science through February 2025. It included 11 studies (150 adult patients) on endoscopic pituitary surgery using intraoperative ICG. Data on protocols, fluorescence, and surgical outcomes were extracted and analysed with weighted/proportional methods.

Results

ICG fluorescence successfully visualised targets in 93.6% of cases (range 75-100%), with onset from 20 seconds to 32.5 minutes post-injection. The cohort was predominantly macroadenomas (55% non-functioning). ICG enhanced surgical margin delineation, allowed critical neurovascular structure mapping, and aided real-time adenoma differentiation. Delayed-Window ICG showed high sensitivity. Complication rates were low, with transient diabetes insipidus (n=6) most frequent.

Key messages

ICG fluorescence appears to be a promising adjunct for endoscopic pituitary surgery, improving intraoperative visualisation and anatomical guidance. Distinct from prior narrative reviews, we present a technique-stratified synthesis that integrates clinical outcomes. Standardised protocols and high-quality prospective studies are needed to validate diagnostic performance and define routine use.

RO210

Effectiveness of Nurse-Led Cardiac Rehabilitation Compared to Routine Care: A Systematic Review

Authors

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East of England Foundation School

Background

Despite evidence demonstrating that cardiac rehabilitation (CR) enhances recovery and reduces mortality, global participation remains suboptimal. Barriers such as workforce shortages, limited programme capacity, and accessibility issues persist. Nurse led CR models have emerged as a practical and patient centred strategy to expand access and improve clinical outcomes and quality of life. This review evaluates whether nurse led CR achieves outcomes comparable to or superior to routine care.

Methods

This review followed PRISMA guidelines and was registered with PROSPERO (CRD420251039182). We searched MEDLINE, Embase, Cochrane CENTRAL, CINAHL, and Scopus (2000–2025) for RCTs comparing nurse-led and routine cardiac rehabilitation in adults with cardiovascular disease. Six trials met the inclusion criteria, analysing quality of life, functional capacity, readmissions, and mortality.

Results

Six RCTs (n=922) across the UK, India, and China compared nurse-led CR to routine cardiac rehabilitation over 3–7 months. Nurse led programmes significantly improved quality of life and functional capacity, with changes often exceeding clinically meaningful thresholds. Hospital readmissions were consistently lower (absolute reduction 8–10%), though underpowered for significance. Mortality was infrequent (<3%) and showed no clear difference between groups.

Key messages

Our findings demonstrate that nurse led cardiac rehabilitation delivers meaningful improvements in quality of life and functional capacity compared with routine care, with consistently low mortality across studies. These results highlight nurse-led rehabilitation as a safe, effective, and sustainable model that enhances patient outcomes while optimising clinical resources within cardiac services.

RO211

To evaluate the safety, efficacy, and technical approach of laparoscopic common bile duct exploration (LCBDE) for choledocholithiasis at a UK tertiary centre.

Authors

Martin Rosenzweig O'Dogherty, Andrei Tanase (consultant HPB surgeon)

Severn Foundation School

Background

Choledocholithiasis is the presence of gallstones within the common bile duct (CBD), occurring in 10–20% of patients with symptomatic gallstones. The standard two-step approach involves ERCP followed by laparoscopic cholecystectomy, while single-stage LCBDE offers definitive treatment in one operation. Despite strong national and international guideline support, LCBDE remains underutilised in UK practice, highlighting the need for improved training, awareness, and adoption in surgical practice.

Methods

A retrospective analysis from a prospectively maintained database was performed on 36 patients undergoing LCBDE between November 2024 and June 2025. The primary endpoint was successful stone clearance; secondary endpoints included complications, operative time, length of stay, and readmissions. Data were analysed to evaluate safety, efficacy, and consistency of outcomes within a tertiary center.

Results

Mean age was 55 years (range 21–79), with 67% female. Emergency cases comprised 69%. The transcystic approach was used in 94%, with an ultra-slim 2.7 mm scope in 75%; Electrohydraulic Lithotripsy was required once. Mean operative time was 110 min, with 94% ductal clearance achieved. Complications were low: bile leak 5.6% and retained stones 8.3%, mainly in older males. No pancreatitis or conversions occurred. Median stay was 2 days, with two readmissions and excellent postoperative recovery.

Key messages

LCBDE is a safe and effective single-stage approach for choledocholithiasis, with high success and low complication rates in this early cohort. The transcystic route, using an ultra-slim scope, was successful in most cases, reducing the need for more invasive transductal exploration. These results support wider adoption of LCBDE in surgical practice, improving access and reducing reliance on ERCP.

Poster presentations – FA01: Foundation Programme and the Arts Group 1

FA101

The hum of the student

Authors

Michelle Gladstone

West Midlands North Foundation School

Premise / Key messages / Reflections

Introduction: The transition from medical school to clinical practice is full of challenges. Consumed by elements of service provision and adjusting to working life, the new resident doctor may feel they are forgetting the breadth of theoretical knowledge gained during years of medical school. Evidently, the life of the resident doctor is a contrast to the experience of the medical student. This may result in a loss of identity. This poem enables you to fully understand the journey and character development of the resident doctor, as she struggles to let go of her former identity and the complex relationship associated with this title. The poem explores the navigation of self doubt, and the eventual reconciliation with a new found identity.

The student hums a happy song
Lyrics forgotten and most now gone
Follow the song, see where it goes
I need to know what the student knows
I can hear the student, she's down the hall
I swear I used to know it all?
The student needs to come back here
To teach me things from the past year
I catch her face, she looks like me
But she carries on so aimlessly
"Come back here!" - I need to find...
All the knowledge I left behind
She still can't hear me, she carries on
Continuing to sing her happy song
I look closer, she's also scared
There's so much history we once shared
She hides her fears and tries to learn
Shadowing doctors, waiting her turn
I think about how I have transformed
How this resident doctor now performs

Reviewing patients, doing A to E's
Preparing ward rounds so naturally
Improved confidence and a sense of pride
But within, the student resides
I soon realise we are both the same
With much to learn and more to gain
The resident hums a happy tune
Of what she's learned and what's coming soon

FA102

Discovering the soul of the NHS via Rawalpindi, Pakistan

Authors

Uzair Ahmed

West Midlands Central Foundation School

Premise / Key messages / Reflections

In September 2025, I attended a postgraduate observership at the Benazir Bhutto Hospital, Rawalpindi, Pakistan. This is a government hospital providing free healthcare to people from nearby Punjab & Khyber Pakhtunkhwa provinces.

Key Points:

1) Free healthcare at point of access is provided in developing countries as it is provided in more resource rich nations like the UK. However, the difference between private and government healthcare is often pronounced.

Whilst the NHS has been under intense scrutiny recently, its ability to provide a safe, standardised level of care to patients from all socioeconomic backgrounds is still a model to aspire to.

2) Bi-lingual healthcare delivery is not an easy task. Nevertheless it is very important. Its absence can lead to literate patients being excluded from their own healthcare due to medical literature being exclusively produced in English, even if the national language is Urdu.

This made me reflect and appreciate the work being done at Cardiff University / Prifysgol Caerdydd on bi-lingual medical education.

3) Talent exists everywhere, opportunity does not. Or even if opportunity does exist, accessibility can be impaired.

4) The importance of the shift from paternalistic medicine to patient centered medicine.

Without the doctor, the patient still has their identity.

Without the patient, does the doctor still have theirs?

5) Finally, witnessing a healthcare environment that is at an earlier stage of maturity allowed me to appreciate what the founding figures of the NHS had envisioned and brought to life with determination, integrity and resourcefulness.

That spirit of equity, fairness, justice, wellbeing of the most vulnerable, not just those who can afford it, is what I understand to mean the 'soul' of the NHS.

FA103

The Final Hour

Authors

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Premise / Key messages / Reflections

It was almost the end, 7 pm, the final hour of a week that had already felt like months. One last patient before home-time: in her thirties, presenting with back pain, a history of cervical cancer, likely secondary to recent radiotherapy — that's what I was told.

Just a quick clerking, I said. My mind had already begun to drift towards a warm dinner, a long sleep, a weekend without bleeps.

I scurried to her cubicle, took a breath, and went in. Her husband and mother waited outside the curtains.

She greeted me with a tired smile. She looked at me with eyes that had seen too much. Pain etched deep, hidden beneath calm, a quiet knowing of what's to come. She wore a mask, a smile drawn over her face, but her words were anything but. Her voice trembled as she spoke of her pain: like being pierced by a burning hot poker, shooting down her leg, foot numb, no feeling when passing urine. Each word felt heavier than the last.

Her PET scan two months ago had been clear. Nothing to explain this. And that's what frightened me most, how quickly it could cause such devastation.

We talked, carefully. Between each question, a loud silence grew. We both knew, the cancer had spread, yet neither of us said it. The air felt thick with unspoken understanding.

Her tears glistened beneath the ward light, but she held them bravely. Be strong for her, I told myself, though I felt my own tears forming. She spoke of her two young children waiting for her at home — her smile broke me more than her words.

As I left the cubicle, the ward carried on: monitors bleeping, lights humming, laughter from another bed. Life and loss, side by side.

That night, walking home, I remembered why I chose this profession. To care, even when it hurts.

FA104

One Step Closer: For the Medical Graduate Who Is Still Becoming....

Authors

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Premise / Key messages / Reflections

The premise of One Step Closer was born from my own transition into the UK Foundation Programme as an international medical graduate. I recognised how isolating the experience could feel, and how little peer-led, relatable guidance existed for doctors like me who were still “becoming.” What began as a personal effort to document my journey quickly evolved into a collective space for reflection, connection, and shared growth.

The key message of this initiative is that small, authentic acts of openness can create ripples of support across a professional community. Through storytelling, shared lived experiences, and collaborative dialogue, One Step Closer has shown that vulnerability and representation can coexist with professionalism and that both are essential to building a sustainable medical workforce. By demystifying practical aspects such as pay, first-day preparation, and emotional adjustment, the project also addressed tangible barriers that many new doctors face but rarely voice.

Reflecting on this journey, I have come to appreciate that leadership in medicine is not only about clinical competence but also about creating spaces that make others feel seen, safe, and supported. The experience has deepened my understanding of wellbeing, equity, and the power of community-driven learning. Most importantly, it has reminded me that change often begins with one honest conversation one step closer at a time.

FA105

Silent Heat: A Reflection on Menopause, Culture, and the Search for Compassion in Medicine

Authors

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Premise / Key messages / Reflections

Menopause affects more than half of women, yet experiences of it remain shaped by culture, stigma, and gaps in healthcare understanding. Within many African communities, hormone replacement therapy (HRT) is often feared as a cause of cancer, leaving women to endure debilitating symptoms in silence. This reflection was developed during my Foundation training and explores how cultural beliefs and limited clinical support can compound distress, while highlighting the role of empathy in medical practice.

In 2024, a close family member was diagnosed with menopause at age 46. She experienced relentless hot flushes, night sweats, mood swings, and severe insomnia- rarely sleeping more than a few hours a night for over a year. Despite multiple consultations with GPs and women's-health practitioners, she felt dismissed: "I felt unheard." Cultural fear of HRT delayed treatment, and when she eventually tried it, limited improvement and anxiety about risk led her to stop. Witnessing her struggle revealed how cultural narratives, misinformation, and health inequality intersect, and how easily clinicians can underestimate the weight of cultural experience on medical decisions.

Menopause is not solely a biological event; it is deeply social and cultural. For doctors, compassion must extend beyond prescribing- it lies in understanding belief, fear, and context. Listening, curiosity, and cultural humility are essential to truly caring for women navigating this transition.

FA106

Meeting local people through music

Authors

Hazel Key

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Premise / Key messages / Reflections

14 years ago at age 10 I attended a local brass band concert and was truly inspired, ever since then, nearly every week of my life brass band has been present. It's something that I have been lucky enough to do in different cities, through university and work, becoming embedded into communities. This journey has landed me in Hull where I currently work as an FY2 doctor, of which I wouldn't have thought I'd ever call 'homely', but brass band helps me call it just that.

My brass banding journey has taken me throughout Yorkshire, to Sheffield, York, Hull, Scarborough, and the small North Yorkshire village of Hummanby. Every city I move to I get welcomed with open arms to join the brass band community. I have formed relationships with people that I have met along the way that will be cherished forever.

A particular 87 year old gentleman I recently met in my banding life was truly inspiring. Never did I think that I would be able to continue playing my cornet at an age even nearing 87, but he proved me wrong. Weekly, he shows up and amazes me with the talent that he has, despite numerous health problems and needing hearing aids to hear the band. And then we talk about his life, how banding has been a big part of his whole life, and the adventures he has partaken in. But, with age comes illness and comorbidities, and this is hard to forget when I am surrounded by people who discuss their health complaints.

Working in medicine is hard work, but it's one of the most exciting, rewarding and enjoyable things I could ever do. Having time away from medicine and the hospital for me is crucial, and it really helps me enjoy the job more. Once I step foot in that band room and play together and create amazing music with other like-minded individuals it spreads a smile across my face.

FA107

Life, death and everything in-between: foundation doctor stories

Authors

Dr Laura Kay, Dr Harry Cabalan

Northern Foundation School

Premise / Key messages / Reflections

Illustrated short anecdotes and stories from foundation doctors on their interactions with patients: from meaningful to surprising to oddly amusing, we share moments between foundation doctors and their patients that have left a mark.

FA108

Breaking Barriers To The World Of Work: Improving Medical Student's Financial Literacy In Preparation For The Foundation Programme

Authors

Dr Anna Moore, Dr Samuel Dyer

Wales Foundation School

Premise / Key messages / Reflections

Premise: Although resources are available, we felt there was a significant lack of knowledge surrounding financial literacy in the workplace, which may put those starting the Foundation Programme in a needlessly stressful position.

An optional small-group teaching session was delivered by near-peers (Fy1s), to final year medical students from Cardiff University. We discussed; 'understanding your payslip,' how pay is affected by rota or job allocation, applying for leave, rota legality and rights as a Foundation trainee.

Students were then invited to fill in an online, anonymous feedback form. A five-point Likert scale [very unconfident(score=1) to very confident(score=2)] was used to determine their confidence. They were also asked to rate the quality of content and teaching skills, and provide written feedback.

Key Messages: A Wilcoxon sign-rank test was used to determine that post-session, students (n=11) were significantly more confident in their understanding of pay and payslips as compared to before [Pre-session median=2.00(Interquartile range (IQR)=4.00-2.00) vs Post-session median=4.00(IQR=4.00-1.00), p=0.003]. Quality of the teaching delivered was rated 9.73/10 and quality of the content delivered was rated 9.82/10. Theme analysis of qualitative feedback suggested students found the 'practical details' covered 'really useful', specifically in the context of impending job allocations.

Reflection: Our intervention has shown to be a simple, effective resource to significantly improve the financial literacy of final year medical students.

Using this feedback, improvements to subsequent sessions were made and delivered the next rotation of students. Data collection is ongoing and will be discussed if selected for presentation.

FA109

Confessions of an FY1 (poetry)

Authors

Lovena Nawoor

Wessex Foundation School

Premise / Key messages / Reflections

When your stethoscope feels like a noose
And you want to return it
Your lanyard, your list, your bleep
In return for your sanity
Don't.
There's a lot of chaos
And you're expected to be comfortable with so much of it
There's a lot of misery
And you're expected to be unaffected by so much of it
Some days the only goal is to make it from sunrise to sunset
Smile through the endless churning in your heart
one hug away from falling apart
Made of glass
Like a window with a crack through it
The next blow would send you shattering
Or a strong gust of wind
Or a compliment
Worst of all, wrestling with the weekend shifts
Skin to skin, close contact
Intimate
A negotiation,
The sun setting signals a victory
A reprieve from the onslaught of chaos
The sunrise will find you back here in this chair
But more broken than before
If this year is a steep learning curve
Then how much can we take before we fall off the cliff?
How much burn out can we be burdened by?
If it is just a series of bad days, how many until it becomes a bad season?
How do we trauma-bond in the trenches through this transition?
I'm all fingers and thumbs, all questions no answers
Wondering if my skin will ever thicken
If my hands will ever grow calloused
If the soft parts of me will ever harden
If I trade my tenderness, will it help or harm?
The truth is, this is an adjustment period

We are finding our feet
Learning to breathe with cement in our lungs
How to soothe, fix, mend, tend to
To remember there are beautiful things on the horizon
If we endure until we enjoy
One day, this won't seem so scary
Until then, nostalgia paints with a rose coloured brush
The novelty has worn off
But we hold fast, cling on for dear life
Trying not to get swept up in the tide
Until we emerge
Butterflies

FA110

Emerging Healer: A BAME Woman's Journey Through the NHS and Beyond

Authors

Dr Sara Shaheen, West Midlands Central Foundation School

Premise / Key messages / Reflections

I wore my heritage in the folds of my stethoscope—
a tapestry of voices, ancestors humming in my veins,
each knot unravelling as I stepped through corridors
where white walls echoed quiet expectations.
In the early shifts I felt the weight of unwritten looks,
the gentle pause when I said “Doctor” and meant me—
that first tremor of pride, a pulse I held in my palm.
The NHS welcomed me in scrubs and uncertainty,
a BAME woman forging footsteps where few had walked.
My voice carved safe spaces: in anxious rooms,
midnight handovers laced with quiet insistence
that I belonged here, too.
I have carried the questions with me:
“Are you really the doctor?” — a doubt I’ve heard.
“Does your accent echo your competence?” — a whisper in the night.
And I answered in beats:
Yes. I am here. I have studied. I have cared.
Beyond textbooks, beyond the rush,
I have learned to heal not just bodies but belief.
In theatre lights I became witness—to lives flickering,
to pulses regained, breaths held,
to families gripping my hand when mine trembled around theirs.
I learned strength is gentle. Authority is kind.
Leadership is not louder—it listens.
My journey threaded through micro-failures and triumphs:
exam after exam tightening around my ribs;
questions met with silence—I learned perseverance.
Holding a woman's last breath—I learned purpose.
Now I stand, not only as doctor but as mirror.
So that girls whose names roll off different tongues might see:
we are hands in healing, hearts in hospitals,
the BAME women who said “Yes—I belong,” and healed anyway.
May my blue scrubs carry not just cures but possibility.
May my voice widen the doorway for many more.
For in the mosaic of the NHS, every shade matters,
every story counts, and here I am—

medicine, identity, and hope entwined.

Poster presentations – CR01: Case Report Poster Group 1

CR101

The Potential Role of Lanreotide in Prostate Cancer Treatment: A Case Report

Authors

Dr Alexander Green

East of England Foundation School

Background

In men with prostate cancer recurrence where the prostate specific antigen (PSA) is rising slowly, PSA surveillance and symptom monitoring is used to reduce the need for testosterone-lowering treatment and its side effects. This case details the PSA response to the somatostatin analogue, lanreotide, and explores the possible mechanisms behind its potential in advanced prostate cancer, as an alternative to testosterone-lowering therapy. Its use in prostate cancer remains largely unexplored.

Case Presentation

An 81-year-old man, with a PSA of 22, was diagnosed with Gleason grade 7 prostate cancer in 2011. He underwent radical surgery and radiotherapy, and his PSA fell from 22 to 0.18 in 2016. However, the cancer recurred and his PSA rose from 2.60 in April 2022, to 7.14 in August 2024. Due to co-morbidities it was elected to actively monitor the PSA rather than start any testosterone-lowering therapy.

Outcomes

Separate to the prostate cancer, he was diagnosed with a metastatic neuroendocrine tumour in February 2020. He was treated surgically and in 2024 started monthly lanreotide injections. Following this, his PSA dropped from 7.14 in April 2024, 6.10 in May, 5.81 in September, 5.05 in March 2025, to 4.50 in September 2025. Crucially, the patient was not on any pharmacological treatment for prostate cancer. The patient tolerated the lanreotide well, with no complaints of any adverse effects.

Follow up discussion

Pre-clinical studies show the PSA reduction could be due to binding of lanreotide to somatostatin receptors on neuroendocrine-like cells arising from prostate tumour cells, and the suppression of insulin-like-growth factor 1 signalling. Lanreotide is reportedly well-tolerated with minimal adverse effects, raising the question of could lanreotide be an alternative to testosterone-lowering therapy.

CR102

Pontine Infarction Mimicking Bell's Palsy: A Case of Central Facial Nerve Nucleus Stroke

Authors

Christopher Youssef

East of England Foundation School

Background

Bell's palsy is a common cause of unilateral facial weakness, typically attributed to peripheral facial nerve dysfunction. However, central lesions affecting the facial motor nucleus can mimic this presentation, posing a diagnostic challenge.

Case Presentation

A 68-year-old woman presented with a 72-hour history of slurred speech and left-sided facial droop, initially presumed to be Bell's palsy. Examination revealed complete left-sided facial weakness with forehead involvement, consistent with a lower motor neuron pattern. Initial CT imaging was unremarkable, but MRI demonstrated restricted diffusion in the left caudal pons.

Outcomes

This case highlights a rare presentation of pontine stroke masquerading as a peripheral facial nerve palsy. Unlike cortical strokes, which typically spare the forehead due to bilateral innervation, infarction of the facial nucleus produces complete ipsilateral facial paralysis. MRI, particularly diffusion-weighted imaging, proved essential for accurate diagnosis.

Follow up discussion

Clinicians should maintain a high level of suspicion for central causes in atypical facial palsy presentations, especially in elderly patients with vascular risk factors.

CR103

Seeing Beyond the Obvious: A Case of Vogt–Koyanagi–Harada (VKH) Disease

Authors

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Background

VKH disease is a rare multisystem autoimmune condition causing bilateral granulomatous panuveitis, with neurological and auditory involvement. It predominantly affects pigmented ethnic groups and accounts for up to 22% of uveitis cases. The early phase may mimic common conditions such as meningitis, delaying diagnosis and risking permanent vision loss. This case highlights how subtle systemic symptoms can mask a potentially blinding disease.

Case Presentation

A young lady in her 20s presented with fever, headache, and neck stiffness. Initially treated for presumed meningitis, she re-presented days later with recurrent symptoms and visual disturbances. Examination revealed bilateral decreased acuity, optic disc oedema, and serous macular detachments, with anterior chamber inflammation and vitritis, which raised the suspicion of probable VKH disease.

Outcomes

She received high-dose IV methylprednisolone, followed by oral prednisolone and topical steroids. On follow up, the patient continued to improve. Vision and ocular findings improved significantly, with resolution of papillitis and serous detachments. This marked response to high-dose steroids confirmed the diagnosis of VKH and demonstrated effective early intervention.

Follow up discussion

This case demonstrates the challenges of diagnosing VKH in its prodromal phase, where systemic symptoms can mimic other conditions, and its rarity may contribute to delayed recognition or misdiagnosis. It underscores the critical role of multidisciplinary collaboration between ophthalmology, neurology, and general medicine.

CR104

Blurred Vision, Clear Diagnosis Papilloedema as a Window to Iron-Deficiency Anaemia

Authors

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Background

The presentation of papilloedema in association with Iron-Deficiency Anaemia (IDA) is a rare but clinically significant finding which may mimic features of Idiopathic Intracranial Hypertension. We report the case of a 20-year-old female patient who presented with bilateral papilloedema secondary to IDA in the context of menorrhagia.

Case Presentation

After initial admission with bilateral visual obscuration, ophthalmological review revealed pronounced bilateral optic nerve head swelling alongside Frisén grade 1 papilloedema present in both eyes. Subsequent neuroimaging studies were unremarkable, however haematinic analysis revealed severe IDA secondary to a history of menorrhagia.

Outcomes

Swift management of the present iron-deficiency anaemia with blood transfusion and intravenous administration of iron supplements contributed in resolving the papilloedema and preventing long-term visual deficits. The patient was then discharged home with oral iron supplementation with medical follow-up and a referral to Gynaecology for menorrhagia management.

Follow up discussion

There are several proposed mechanisms behind IDA increasing intracranial pressure. We posit that IDA may have caused a relative hyperviscosity state, subsequently increasing venous pressure and intracranial pressure. The key learning point from this case was underlining clinician awareness of IDA associated with papilloedema of which prompt treatment of IDA may optimise visual outcomes.

CR105

Erythema ab igne in a Paediatric Patient: an unexpected cause

Authors

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Background

Erythema ab igne (EAI) is a reticulated, hyperpigmented rash from repeated low-grade heat exposure, below burn threshold. Traditionally linked to hot water bottles or heating pads, modern cases arise from laptops, tablets, and space heaters. Increasing use of electronic devices has led to rising recognition in children, often misdiagnosed as bruising or vasculitis, prompting unnecessary investigations.

Case Presentation

An 11-year-old boy presented with a one-week history of a lacy, hyperpigmented rash on his right upper abdomen. Initially suspected as trauma-related bruising, he underwent blood tests and abdominal CT, which were normal. He was discharged with advice to re-attend if concerns persisted.

Outcomes

The patient re-presented with rash progression, now erythematous with superficial desquamation. Dermatology assessment suggested EAI. History revealed prolonged laptop use on his abdomen for up to eight hours daily during home schooling. He was discharged with wound care advice and counselling on avoiding direct device-to-skin contact, resulting in gradual improvement of the rash.

Follow up discussion

EAI is under-recognised in children, mimicking bruising or vasculitis and leading to unnecessary tests. Paediatric laptop-induced cases are rare but rising. Clinicians should inquire about prolonged heat exposure, recognise the reticulated rash, and provide education to prevent recurrence, unnecessary investigations, and radiation exposure.

CR106

Haemophagocytic Lymphohistiocytosis (HLH): A critical but exceedingly rare complication of influenza B infection

Authors

Dr Maya Mellor and Dr Zaynab Elgharafi

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Background

HLH is a very rare, poorly studied and underrecognized disease. It is a condition of uncontrolled hyperinflammation with a case fatality rate estimated to be ~50% even with optimal treatment, hence prompt recognition is vital. There are a range of recognised triggers for HLH such as malignancy, autoimmune disease, and infection. A review of the literature revealed a documented association between HLH and influenza A infection, however the link between HLH and influenza B was extremely sparse.

Case Presentation

A female in her late thirties attended to A&E in a North London Hospital with a 5-day history of progressive fevers, muscle aches, cough, malaise and vomiting. A nasopharyngeal swab quickly revealed the presence of influenza B infection. Bloods revealed a profound three-lineage pancytopenia, hyperferritinaemia (>13,000), transaminitis and hypertriglyceridemia. Her condition rapidly deteriorated.

Outcomes

An 'H-score' was promptly calculated which conferred an 88-93% probability of HLH. A subsequent bone marrow aspirate confirmed the diagnosis. Fortunately, due to a comprehensive multidisciplinary approach and utilisation of the new GIRFT guidelines (July 2024) for HLH, this patient was promptly treated with IV methylprednisolone and she made a full recovery. A plethora of investigations were done to identify an underlying cause, but influenza B was the only trigger ever identified.

Follow up discussion

Influenza B is a potential trigger for HLH. HLH carries a high mortality and can initially present vaguely, therefore recognition of key features can promote prompt recognition: 'Fever, Falling blood counts, Ferritin' (GIRFT guidelines). The range of possible underlying triggers must be rigorously sought out, and treatment must be started early.

CR107

Learning from the Unusual: Multicentric Castleman's Disease Masquerading as Inflammatory Arthropathy

Authors

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Background

Multicentric Castleman's disease (MCD) is a rare lymphoproliferative disorder causing systemic inflammation and lymphadenopathy, which may involve any lymph node group (Dispenzieri & Armitage, 2023). The HHV8-negative subtype (idiopathic MCD) presents variably and is often difficult to diagnose. This case highlights an atypical presentation mimicking inflammatory arthritis, emphasising the need for biopsy and specialist input (Cao et al., 2017).

Case Presentation

A 53-year-old man presented with a year-long history of arthropathy, rash, leg swelling, weight loss, fevers, and raised CRP. Autoimmune and infectious screens were negative. CT imaging showed no arthritis or lymphadenopathy. Steroids improved symptoms but relapse occurred. Skin biopsy showed septal panniculitis; PET-CT revealed avid lymph nodes. Excision biopsy confirmed HHV8-negative MCD.

Outcomes

Following histological confirmation, the patient was referred to the national Castleman's MDT at Guy's Hospital, London. He was commenced on siltuximab, an anti-IL-6 monoclonal antibody, administered every three weeks. Since initiation, inflammatory markers have remained stable with clinical improvement. Ongoing follow-up continues under specialist supervision to monitor treatment response and detect relapse.

Follow up discussion

This case underscores the diagnostic difficulty of HHV8-negative MCD, especially with musculoskeletal and cutaneous presentations. Lack of typical lymphadenopathy may delay diagnosis (Han & Zhou, 2009). Early biopsy and MDT involvement are essential, as anti-IL-6 therapy has demonstrated effective disease control and remission in HHV8-negative MCD (van Rhee et al., 2005).

CR108

Not another migraine: A Case Report

Authors

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Background

A 70-year-old man presented to the Emergency Department with FAST-positive symptoms and a unilateral temporal headache. This was his first episode of such symptoms, with no history of transient ischaemic attacks or cerebrovascular accidents. He had no significant past medical history and was typically independent, fit, and well. The patient reported a remote history of migraines during his twenties.

Case Presentation

At his initial presentation, the patient was managed according to the stroke pathway. Following a normal CT head, he was referred to the transient ischaemic attack (TIA) clinic, and his headache was attributed to migraine.

Two weeks later, he re-presented with a 5 cm boggy, fluid-filled swelling over the forehead, associated with a markedly worsening headache that was unresponsive to analgesia.

Outcomes

On the second presentation, initial considerations included facial trauma, underlying fracture, or an allergic reaction. Review of documentation from the Hub Team, who had supported the attending paramedics, raised suspicion for Pott's puffy tumour. CT imaging of the paranasal sinuses confirmed the diagnosis, and the ENT team was consulted for incision and drainage.

Follow up discussion

From an Emergency Department perspective, no headache should be assumed to be a migraine without thorough evaluation. In this case, once an acute stroke was ruled out, the patient's presenting complaint was not explored further, leading to diagnostic delay.

Secondly, pre-hospital documentation was initially overlooked. Collaboration with the wider MDT would have benefited this patient.

CR109

A Case of Spontaneous Coronary Artery Dissection with Intramural Haematoma confined within the Left Main Stem wall

Authors

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Background

Spontaneous coronary artery dissection (SCAD) is an increasingly recognised cause of acute coronary syndrome (ACS), particularly in younger women. Left main stem (LMS) involvement in SCAD is exceptionally rare and is associated with high morbidity due to the critical nature of the vessel. We present a rare case of an isolated, confined intramural haematoma of the LMS causing STEMI without evidence of a traditional dissection flap, highlighting the diagnostic and management challenges.

Case Presentation

A woman in her 40s presented with sudden retrosternal chest pain and syncope. ECG confirmed anterior STEMI. Coronary angiography and intravascular ultrasound showed critical stenosis of the LMS and proximal left anterior descending artery due to an extensive intramural haematoma, confined to the vessel wall without a dissection flap. She was managed medically and developed transient heart failure.

Outcomes

After stabilisation, a follow-up CT coronary angiogram showed no progression of the haematoma but revealed new reduced left ventricular ejection fraction (45%) and regional wall motion abnormalities. After extensive multidisciplinary team discussions (MDT) involving local and tertiary cardiac centres, PCI was deemed too high-risk given the location of the haematoma and the potential for its propagation. The MDT consensus was for conservative management and to treat it similarly to a Type 2 SCAD.

Follow up discussion

This case emphasises the importance of a multi-disciplinary approach for rare and complex, non-atherosclerotic coronary lesions to balance risks of intervention against conservative management. At 10 weeks post-event, the patient remains stable with mild exertional limitation. The severity of the event necessitated referral for psychological support, highlighting the need for holistic care.

CR110

Atypical Age, Typical Emergency: Cauda Equina Syndrome in a Young Adult

Authors

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Background

Cauda equina syndrome (CES) is a neurological emergency typically observed in middle-aged or older adults with degenerative lumbar disc disease. Delay in diagnosis and treatment can lead to irreversible deficits, including bowel, bladder and sexual dysfunction. This case report describes CES in a young adult, serving as a reminder of the need for clinical vigilance across all age groups.

Case Presentation

A 25-year-old female presented to E.D with a 3-4 week history of progressively worsening lower back pain and bilateral sciatica with no identifiable precipitating event. She was previously assessed twice in an acute setting and awaiting an outpatient MRI. She now reported genital numbness and unrecognised urinary leakage. An urgent inpatient MRI Lumbar sacral was requested.

Outcomes

The urgent inpatient Lumbar Sacral MRI demonstrated a large extruded L5/S1 intervertebral disc compressing the cauda equina. She was then transferred to a tertiary neurosurgical centre for emergency decompression surgery as per GRIFT pathway.

Follow up discussion

Although uncommon in young adults, CES must remain part of the differential diagnosis in patients with severe back pain and evolving neurological features. The surgical outcomes for preserving neurological function are best when decompression is achieved within 48 hours of symptom onset.

References:

1. National Suspected Cauda Equina Syndrome (CES) Pathway (GRIFT) -NHS / Spinal Services
2. NICE

CR111

Atypical Presentation of Familial Dysbetalipoproteinemia - A Case Report

Authors

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Background

Familial dysbetalipoproteinaemia (FD), is a rare lipid disorder characterized by the accumulation of cholesterol and triglyceride remnant lipoproteins in plasma. It is most commonly associated with mutation in ApoE2/E2, resulting in impaired clearance of remnant lipoproteins. It typically presents with mixed hyperlipidaemia, xanthomas, accelerated atherosclerosis, premature and severe cardiovascular disease and hepatic steatosis.

Case Presentation

A 46-year-old male of Ashkenazi Jewish descent, presented with fatigue, easy bruising and thrombocytopenia. His clinical workup revealed multiple lipomas, splenomegaly, hepatic steatosis and hyperlipidemia. History and examination indicated possible hematological malignancy or storage disorder, so referral was made to the chemical pathology metabolic clinic.

Outcomes

Extensive investigations ruled out malignancy and storage disorders. Due to the patient's strong cardiovascular history that included CABG and stents in his 40s, whole genome sequencing was carried out and confirmed FD with ApoE2/E2 homozygosity. Further management included aggressive lipid-lowering therapy with statins, ezetimibe and inclisiran, resulting in significant improvements in his lipid profiles. Despite this, he continued to experience ischemic events.

Follow up discussion

This case illustrates an atypical presentation of FD, expanding its clinical spectrum and underscoring diagnostic complexity. FD with massive splenomegaly, thrombocytopenia, and lipomatosis has not been previously reported. The patient's aggressive cardiovascular course, despite optimal therapy and multidisciplinary care, highlights significant and unique management challenges.

Poster presentations – CR02: Case Report Poster Group 2

CR203

Significantly elevated calcium levels in a patient with familial hypocalciuric hypercalcaemia: case report and literature review

Authors

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Background

Familial hypocalciuric hypercalcaemia (FHH) is a rare genetic disorder leading to dysregulation of calcium homeostasis. The different types of FHH result in similar clinical presentations – mild hypercalcaemia with few to no clinical symptoms. Hypercalcaemia in FHH is usually very mild and therefore FHH presenting with more pronounced hypercalcaemia has a high risk of being misdiagnosed as primary hyperparathyroidism.

Case Presentation

A man in his 30s was referred by his GP to the outpatient endocrinology clinic in North Devon due to persistently elevated calcium and paraesthesia in his fingers and toes. He was found to have calcium of 2.97mmol/L and otherwise normal blood results. Calcium:creatinine clearance ratio was 0.0053 indicative of FHH. He then underwent genetic testing showing CASR variation (FHH1).

Outcomes

The patient went on to have calculous cholecystitis with subsequent laparoscopic cholecystectomy in 2024. There are no studies exploring the link between FHH and gallstone disease but we found ample theoretical evidence supporting the link between the two pathologies. He never suffered from kidney stones. He continued to suffer from a tingling feeling which was most pronounced in his feet and testes.

Follow up discussion

His calcium levels were persistently elevated above 2.9 mmol/L which is relatively common in FHH3 but not typical of FHH1. Recent research indicates relevance of non-sense mediated mRNA decay pathway as well as presence of non-sense or substitution variation on the resulting hypercalcaemia phenotype. Our case was unusual in both presence of gallstone disease and expression of its genotype.

CR204

A first time presentation of G6PD deficiency with severe haemolytic anaemia in a school aged child

Authors

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Background

Severe haemolysis was noted in an otherwise healthy young boy, whilst on holiday in the countryside, and was admitted to hospital. He presented with a one-day history of projective vomiting, blood coloured urine, severe headache, tachycardia and sudden severe episodic abdominal pain that resolved spontaneously.

Case Presentation

At hospital, he looked clinically jaundiced, with icteric sclera, fever, pallor and 85% saturation on Opti-flow. His urine darkened shifting from red to black. VBG showed haemoglobin of 52 g/L, with normal pH, glucose, and lactate. Differential diagnosis of acute haemolysis was put forward and he had 2x10ml/kg of cross matched blood. Serum bilirubin 14 hours post transfusion was 19 μ mol/L.

Outcomes

The working diagnosis of G6PD deficiency was proposed, with a positive qualitative test supporting the diagnosis whilst awaiting the quantitative test, which was recorded as 1.9U/g. Maintaining a target haemoglobin of 90-100 g/L, monitoring the urine colour, ensuring that the child is eating and drinking enough, and checking the trend of bilirubin was our aim whilst trying to work out what the trigger agent was.

Follow up discussion

Cross matched blood helped the patient as it elevated the haemoglobin levels. With a negative history of fava beans, a potential trigger of moth balls (containing naphthalene or paradichlorobenzene) was suggested, however the causative agent is still unknown.

CR205

A congenital vascular abnormality presenting as life-long asthma

Authors

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Background

A patient with lifelong asthma and persistent symptoms despite maximal therapy was reassessed for alternative diagnoses. This case underscores the importance of maintaining clinical suspicion when patients fail to improve, integrating findings from history, examination, and investigations. Ultimately, correct identification of the underlying pathology led to effective treatment and marked functional recovery.

Case Presentation

A woman in her 40s with longstanding “asthma” presented with exertional dyspnoea and cough unresponsive to inhalers or steroids. Exam revealed inspiratory noise without wheeze. Spirometry showed disproportionate PEF reduction, suggesting intrathoracic obstruction. Imaging revealed a right-sided aortic arch with an aberrant left subclavian artery compressing the trachea and oesophagus.

Outcomes

The patient underwent cardiothoracic surgery to divide the ductal ligament, successfully relieving tracheal compression. Three months later, she reported major improvement in breathlessness, stridor, and swallowing. Inhaler therapy was reduced without deterioration. Spirometry showed FEV1 improvement of 13.5% and PEF rise by 45%, confirming both clinical and functional recovery.

Follow up discussion

This rare vascular ring anomaly mimicked refractory asthma, emphasizing the need to reconsider diagnoses in treatment-resistant cases. Disproportionate spirometric findings (elevated Empey Index) and flow-volume loops can indicate upper airway obstruction. Early imaging and multidisciplinary evaluation can prevent prolonged misdiagnosis and unnecessary pharmacologic escalation.

CR206

An acute neck swelling: Abscess, malignancy... or life-threatening carotid aneurysm?

Authors

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Background

Common carotid artery pseudoaneurysms (CCAPs) are associated with life-threatening complications including rupture, thromboembolism and neurovascular compromise. This rare pathology can present to Ear, Nose and Throat (ENT) services with neck swelling and associated upper aerodigestive tract symptoms. An expanding, pulsatile neck lesion should prompt immediate vascular surgery referral for ongoing management.

Case Presentation

We present a case of a 77-year-old patient presenting to ENT with a three day history of unilateral neck swelling, dysphagia, hoarse voice and breathlessness. A CT neck on presentation reported a space-occupying process surrounding the right common carotid artery extending towards the skullbase.

Outcomes

Differentials of an abscess or malignancy were suggested by the reporting radiologist. Initially an ultrasound fine needle aspiration (US FNA) was intended but fortunately vascular review was sought beforehand. Subsequent CT angiogram and US doppler confirmed the diagnosis of a 28 x 30mm CCA mycotic pseudoaneurysm and the patient was transferred to the vascular team for surgical management with an interposition great saphenous vein graft.

Follow up discussion

This case underscores the importance of considering vascular pathology in patients presenting with neck swellings and the need for prompt and appropriate investigations to avoid harm. Vascular input averted a planned US FNA that could have resulted in catastrophic hemorrhage.

CR207

Acute Mitral Regurgitation Masquerading as Pneumonia: A Diagnostic Challenge in Acute Respiratory Failure

Authors

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Background

Acute mitral regurgitation is a medical emergency that can mimic respiratory disease. Sudden valve failure causes flash pulmonary oedema and hypoxia, often mistaken for pneumonia or pulmonary embolism. Prompt recognition with echocardiography is vital to guide urgent surgery.

Case Presentation

A 72-year-old woman presented with acute breathlessness and chest pressure. Chest X-ray showed right perihilar consolidation, and she was treated for pneumonia. Despite antibiotics, she deteriorated and developed haemoptysis, needing intubation for type 1 respiratory failure.

Outcomes

CT showed bilateral ground-glass changes and pulmonary oedema. Echocardiography confirmed severe mitral regurgitation from posterior leaflet flail due to ruptured chordae. She underwent mitral valve repair with annuloplasty and left atrial appendage occlusion, followed by gradual ventilator weaning.

Follow up discussion

Acute mitral regurgitation can resemble pneumonia but worsens despite treatment. Key clues include a new murmur, hypoxia without fever, and rapid decline. Early echocardiography and specialist input allow timely surgery and recovery. Maintain suspicion for cardiac causes of unexplained respiratory failure.

CR208

Adult Intussusception – To laparotomy or laparoscopy?

Authors

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Background

Intussusception describes the folding of a segment of the intestine into itself, which can develop into intestinal obstruction or ischaemia. Most adults present as a surgical emergency with features of acute bowel obstruction or ischaemia. The literature theorises the mechanism of cocaine associated intussusception is a result of bowel ischaemia, whilst reduced bowel contractility and peristalsis might play a role in cannabis associated intussusception.

Case Presentation

A 32-year-old man presented to hospital with acute central chest pain with a week history of cough, sore throat, and fevers. He reported consuming a cocktail of drugs including cocaine, cannabis and alcohol. He had raised WCC and CRP, with normal serial ECGs and troponins, on examination there was RIF tenderness. CT TAP showed jejuno-jejunal intussusception, a second point was described distally.

Outcomes

Adult intussusception with two lead points on CT is considered a surgical emergency. However, the patient's clinical appearance, contrasted the CT findings. His observations were stable with a normal lactate, whilst his abdomen was tender, there was no peritonism. Therefore, a diagnostic laparoscopy was chosen with the possibility of a laparotomy if required. On laparoscopy there was no signs of intussusception. An MRI two days later was also normal.

Follow up discussion

We present an interesting case of intussusception, which was normal intra-operatively. This case involved chronic drug use, which we believe may have played a role in this presentation, although there has been no established causation in the literature. This case supports the initial use of diagnostic laparoscopy to investigate radiological intussusception in otherwise stable patients.

CR209

Diagnostic delay of colorectal cancer in pregnancy due to symptom overlap and cognitive bias: a case report

Authors

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Background

Physiological changes in pregnancy can mask serious pathology. Common findings such as hydronephrosis, oedema, abdominal pain, and hyponatraemia are often attributed to gestation, risking diagnostic delay.

Case Presentation

37-year-old, G1P0+2, woman with IVF dichorionic diamniotic twin pregnancy presented repeatedly in late gestation with abdominal pain. During 17-day admission, constipation was described repeatedly without review. She developed bilateral hydronephrosis, multidrug-resistant urinary tract infection, progressive oedema, severe hyponatraemia, and ultimately, ascites and pleural effusions.

Outcomes

Lymphadenopathy prompted empirical anti-tuberculous therapy postpartum, bolstered by presumed miliary peritoneal disease in emergency caesarean.

Postpartum, CT and flexible sigmoidoscopy revealed rectosigmoid wall thickening and a circumferential rectal lesion. Histology confirmed poorly differentiated rectal adenocarcinoma with thoracic and abdominal nodal metastases (RAS/RAF wild type). She is currently receiving second-line systemic chemotherapy (FOLFIRI).

Follow up discussion

This case examines how human factors, cognitive bias - particularly anchoring bias in the assessment of abdominal pain - and heuristic assumptions, regarding tuberculosis risk, influence clinical decision making and delays diagnostic times. Persistent or multifocal pathology in pregnancy warrants early multidisciplinary review and consideration of non-obstetric causes to optimize joint outcomes.

CR210

Pubic Symphysis Osteomyelitis after Robot Assisted Radical Prostatectomy: Case Report and Review of Literature

Authors

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Background

Robotic-assisted radical prostatectomy (RARP) is a widely used treatment for localised prostate cancer. Known complications include erectile dysfunction, urinary incontinence, and voiding dysfunction. Osteomyelitis is a rare, under-reported complication with limited literature. We present a case of a patient developing osteomyelitis post-RARP and review similar reports to highlight key symptoms and investigations to prevent delay in diagnosis of osteomyelitis and improve patient outcomes.

Case Presentation

A 57-year-old man presented with lower urinary tract symptoms and suprapubic pain after an uneventful RARP for localised prostate cancer. He was initially treated for a urinary tract infection. His symptoms progressed to include gait disturbance and worsening pelvic pain. Imaging with CT and MRI confirmed pubic symphysis osteomyelitis. He was managed with culture-guided intravenous antibiotics.

Outcomes

The patient's symptoms improved with pain resolution and better mobility. He was discharged with a catheter and a 6-week oral antibiotic course. Over time his physical function continued to improve, allowing light exercise. Three months later, he developed urinary symptoms with difficulty in passing urine. Flexible cystoscopy revealed bladder neck stenosis and was treated with a bladder neck incision. He remains under follow-up for ongoing surveillance and support.

Follow up discussion

A literature review identified similar presentations of osteomyelitis post-prostatectomy including lower urinary tract symptoms, gait disturbance, pelvic and groin pain. Early recognition of these symptoms can aid timely diagnosis and improve patient outcome. CT and MRI are the best investigations to confirm the diagnosis, and management can vary from antibiotic therapy to surgical intervention.

CR211

Fatal Bowel Perforation and Septic Shock Following GLP-1 Receptor Agonist Use: A Case Report

Authors

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Background

GLP-1 receptor agonists are widely used for diabetes and weight loss but have been linked to pancreatitis and rare gastrointestinal complications. Common side effects include diarrhoea, nausea and delayed gastric emptying. However, severe adverse events such as bowel perforation and subsequent sepsis are emerging concerns that require greater clinical awareness.

Case Presentation

A 47 year old gentleman with hypertension and NAFLD on GLP-1 therapy lost 4 stone. He was admitted with pancreatitis, with a lactate of 11, intubated and in ICU. He had improved by day 11— off vasopressors, AKI resolving and alert. On day 12, he deteriorated with rising lactate, hypotension, anuria. Chest X-ray showed free air under diaphragm and CT confirmed bowel perforation.

Outcomes

He underwent an emergency laparotomy and postoperatively developed refractory septic shock, severe acidaemia, and hyperkalaemia despite maximal vasopressors, hydrocortisone, methylene blue, and albumin. He deteriorated further and the ceiling of care was reached, treatment was withdrawn and the patient unfortunately died.

Follow up discussion

GLP-1 agonists may impair gut motility, predisposing to pancreatitis and perforation. Clinicians should be alert to abdominal pain or sepsis in patients using these agents. Early imaging and multidisciplinary management are key to identifying and managing these rare but fatal complications.

CR212

The Importance of Palliative Care and Advance Care Planning in Non-Cancer Conditions: A Case of End-Stage COPD

Authors

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Background

Palliative care is often associated with cancer, yet patients with advanced COPD experience a similar symptom burden and repeated hospital admissions. Early involvement of palliative services and advance care planning (ACP) can support symptom control, reduce unnecessary interventions, and ensure care aligns with patient values and preferences.

Case Presentation

A patient with severe COPD, atrial fibrillation, and multiple comorbidities was admitted to hospital with bilateral pneumonia, decompensated heart failure and rapid AF. Despite IV antibiotics and diuretics, they continued to deteriorate. The palliative care team was involved for breathlessness and nausea, following discussions, the focus shifted from active treatment to comfort care.

Outcomes

They were transferred to the hospice for symptom management. Oxygen was gradually weaned, and they reported improved comfort. Advance care planning discussions established their preference to remain at home where possible, accept oral or IV antibiotics for symptom control, and avoid hospital admission. They were discharged home with a care package, DNACPR decision, and documentation of their preferred place of death as hospice.

Follow up discussion

This case shows timely palliative involvement and ACP discussions improve care for patients with advanced non-cancer illness. COPD's unpredictable course often delays such input. Early discussions promote patient autonomy, coordinated care, and respect for preferences, emphasizing the need for equitable palliative access beyond oncology.

Poster presentations – QS01: QI/sustainability Poster Group 1

QS101

Evaluating the Appropriateness of 'Urgent' Overnight Electronic Alerts Using a New Bleep System: A Quality Improvement Initiative

Authors

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Background

Lister Hospital switched from bleeps to Alertive, an electronic platform with urgency-tagged messaging. Junior doctors voiced concern that high volumes of inappropriate 'Urgent' alerts overnight caused alert fatigue and interruptions, diluting true emergencies and risking patient safety. This also negatively impacted doctor well-being. We aimed to audit a one-month period of 'Urgent' overnight alerts to inform guidelines and education, optimising out-of-hour.

Methods

Over 31 days, 'Urgent' overnight (21:00-08:00) alerts were collected. Two clinicians independently categorized alerts as 'Appropriate' or 'Not Appropriate' based on criteria: NEWS ≥ 7 , NEWS ≥ 3 in one category, or clinical judgment. A third clinician resolved disagreements. Secondary data recorded included SBAR format use, patient identifier inclusion (>3 of name, Hospital number, bed/ward).

Results

Of 604 'Urgent' overnight alerts reviewed, 45% were inappropriate, 21% difficult to classify, and 33% appropriate. Inappropriate alerts were often non-urgent (e.g., discharge summaries). Crucially, 65% lacked SBAR formatting and 21% lacked patient identifying information, hindering timely care. Areas with high acuity, like the Acute Medical Unit, sent the most appropriate alerts. This pattern causes physician stress and alert fatigue, compromising patient safety.

Key messages

While electronic platforms offer advantages, their effectiveness requires adherence to communication standards. Targeted education and trust-wide awareness campaigns are essential to enforce appropriate urgency categorization. This will create better urgent alerts, significantly reduce alert fatigue, and ultimately safeguard patient care.

QS102

Improving Communication between the Phlebotomy and Medical Team

Authors

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Background

Phlebotomy teams play a vital role in supporting daily medical management by ensuring the timely collection of blood for monitoring electrolytes, clotting parameters, inflammatory markers, and haemoglobin levels. Delays or failed blood collections without adequate handover can result in postponed treatment decisions, additional workload for on-call teams to chase results, and potential impact on patient outcomes.

Methods

A 2-week baseline audit showed instances of uncollected blood samples, information to doctors about uncollected samples, delayed patient management due to missed timely tests and if handover was needed to the on-call team about these. A structured handover sheet was then introduced, enabling phlebotomists to record missed blood tests after their rounds for doctors to see. Re-audit was performed.

Results

Baseline cycle 1 revealed 14 instances of patients not bled, 0% were handed over to doctors, 86% had patient management dependent on bloods, and 21% of these had to be handed over to the on-call team to follow up. Re-audit had 19 instances of patients not being bled. Doctors were now aware in 95% of these instances, 100% had patient management dependent on the bloods, and they found out earlier in the day. As a result, none needed handover to on on-call team to chase late results.

Key messages

Lack of handover of missed phlebotomy collections was a key contributor to treatment delays and increased on-call workload. A simple, low-cost handover tool significantly improved communication between phlebotomy and medical teams. Real-time visibility of missed bloods allowed doctors to reprioritise work and act earlier in the day. This approach is scalable and sustainable across wards.

QS103

Optimising Care for Frail Elderly Patients Undergoing Emergency Surgery: Implementing a Surgical–COTE Referral Pathway

Authors

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Background

Frailty, assessed using the Clinical Frailty Scale (CFS), is a valuable prognostic indicator in emergency surgery. The British Geriatric Society recommends all patients ≥ 65 with a CFS ≥ 5 or ≥ 80 with any CFS being considered for an emergency laparotomy should receive geriatrician input. Despite compelling evidence geriatric input reduces post-operative mortality, The National Emergency Laparotomy Audit (NELA) reports only 33% compliance.

Methods

Data from all NELA registered cases at Prince Charles Hospital between 28/8/23 to 28/2/25 were reviewed. In all patients ≥ 65 , medical records were searched for evidence of medical input and 30-day post-op mortality. Causes of death were obtained from pathology department records.

Results

Among 108 NELA patients ≥ 65 , none had a recorded CFS. 7 received medical input with no 30-day mortalities. Among the 101 patient who did not receive medical input, 18 died within 30 days. Half of these deaths were attributed to primarily medical causes.

Key messages

Geriatric input in frail, elderly emergency surgical patients is underutilised despite improving outcomes. Local compliance aligns with low national performance. We propose routine CFS assessment during surgical clerking with patients ≥ 65 & CFS ≥ 6 automatically qualifying for geriatric referral, CFS = 5 will be case dependent. The business case is currently under development.

QS105

Preventing Future Fractures: A Quality Improvement Project to Enhance Compliance with National Osteoporosis Guidelines in a Surrey General Practice

Authors

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Background

Osteoporosis is systematic skeletal disorder causing low bone mass, which increases pre-disposition to fractures. In older adults, fragility fractures are usually the first presentation of this. National Osteoporosis Guidelines Group (NOGG) have published evidenced-based guidelines for identifying and managing bone health in the over fifty's, however compliance can be variable.

Methods

An EMIS search was conducted at the practice identifying 46 patients over 50 (25 over 70) coded with fragility fractures. Records were reviewed for to ascertain fracture type, if a DEXA was completed and any bone-protective medication reviewed. FRAX scores were calculated to determined treatment; lifestyle advice, DEXA plus lifestyle advice, or starting bone-protective medication without DEXA.

Results

Adherence to the NOGG guidelines was suboptimal highlighting under-recognition and under treatment of osteoporosis in primary care. Of the forty-six older adults identified only seven were compliant with guidance. Six patients (all over seventy) were identified to be at the treatment threshold for initiating bisphosphonates but had not been prescribed this. Twenty-seven were identified to be needing a DEXA scan. Six patients needed to be given lifestyle advice and started on vitamin D.

Key messages

Osteoporosis management was below standard, prompting changes to improve care. Six patients received lifestyle advice and vitamin D, twenty seven had DEXA scans ordered and reviewed, and bisphosphonate candidates had consultations, with two starting treatment. The practice now routes fracture (in over 50's) discharge summaries to pharmacists to calculate FRAX scores and initiate timely management.

QS106

A five-year audit of follow-up practices for non-adenocarcinoma GI malignancies in a UK-based NHS trust

Authors

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Background

Non-adenocarcinoma gastrointestinal malignancies such as NETs, SCCs, GISTs, LAMNs and PMP lack unified national follow-up guidelines. This leads to inconsistent surveillance and fragmented care across NHS trusts. This audit evaluates current follow-up practices for these rare tumours within a UK NHS trust and highlights the need for standardised, structured surveillance pathways.

Methods

A retrospective audit of 105 patients with non-adenocarcinoma GI malignancies diagnosed between 2019–2023 at St Peter's Hospital was conducted. Data from MDT outcomes, clinic letters, and imaging reports were reviewed to assess documentation, surveillance planning, and adherence to follow-up protocols.

Results

Among 105 patients (43 NET, 46 SCC, 16 others), MDT engagement was high but follow-up documentation and delivery were inconsistent. Compliance with surveillance was 50% in NETs, 39% in SCCs, and 31% in other rare tumours. Only 30% had timely surveillance. Findings highlight fragmented care and variable adherence to follow-up protocols.

Key messages

Surveillance for rare non-adenocarcinoma GI tumours is inconsistent due to the absence of national NHS guidelines. Standardised follow-up pathways, structured documentation, and Surveillance proformas are urgently needed to ensure equitable, high-quality care across trusts.

QS107

Day-Case TURP Feasibility Audit

Authors

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Background

Transurethral resection of the prostate (TURP) remains the gold standard surgical treatment for bladder outlet obstruction. Traditionally an inpatient procedure, there is increasing evidence to support day-case TURPs, with potential benefits in safety, efficiency, and cost-effectiveness. This audit reviewed local outcomes to assess the feasibility of introducing a day-case TURP pathway.

Methods

Retrospective audit of primary TURP procedures over three months in 2025. Exclusions: redo TURP, TURP with bladder tumour resection, other prostate procedures. Data extracted from electronic records included demographics, catheterisation status, length of stay (LoS), trial without catheter (TWOC) outcomes, complications, and 30-day readmissions. Cost analysis used Trust financial data.

Results

Fifty patients (mean age 70.7 years) were included; 44% were catheterised at surgery. Mean length of stay was 1.48 days. Trial without catheter at mean 1.43 days had 70% success; 12 required re-catheterisation. Two non-TWOC complications occurred with no major adverse events (sepsis, VTE, return to theatre). 30-day readmission rate was 4% (n=2). Cost analysis showed potential savings of £1,100 per patient with day-case management and outpatient TWOC.

Key messages

Our 4% readmission rate and 70% TWOC success support day-case TURP safety. Findings suggest many TURP patients could be safely discharged same-day. Minimal complications, low readmissions, and cost savings support piloting a day-case TURP pathway, requiring standardised selection criteria and ambulatory care coordination.

QS110

Evaluating and Improving the Timely Administration of Tinzaparin in Surgical Inpatients

Authors

Dr Georgia Hagger North West of England Foundation School

Background

NICE guidelines on VTE prophylaxis recommend carrying out a timely VTE risk assessment for all surgical patients to guide the need for pharmacological prophylaxis (standard prophylaxis in Leighton Hospital is tinzaparin). If the need for tinzaparin is identified, it should be initiated within 14 hours of admission (in this QIP within 14 hours of clerking from surgical team), unless otherwise stated in specific recommendations. It must be given at appropriate dose for weight and kidney function.

Methods

A cross-sectional audit conducted on all general surgical inpatients on wards 12, 13, and 28 on a random day (approximate sample size of 50). For patients receiving tinzaparin, prescription was checked to ensure it was given within 14 hours of surgical clerking. If tinzaparin was not prescribed, VTE vs bleeding risk was reviewed to see if appropriately withheld. Any errors corrected as found.

Results

Out of 56 inpatients:

Ward 13: 14 correct, 6 incorrect

Ward 12: 8 correct, 5 incorrect

Ward 28: 14 correct, 9 incorrect

Overall 64.3% compliance (target 100%)

This deviation of timely risk assessment and prophylaxis from the standard highlights the need for intervention. Most non-compliance was related to delayed prescription, a key theme was that the need for VTE prophylaxis was recognised and documented, but none actually prescribed. Another common error was a suboptimal dose being prescribed.

Key messages

Highlighting these results and educating surgical teams on the importance of prophylaxis and how to improve compliance with standards is needed. Will focus on 2 interventions and re audit.

-when adding tinzaparin to management plan, the person clerking should immediately prescribe to ensure not missed

-encourage routine patient weights on admission to reduce suboptimal dose prescription

QS111

THINK ZEBRAS- Quality improvement in rare genetic disease emergencies through education, improving awareness and access to resources in front-line services

Authors

Dr Rana El-Mugamar London Foundation School

Background

The 2019 UK Rare Diseases Framework¹ elicited the top three priorities of rare disease patients and their families: 1. Getting the right diagnosis 2. Awareness amongst healthcare professionals and 3. Co-ordination of care. This ongoing Quality Improvement Project aims to address this through educational interventions for staff. This includes: An E-book “Think Zebras” outlining emergency management, teaching sessions, and the facilitation of training for staff to become “Rare Disease Advocates”

Methods

Preliminary data was collected from 23 doctors in the trust to assess their educational needs. This will form the basis of this project moving forwards. Survey data was collected to assess subjective confidence in managing rare disease emergencies and doctor’s perceptions on their level of education and training in this area.

Results

86.4% rated their confidence in managing rare emergencies below 5. Only 13.6% reported awareness of the correct referral pathways. Interestingly, 77.3% reported that they had never seen a patient with a rare emergency. However, when a description of a common rare-disease case was given, this number dropped to 10%. This highlights the gap in recognition on the front-line. Hence, 95.5% of doctors reported they feel they would benefit from the proposed intervention.

Key messages

1. There is a need for further education and access to resources for rare genetic disease on the front-line
2. There is a gap in recognition of certain clinical presentations as being indicative of a rare genetic disease
3. Healthcare professionals would benefit from further education on referral pathways and genetic testing

QS112

Improving the Detection of Hypertriglyceridemia-Induced Pancreatitis Through Reflex Triglyceride Testing

Authors

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Severn Foundation School

Background

Hypertriglyceridemic acute pancreatitis (HTGP) is the third most common cause of acute pancreatitis, accounting for 5–25% of cases. As HTGP carries a higher risk of complications and triglyceride (TG) levels fall rapidly within 24 hours, timely diagnosis is crucial. To improve detection, Somerset NHS Foundation Trust introduced automated reflex lipid (including TG) testing in April 2023 for serum amylase >80 U/L.

Methods

We performed a retrospective cohort study of all acute pancreatitis cases from April 2022–April 2024 across two District General Hospitals. We analysed aetiology, diagnostics, and triglyceride (TG) testing frequency. In April 2023, reflex lipid testing (triggered by serum amylase >80 U/L; £1.42/test) was introduced, and pre- and post-implementation outcomes were compared.

Results

Among 750 acute pancreatitis patients, HTGP (TG >5 mmol/L) caused 23 (3.1%) cases—10 pre-reflex, 13 post-reflex. Other causes: gallstones 43.2%, idiopathic 29.3%, alcohol 17.3%, post-ERCP 4.3%. In idiopathic cases, lipid profiles (including TG) rose from 41.4% (32.6% within 24 hours) pre-reflex to 82.7% (76.4% within 24 hours) post-reflex. Mean TG testing time fell from 59.6 to 5.8 hours.

Key messages

HTGP frequency may be lower than previously reported. Given its higher morbidity and mortality, rapid diagnosis is essential. Reflex lipid testing improved the rate, timeliness, and efficiency of TG measurement. Routine implementation may offer a cost-effective approach to enhance early and accurate detection of HTGP.

Poster presentations – QS02: QI/sustainability Poster Group 2

QS201

Blackpool Victoria Hospital Advanced Care Planning QIP

Authors

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North West of England Foundation School

Background

Advanced care planning (ACP) involves discussion and documentation of a patient's wishes and preferences for care, whilst they are still able to have these conversations. It includes preferred place of care and death, medical treatment preferences and personal wishes.

At Blackpool Victoria Hospital, there are no standardised forms to aid healthcare professionals in ACP, and staff understanding and confidence can be low. A previous audit showed ACP discussions required improvement.

Methods

A standardised ACP form was developed and piloted on a medical ward. Feedback was gained from staff members and it was determined that parts of the form required adaptation and further training was necessary. Staff training was given on ACP discussions and form usage, including in mandatory induction for IMGs. Information from the ACP forms and the percentage correctly completed was audited weekly

Results

From November 2024 to February 2025 data on 207 ACP forms was collected.

ACP discussion and documentation increased from 3% to 71% following the introduction and adaptation of the form and the ACP teaching sessions.

Key messages

Introducing and tailoring an ACP form, responding to staff feedback and running teaching sessions, allowed the percentage of ACP discussion and documentation to go up from 3% to 71%. The ACP form will be rolled out on other wards, with ongoing audits to monitor its use. This QIP has highlighted a number of further areas to be explored in order to allow successful ACP discussions to take place.

QS202

Improving Compliance with National Community Acquired Pneumonia Care Standards through Electronic Systems Changes and Educational Interventions: A Five-Cycle Quality Improvement Project

Authors

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Background

Community-acquired pneumonia (CAP) causes significant morbidity and mortality. In 2022, the Royal Surrey County Hospital achieved only 16.7% compliance with national CAP standards largely due to poor CURB-65 documentation and inappropriate antibiotic prescribing. A five-cycle quality improvement project aimed to improve compliance with CAP standards outlined by British Thoracic Society (BTS) and NICE through education and electronic prescribing record (EPR) changes.

Methods

CAP admissions were audited against four standards: chest x-ray in 4 hours, CURB-65 scoring on admission, antibiotics in 4 hours, and severity-appropriate antibiotics. After three cycles involving education, EPR CURB-65 prompts when prescribing antibiotics, and a new EPR CAP Care-Plan, cycles 4–5 performed in 2024 and 2025 introduced teaching and poster campaigns on Care-Plan and CURB-65.

Results

Across 222 patients, overall compliance across all four national BTS/NICE standards rose from 16.7% pre-intervention to 48.8% in Cycle 5, peaking at 57.6% in Cycle 4 ($p < 0.01$). CURB-65 documentation improved from 25.0% to 63.4%, with 51.2% correctly calculated in cycle 5. CAP Care-Plan activations increased to 13.3% of audited cases, supported by EPR data showing growth from 148 to 219 activations per quarter across cycle 4 and cycle 5.

Key messages

Improvements in CAP care compliance in correct pneumonia severity scoring and antibiotic prescribing was driven by education to increase awareness of the CURB-65 and the EPR Care-Plan for clinicians to easily access nested information on CURB65, order common investigations, and look-up antimicrobial guidelines in one location. Care-Plan usage remains an area for continued enhancement.

QS203

Investigating whether Antibiotic prescribing is in line with Empirical guidelines within an NHS Hospital

Authors

Thomas Macdonald, Katie Sutherland Scotland Foundation School

Background

The implementation of Antibiotic Empirical guidelines ensures good antimicrobial stewardship and reduces risk of ever-increasing antibiotic resistance. The primary aim of this Quality Improvement study was to assess whether, within a busy medical assessment ward, antibiotics were being prescribed in line with local antibiotic empirical guidelines. Specifically, whether the antibiotic was appropriate, with an intended duration and defined stop date.

Methods

Patients admitted to the Medical Assessment Unit, University Hospital Wishaw were used. Data was collected using the hospitals HEPMA system and included antibiotic type, duration, start and stop date. Data was compared against empirical guidelines to determine if prescribing was appropriate. In between study cycles educational posters and teaching sessions were given to address learning needs.

Results

Two cycles of this study were run between January and April 2025. Cycle 1 results showed that 55% of antibiotics prescribed aligned with Empirical Guidelines, and a total of 33% of antibiotics prescribed did not have a stop date. Cycle 2 results showed that 77% of antibiotics met empirical guidelines, and 44% of antibiotics had no stop date. The most commonly treated infection was a community acquired pneumonia, followed by urinary tract infection. This was true for both cycles of the study.

Key messages

This study demonstrates that while Empirical Antibiotic Guidelines are beneficial for providing effective treatment, there is relatively poor compliance from prescribers, and it is common for antibiotic to be prescribed without stop dates. Educational posters and ad hoc teaching is beneficial in improving prescribing to be in alignment with guidelines.

QS204

Swansea's Septums a 4 year retrospective review

Authors

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Wales Foundation School

Background

Septal perforation can have varied aetiologies including trauma, autoimmune disease, and intranasal drug use. However data is limited on the aetiology in the literature and mainly restricted to surgical case series. We aimed to evaluate the aetiology of septal perforations, review local investigative practice, and assess adherence to ENT UK guidelines. As appropriate investigation is essential to establish cause and guide optimal management options.

Methods

A retrospective review was performed of patients diagnosed with septal perforation over a 4-year period within Swansea Bay University Health Board. Data from the Welsh Clinical Portal was reviewed for investigations ordered at first clinic appointment within swansea and final diagnosis.

Results

Ninety-four patients were identified. Idiopathic (29%) and post-surgical (27%) causes predominated, followed by cocaine use (12%), trauma (11%), hereditary haemorrhagic telangiectasia (9%), digital trauma (7%), and fewer post-cautery, vasculitic, and sarcoid cases. Despite 33% having a know cause, investigations were variable: basic bloods were performed in ~50%, autoimmune screening in 43% (43% ANCA, 23% ACE), chest imaging in 7%, histology in 27%, and no urinary cocaine tests.

Key messages

Adherence to UK guidelines was 0% as no patients underwent urinary cocaine testing. Variation in investigations risks missed diagnoses and may explain our higher rate of idiopathic cases compared to published data. A “one-click” septal perforation screening set has been implemented, with re-audit planned. So far 6 new patients have been investigated with 100% adherence to the guideline.

QS205

Improving Year 4 Medical Student Attendance and Engagement on ICU - A Quality Improvement and Teaching Project

Authors

Dr Katie Hinton, Dr Megan Jarman Yorkshire & Humber Foundation School

Background

Clinical placements are key to medical education, allowing students to apply knowledge, build clinical skills, and learn from near-peer doctors. ICU offers exposure to critically ill patients, team-based care, and decision-making. Despite its value, low engagement in the scheduled ICU week was noted among Year 4 students. This QIP aims to improve attendance by addressing barriers such as complexity, lack of structure, and limited orientation, using a supportive, student-focused approach.

Methods

This QIP ran over three PDSA cycles in a Teaching Hospital ICU to improve Year 4 student attendance and engagement during their ICU placement. A multi-faceted intervention included welcome emails, daily ICU guidance, and near-peer-led A-E assessment teaching using clinical scenarios. Sessions were tailored to student needs, and feedback was gathered throughout.

Results

In Cycle One with no interventions occurring but an audit of attendance which is expected by the university to be 3 students per day showed an average of 0.8 students per day. In Cycles 2 where steps had been taken to improve engagement the averages rose significantly to 2.53. Prior to Cycle 3 we removed all interventions to re audit and the average plummeted to 0.8 again, rising to 2.2 with the interventions reintroduced.

Key messages

Targeted communication and a structured approach improved student attendance and engagement in ICU placements. OSCE-focused teaching boosted confidence in assessing unwell patients. Feedback showed higher satisfaction and a more positive ICU experience. One student noted, "It feels like I am getting something out of placement." The low-cost intervention had meaningful, replicable impact.

QS206

Improving Foundation Year 1 Doctors' Confidence and Knowledge in Ultrasound-Guided Cannulation

Authors

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Background

Peripheral intravenous cannulation is a core skill for Foundation Year 1 (F1) doctors, yet difficult venous access can lead to repeated failed attempts, delays in patient management, and discomfort. Ultrasound-guided cannulation improves success rates but is rarely included in F1 induction or structured teaching. This quality improvement project aims to improve F1 doctors' confidence in ultrasound-guided cannulation by $\geq 30\%$ during induction through a focused teaching intervention.

Methods

A survey assessed F1 doctors' self-reported confidence in identifying veins using ultrasound, using it to guide cannulation, and in operating the machine (1–5 Likert scale). A 1-hour teaching session was delivered with a theoretical component and a practical component using simulation arms. Post-session surveys measured the same parameters ($n = 51$ pre-intervention, $n = 41$ post-intervention).

Results

Mean confidence in identifying veins using ultrasound increased by 59% ($Z = -5.86$, $p < 0.001$). Mean confidence in using ultrasound to guide a cannula into a vein increased by 92% ($Z = -6.39$, $p < 0.001$). Mean confidence in operating the ultrasound machine increased by 87% ($Z = -5.94$, $p < 0.001$). A Mann-Whitney U test was used to demonstrate statistical significance. Qualitative feedback highlighted that F1 doctors wanted longer sessions and more supervised opportunities.

Key messages

Structured ultrasound-guided cannulation teaching significantly improved F1 confidence. Embedding this session into regular training and offering shadowing sessions with IV therapy nurses could enhance procedural competence, reduce failed cannulation attempts, and improve patient care.

QS207

Improving VTE Prophylaxis Compliance in a Cardiology Department: A Quality Improvement Project

Authors

Nell Haughey Northern Ireland Foundation School

Background

Venous thromboembolism (VTE) is a major preventable cause of morbidity and mortality in hospitalised patients. NICE guidelines recommend that all medical inpatients undergo VTE and bleeding risk assessment to ensure appropriate prophylaxis.

Methods

A retrospective audit of 77 cardiology inpatients over two weeks assessed completion of VTE risk assessments, prophylaxis prescribing, and dose adjustment. After identifying low completion rates, an educational poster on completing assessments in the electronic system was shared via WhatsApp and in-person teaching. A re-audit of 67 inpatients followed two weeks later.

Results

VTE risk assessment completion improved from 44% to 61%. Prescription of prophylaxis increased from 96% to 99%, with appropriate dose adjustment maintained at 100%.

Key messages

A simple educational intervention significantly improved compliance with VTE risk assessment and prescribing. Ongoing reminders, inclusion in induction materials, and periodic re-audits are recommended to sustain improvements and promote safe prescribing practices within cardiology.

QS208

Evaluating AI Performance in Detecting Pneumothorax on Chest X-Rays

Authors

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Background

Pneumothoraces can be life-threatening and require prompt identification, particularly in emergency and post-procedural settings. Chest X-rays (CXRs) are the primary imaging modality for detection, but diagnostic accuracy can vary. Artificial Intelligence (AI) tools are increasingly used to assist radiologists, particularly in acute settings. This study aimed to evaluate the diagnostic accuracy of an AI algorithm in detecting pneumothorax on CXRs, compared to radiologist reports.

Methods

Adult CXRs taken between June 2024 and February 2025 across 4 clinical areas at a tertiary hospital were reviewed. Data was obtained using Sectra Picture Archiving and Communication System and electronic patient records. CXRs included had "pneumothorax" in the radiologist's report or the AI report by Annalise. Both reports were compared, discrepancies were reviewed by a consultant radiologist.

Results

A total of 258 CXRs met inclusion criteria. The AI system achieved a sensitivity of 94.38%, a specificity of at least 81.82% (study design not capturing most true negative cases), and a positive predictive value of 90.42%. The mean AI confidence score for true positives was 75.1% (range: 50–96%), and for false positives was 55.13% (range: 50–69%). The number of false negatives was significantly low, all of which were extremely small pneumothoraces. The escalated detection rate was 1.875%.

Key messages

The AI algorithm showed strong diagnostic performance in identifying pneumothorax, with high sensitivity and positive predictive value. While occasional misclassifications occurred, its integration into clinical workflows has the potential to enhance early detection and improve outcomes by supporting timely decision making. Human oversight remains essential for cases of diagnostic uncertainty.

QS210

Establishing the dose and empiric efficacy of benzylpenicillin for the treatment of severe community-acquired pneumonia

Authors

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Background

In community-acquired pneumonia (CAP), *Streptococcus pneumoniae* is the commonest causative pathogen, and benzylpenicillin should be the most appropriate empiric treatment. We evaluated the dose of benzylpenicillin required to treat >90% of pneumococcal isolates from blood cultures, used to determine safe, empiric treatment for CAP, and the impact of changing empiric guidelines (CURB-65 ≥ 3) from co-amoxiclav to benzylpenicillin by assessing 30 and 90-day mortality pre- and post-transition.

Methods

All *S. pneumoniae* bloodstream infections were identified, and minimum inhibitory concentrations (MIC) determined by E-test to assess susceptibility to benzylpenicillin 1.2 g IV q6h. All-cause mortality before and after the November 2024 CAP guideline change (from co-amoxiclav to benzylpenicillin, with doxycycline) was compared using chi-squared for patients with lobar or pneumococcal pneumonia.

Results

Between September 2020 and November 2024, 326 *S. pneumoniae* BSIs were identified; 151 had evaluable MICs (0.004–1 mg/L). 98% had MIC ≤ 0.5 mg/L, treatable with benzylpenicillin 1.2 g IV q6h per EUCAST. Pre- and post- new guideline groups (n=264, 294) showed similar 30-/90-day mortality (21/34 vs 27/38; p=0.62, 0.97).

Key messages

Local data show benzylpenicillin 1.2 g IV q6h is a safe, effective empiric dose for CAP, with only 2% needing higher doses. After replacing co-amoxiclav, no significant change in mortality was seen. This supports benzylpenicillin's role in severe CAP and highlights the importance of using local microbiology to maintain effective, narrow-spectrum guidelines.

QS211

Improving Compliance with the STAMP Nutrition Screening Tool: An Inpatient Paediatric Audit

Authors

Dr Ryan Bellman (First Author); Dr Bushra Abdul-Malik Kent, Surrey & Sussex (KSS) Foundation School

Background

Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP) is a nationwide validated nutrition screening tool for use in hospitalised children from 2 weeks to 16 years of age.

The prevalence of acute malnutrition in hospitals is estimated to be between 6-40%, but in children with an underlying disease this can increase to 44-64%. This audit aims to identify whether children are being appropriately screened for malnutrition and identify any current issues and possible solutions.

Methods

Collected data from 152 patients from 24th February to 28th March 2025 (5 weeks) on Rainbow Ward. STAMP is currently a paper form in patient's documents so it was all in person collection.

Criteria:

Patient's age must be between 2 weeks to 16 years of age

Each patient only audited once per admission

Must be after the 6-hour window since admission

An Inpatient on Rainbow Ward, QEQM, Margate

Results

Only 9.9% of STAMP forms were fully completed. However, 63.5% were started but not completed showing there are current issues. The sections not completely filled out include Steps 3-5 – these include the height and weight and only 12.5% of children have their height charted on the form

Feedback from staff highlighted height was a key limiting factor in completing this form. Patients were asleep, unwell, or staff did not have the correct equipment or knowledge to complete the form.

Key messages

Recommendations:

- improving training and education of STAMP
- providing equipment and training so height can be taken both standing and supine
- flagging forms which are not completed in handover
- making centile forms accessible

-fostering an MDT approach where doctors understand and use the STAMP form
On the 2nd cycle currently in progress this STAMP completion rate has now
increased to near 50%.

QS212

Improving the Timely Prescription of Iron for Patients with Postnatal Anaemia

Authors

Dr Anisa HiradKent, Surrey & Sussex (KSS) Foundation School

Background

Postnatal anaemia (Hb <100 g/L) affects up to 38% of women globally and contributes to maternal fatigue and morbidity. Local data suggested some anaemic women at QEQM were discharged without iron therapy. This project aimed to assess and improve timely prescription of oral iron for postnatal anaemia through education and staff awareness.

Methods

A two-cycle QIP was conducted using the PDSA framework. Cycle 1 (1–14 April 2025) established baseline data. Following an educational poster and departmental email intervention, Cycle 2 (31 July–13 August 2025) reassessed practice. Eligible women had Hb <100 g/L and were not treated with IV iron or transfusion.

Results

In Cycle 1, 28 anaemic patients were identified; 7 (25%) were discharged without oral iron. In Cycle 2, 33 patients met criteria; 3 (9%) were discharged without iron. Iron prescription rates improved from 75% to 91% post-intervention. Fisher's Exact Test showed a non-significant trend toward improvement (OR 3.33, $p=0.164$).

Key messages

A simple educational and reminder-based intervention led to a clear improvement in adherence to postnatal anaemia management guidelines. Although not statistically significant, the results demonstrate that low-cost educational measures can positively influence clinical practice and patient outcomes.

Poster presentations – QS03: QI/sustainability Poster Group 3

QS301

“SMART clinics”: Reducing complexity and increasing patient flow for the management of high-volume low-complexity surgical conditions.

Authors

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Background

Post-COVID-19 pressures on ENT services have increased outpatient waiting times. Medway Maritime Hospital developed the “Streamlined Management of Acute Recurrent Tonsillitis” (SMART) clinic to improve efficiency without additional staffing or resources, aligning with NHS England’s Elective Recovery Programme and GIRFT principles.

Methods

Patients are triaged by consultants, pre-contacted, and provided educational material via QR code. Pre-prepared consent and waiting-list forms allow 10-minute consultations, combining history, examination, consent, and surgical booking—compared to traditional 20-minute new and 15-minute review appointments. Immediate pre-operative assessment follows for suitable patients.

Results

The pilot SMART clinic reviewed 39 patients in one afternoon, a 63% increase over the standard 24 per session. 23 patients were booked onto the High-Intensity Tonsillectomy list, with 12 of them leaving with confirmed surgery dates. Four outcome pathways were used: fit for surgery; considering options; medically complex; DNA/declined. Premade discharge templates, requiring only key findings and past medical history, cut admin time and improved workflow.

Key messages

The SMART clinic reduced hospital visits by ~33%, shortening referral-to-treatment times, improving patient satisfaction, and making theatre scheduling more predictable. Fewer visits also reduced travel and CO₂ emissions, supporting a greener NHS. This model is scalable, sustainable, and improves efficiency and patient experience without extra resources.

QS302

Paediatric Coeliac Annual Reviews Conducted in 2023 and 2024 at a District General Hospital

Authors

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Background

Coeliac disease affects the absorption of nutrients and can result in nutrient deficiencies, anaemia and impaired growth [1]. This can be identified on monitoring, so it is vital all relevant parameters are assessed regularly. NICE and ESPGHAN have guidance on the monitoring of coeliac disease, including assessments and investigations that should be performed during review. This audit assessed the compliance of a district general hospital with NICE and ESPGHAN guidance [2,3].

Methods

This audit retrospectively examined the care of paediatric patients with coeliac disease who were eligible for an annual review in 2023 and 2024. A total 64 and 62 patients were eligible respectively. We accessed clinic letters and blood test results to collect the data, which was compared against guidance set out by NICE and ESPGHAN.

Results

On average, 58% of eligible patients attended for review and blood tests. Among attendees, 80% had growth measured while 82% had blood tests to monitor disease and nutritional status. Of those reviewed in both years, 96% had bloods to monitor disease and nutrition. 99% of patients had anti-tTG testing, showing excellent compliance. However, LFT monitoring was considerably lower with an average of 56% of patients being tested for LFTs. Most patients (89%) were compliant with a gluten-free diet.

Key messages

A fair proportion of patients do not attend reviews, raising questions around the use of opt-in appointments which the paediatric team will review. NICE and ESPGHAN also differ in their guidance, and ESPGHAN recommend biennial instead of annual review. A regional survey was subsequently conducted, with the aim to rationalise investigations and improve cost effectiveness and patient experience.

QS303

A retrospective audit of perioperative risk factors influencing deep inferior epigastric perforator (DIEP) flap failure and survival in breast reconstruction

Authors

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London Foundation School

Background

DIEP flaps are the gold standard for autologous breast reconstruction but carry risks of partial or total flap failure. This audit aimed to evaluate perioperative risk factors influencing DIEP flap outcomes at our tertiary plastic surgery unit and compare findings with national and published benchmarks.

Methods

A retrospective audit of 105 consecutive DIEP flap reconstructions performed between December 2023 and May 2025 was undertaken. Data on patient demographics, comorbidities, oncological therapies, operative duration, and intraoperative events were analysed using univariate and multivariate logistic regression ($p < 0.05$).

Results

Among 105 patients (mean age 52 years), 32% underwent bilateral and 68% immediate reconstruction. Flap survival was 98.1%, with a takeback rate of 6.7%. Return to theatre was significantly associated with older age ($p = 0.026$), intraoperative perfusion issues ($p = 0.012$), and longer operative time ($p = 0.008$). No demographic factors correlated with flap failure ($p > 0.05$).

Key messages

Our centre's DIEP flap survival rate aligns with national standards. Increasing age, intraoperative perfusion difficulties, and prolonged operative time were associated with higher takeback rates. These findings highlight the importance of optimising perioperative planning and intraoperative monitoring to maximise flap success and reduce complications.

QS304

Evaluating the clinical and cost effectiveness of topical insulin eye drops in the management of persistent epithelial defects at Bristol Eye Hospital

Authors

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Severn Foundation School

Background

The current gold standard treatment for Persistent Epithelial Defects is conservative management, with the option of medical and surgical treatment in refractory cases.

The use of topical insulin eye drops has shown promise as an alternative PED treatment in refractory cases. The success of this is said to be due to insulin peptide being closely related to insulin-like growth factor, therefore stimulating keratinocyte migration which is involved in corneal wound repair.

Methods

A retrospective single-centre audit at a UK tertiary hospital reviewing all patients with PEDs treated with insulin eye drops (Humulin S, 1 IU/ml) four times daily from May 2024 to Feb 2025. Data on demographics, comorbidities, healing time, duration, cost, vision gain, adjuncts, and complications were analysed. Healing was defined as full closure with 2% fluorescein.

Results

Of 21 eyes treated, 19 fully re-epithelialised while 2 required ongoing insulin therapy by Feb 2025. One unresolved case had severe dry eye; the other followed microbial keratitis. Mean prescriptions per patient were 2.3 (range 1–7) with average treatment 58.7 days (16–202). Mean VA gain 0.43 letters (–25 to +10). No adverse effects reported. All patients had ≥ 2 adjuncts pre-insulin. Mean cost £187.97 (£56.62–£532.69); one case excluded due to missing data.

Key messages

This study is further evidence of the potential of insulin eye drops in relation to PED healing. It has a highly safe profile, with no reports of adverse reaction thus far. However, a larger sample size with longer follow-up is warranted to further support this and provide more detailed insight into insulin eye drops

QS305

Quality of Life in patients awaiting ventral hernia repair: Audit Validation of an Abdominal Wall Reconstruction NHS Service within Lincolnshire

Authors

Dr Ibikiri Okoye, Mr Gaurav Kulkarni (Consultant) Trent Foundation School

Background

This audit aimed to assess the quality of life (QoL) in patients awaiting ventral hernia repair and validate the need for the new NHS abdominal wall reconstruction service in Lincolnshire. The Hernia Society Quality of Life Survey (HerQLes) and the European Hernia Society Quality of Life questionnaire (Eura-HS QoL) are both validated for pre- and post-operative assessment of quality of life in patients with ventral hernias

Methods

A total of 20 eligible patients were identified. Eura-HS QoL and HerQLes were used to evaluate pre-operative QoL.

Results

Patients reported reduced QoL in both questionnaires, 52.5/100 and 51.6/90 for HerQLes and Eura-HS QoL, respectively. Female patients reported a higher impact on QoL (56.9/100 and 62/90 compared to males (48/100 and 39.25/90). Impact was 1.6x greater for females in the Eura-HS QoL questionnaire. Female patients reported greater cosmetic discomfort, averaging 16/20, compared to 6/20 in males.

Key messages

Patients with ventral wall hernias in Lincolnshire have reduced pre-operative QoL. Surgical repair of ventral hernias can improve the quality of life of patients. Based on the QoL of patients in Lincolnshire, there is a need for the current NHS abdominal wall reconstruction service.

QS307

Diagnosis and Management of Suspected Bacterial Meningitis and Meningococcal Disease on Kipling Paediatric Ward compared to NICE 2010 (CG102) and NICE 2024 (NG240) Guidelines

Authors

Dr James Corner, Dr Yossra Elayouty Kent, Surrey & Sussex (KSS) Foundation School

Background

Bacterial meningitis and invasive meningococcal disease are life-threatening conditions affecting paediatric patients. Rapid antimicrobial commencement is vital, as most inpatient deaths occur within 2 days. Case-fatality rates are 4-10% with other significant neurological, physical and psychosocial complications noted. Our audit aims to evaluate 2010 and 2024 NICE guideline compliance. We assessed adherence to diagnostic investigations, pharmacological and non-pharmacological management.

Methods

Retrospective paediatric clinical audit. Anonymised patient data was either electronic or paper with no ethical concerns. NICE parameter adherence was termed “met” (100%), “partially met” (50-100%) or “not met” (<50%). Inclusion criteria were 3 month-16 year patients with bacterial meningitis or invasive meningococcal disease suspicion. Exclusion criteria involved no suspicion or not in age range.

Results

42 admissions had paediatrician diagnostic suspicion. 4 NICE criteria were “met”, including WCC and neutrophil tests, starting antibiotics and safety netting. 7 criteria were “partially met”, including blood culture, lumbar puncture and neuroimaging tests, starting aciclovir, follow-up and taking pre-antibiotic bloods and cultures. 7 criteria were “not met”, including throat swab, blood glucose, PCR and HIV tests, starting steroids, antibiotics within 1 hour and pre-antibiotic lumbar puncture.

Key messages

Overall, we found mixed adherence to bacterial meningitis and invasive meningococcal disease NICE guidelines. Recommendations include improved blood glucose, lumbar puncture and bacterial throat swab testing, steroid use and pre-antibiotic test performance. Vaccination status, negative symptoms, microbiology and infectious team discussions and follow-up plan need further improved documentation.

QS308

Raising the Bar: Enhancing ACS Management and Trainee Experience in District General Hospitals. A Quality Improvement Project

Authors

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Background

At a District General Hospital, ACS management lacked routine GRACE scoring and HbA1c testing, leading to inconsistent risk stratification and missed secondary prevention opportunities. This trainee-led QIP aimed to align local practice with ESC and NICE guidelines through education, visual prompts, and workflow optimisation.

Methods

Two baseline audits assessed GRACE score use, lipid and HbA1c testing, and prescribing. Interventions included trainee teaching sessions, ACS posters with QR-linked GRACE calculators, and reminders in ED, CCU, and AMU. Post-intervention re-audit and surveys evaluated compliance and trainee confidence in ACS management.

Results

GRACE score documentation rose from 0% to 84.6%; HbA1c testing from 0% to 76.9%; and lipid testing from 76.5% to 92.9%. All high-risk patients were appropriately referred. 42.9% had elevated HbA1c, with 33.3% newly diagnosed diabetes. Trainee confidence increased from 62.5% to 92.9%, with 100% finding posters and prompts useful.

Key messages

This trainee-led QIP shows that simple, low-cost interventions like targeted teaching and visual prompts significantly improved ACS risk stratification and metabolic screening, aligning care with national guidelines. GRACE scoring enhanced triage, referrals, and communication. Future EPR integration aims to sustain improvements and support trainee development.

QS309

Assessing Staff Access to Drinking Water in a District General Hospital

Authors

Hateem Rafeeqe Northern Ireland Foundation School

Background

Adequate hydration is essential for healthcare staff, as even mild dehydration reduces focus, reaction time, and mood, affecting safety and well-being. NHS staff often prioritise patient care over self-care, worsening fatigue. The Workplace Regulations (1992) require accessible drinking water. This project assessed hydration access and barriers among staff in a district general hospital.

Methods

A cross-sectional survey was distributed to multidisciplinary ward staff assessing awareness of water access, adequacy of facilities, and hydration at work versus outside work. Qualitative feedback explored barriers, including workload, infection-control policies, and accessibility of water sources.

Results

Thirty-one staff responded. Mean fluid intake was 1848 ml outside work and 680 ml on duty—a 63% reduction. 48% drank much less at work, 29% moderately less. 71% knew water points, yet 97% wanted more stations. Time to fetch water ranged from 0 to 20 minutes. Reported barriers included limited toilets, infection-control rules, workload, poor break cover, high bottled-water cost, few cups, and restrictions for staff to enter pantries between wards.

Key messages

Despite statutory requirements for accessible drinking water, significant hydration barriers remain. All but one respondent reported inadequate provision. Expanding water access and protected breaks may enhance well-being and patient safety. An audit after implementing these changes will assess the impact and promote a sustainable culture of staff health within the hospital.

QS310

Improving Confidence and Efficiency in Newborn and Infant Physical Examinations (NIPE): Evaluation of a Structured Checklist

Authors

Milena Murphy, Olivia Gemmill, Holly Townson, Wessex Foundation School

Background

The NIPE is a key screening tool for early detection of abnormalities in eyes, heart, hips, and testes. Though often performed by SHOs or midwives, few SHOs receive formal training (1). Studies show similar referral accuracy, but higher maternal satisfaction with midwife-led exams (2). Clinicians report uncertainty in exams and referrals, so we created a structured checklist to boost confidence, efficiency, safety, and experience.

Methods

We issued a pre-intervention survey to identify challenges clinicians face with NIPES. In response, a structured checklist based on local and national guidance was introduced in the maternity unit for 8 weeks. A post-intervention survey followed. Using QI methodology, we assessed impact on confidence, efficiency, and utility.

Results

We introduced a structured NIPE checklist to improve clinical confidence, efficiency, patient safety, and maternal satisfaction. Before the intervention, 53% lacked confidence and 58% often had to revisit exams. After, 83% reported improved confidence and efficiency. NIPE completion within 30–45 mins rose from 63% to 100%. This QI project showed the checklist addressed key challenges and improved outcomes.

Key messages

Our results show improved clinician confidence and efficiency, likely enhancing maternal satisfaction and patient safety. Further PDSA cycles are needed to confirm this. Based on national and local guidelines, the checklist is likely generalisable to other NHS units. Staff engagement was a challenge, addressable through induction, teaching, and posters.

QS311

Evaluation of USS-guided access teaching for F1 doctors

Authors

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Background

Cannulation and venepuncture are core procedural skills for F1 doctors. Difficulty with these can delay urgent investigations and treatment. Though teaching is not mandatory for F1s, ultrasound-guided (USS) vascular access, is an invaluable technique that enhances success in challenging cannulations and improves patient care.

Methods

I conducted a prospective survey of F1 doctors to assess how often they were asked to perform cannulation or venepuncture and how frequently senior help was needed. Pre and post-teaching surveys evaluated their prior experience, confidence, and barriers to performing the skill.

Results

Pre-teaching, only 0.16% (1/6) of procedures used USS guidance, rising to 0.8% (12/15) post-teaching. Average attempts before success fell from 2.3 to 1.6, and no cases required senior escalation. Confidence improved from 4/10 to 8/10, with all F1s likely to use USS in future and recommending the teaching. Despite this, limited access to USS machines remained a key barrier to using the skill in practice.

Key messages

Teaching significantly improved F1 competence and confidence in this invaluable skill. USS-guided access is faster and more successful than landmark techniques, thereby enhancing patient safety and satisfaction. This QIP supports future provision of USS-guided access teaching for F1 doctors.

QS312

Evaluating the Adequacy of Clinical Information in MDCT Trauma Requests from the Emergency Department in line with RCR Standard 7

Authors

Dr Aliasgar Shikari Northern Ireland Foundation School

Background

Radiologists are responsible for justifying imaging requests under IR(ME)R legislation. In trauma cases, inadequate clinical information can compromise scan justification, prioritisation and protocol selection. The 2024 RCR Major Trauma Imaging Guidance (Standard 7) outlines six key clinical data items for MDCT Trauma requests. This audit aims to evaluate its compliance at Antrim Area Hospital, as poor compliance risks diagnostic delays, unnecessary radiation, and medico-legal vulnerability.

Methods

50 consecutive adult trauma MDCT requests from January to May 2025 were assessed using EPIC/NIECR for the documentation of: Mechanism of injury, Primary survey findings and areas of concern, Haemodynamic instability, Results of any preceding investigations (e.g./ FAST, X-ray), Significant medical/surgical history if known and Accurate contact details of trauma team leader/senior staff member.

Results

None of the MDCT requests were fully compliant with all six data items. Mechanism of injury (82%) and Primary survey findings (70%) were most

frequently documented. Haemodynamic instability was documented in only 1 request and results of any prior investigations in only 2. Several requests omitted significant medical history (e.g. anticoagulation, diabetes). EPIC system auto-fills the trauma team leader. Hence this was achieved by 100% of the scan requests.

Key messages

There is a significant documentation gap in trauma MDCT requests, particularly regarding haemodynamic status and medical history. This compromises scan justification and tailored protocol selection. This was presented at the departmental audit meeting raising staff awareness. A structured template request on EPIC is being processed at present, with a re-audit to be performed after implementation.

Poster presentations – QS04: QI/sustainability Poster Group 4

QS401

Evaluation of the Knowledge and Confidence of Foundation Doctors in Catheter and Drain Management

Authors

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Background

Pathology relating to catheters and nephrostomies are encountered frequently by Foundation Doctors with minimal Urology experience. While basic catheterisation is taught in medical school, confidence remains low resulting in limited 'parent team' management and increased Urology referrals. Foundation teaching feedback highlights the demand for interactive, face-to-face teaching, applicable to real life scenarios.

Methods

This single centre QIP aimed to improve Foundation Doctors' knowledge and confidence of catheter and nephrostomies. PDSA Cycles were completed in collaboration with the Post Graduate Medical Education Dept. Data were collected using pre and post intervention questionnaires and analysed with Microsoft Excel. Four teaching sessions with physical and visual aids were delivered to Foundation Doctors.

Results

Thirty-eight doctors participated. Mean knowledge and confidence improved across all domains (0–2 scale). Knowledge rose by 0.942 (2- vs 3-way catheters), 0.742 (3-way indications), 0.793 (SPCs), 0.904 (SPC advantages), 0.655 (nephrostomy indications), and 1.04 (advantages). Confidence improved by 0.985 (CBI), 0.309 (urethral cath), 0.844 (SPC exchange), and 0.680 (nephrostomy aspiration). Awareness and anatomical knowledge rose markedly; 100% found teaching beneficial. Limit: No long term data.

Key messages

Practical teaching in catheters and nephrostomies improves Foundation Doctor knowledge and confidence. Similar teaching sessions could lead to reduced urology referrals and improved inpatient care.

QS402

Auditing Usage of Hip Fracture Proforma to improve pre-operative identification of high-risk neck of femur fracture patients

Authors

Sepehr AminiOxford Foundation School

Background

Management of neck of femur fractures in elderly patients requires significant multi-disciplinary input to ensure optimal peri- and post-operative care, particularly in determining high risk patients and minimising the risk of mortality. Previous research has indicated that stratification tools such as the Rockwood clinical frailty score (CFS) are powerful bedside clinical tools to aid this process.

Methods

We utilised data from the National Hip Fracture Database identify suitable patient data, and audited usage of CFS and a high risk hip fracture identification proforma prior to surgical intervention. Dataset of the first cycle audited 83 patients admitted to Royal Berkshire Hospital between August and September 2024. A subsequent second cycle audited 110 patients admitted between March and May 2025

Results

First cycle indicated that CFS was intermittently assigned prior to surgical intervention but uptake of the high risk proforma was used with only 7.69% of audited patients, due to lack of awareness of said tools, exacerbated by rotational training, and clinical pressures reducing completion. After interventions targeting doctor awareness and anaesthetic team involvement to complete the proforma, the second cycle showed significant improvement, with 47.8% of patients stratified using the proforma

Key messages

Using such aids and clearly documenting inter-disciplinary team decisions will produce significant improvement in surgical outcomes in the long-term, and we look to standardise usage of the proforma through continued efforts.

QS403

Making Frailty Visible: A Multi-Disciplinary Mission

Authors

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Background

Frailty is a key predictor of poor outcomes in older adults. The Clinical Frailty Score (CFS) supports early, person-centred decision-making. Despite its importance, CFS was not routinely recorded within 72 hours of ward admission on Ward 14. This QIP aimed to address that gap and promote a culture of frailty awareness across all MDT members.

Methods

Baseline data showed 0% of patients had a CFS documented within 72 hours of admission to the ward. Root cause analysis identified key barriers. PDSA 1 introduced staff-facing posters; PDSA 2 embedded CFS into the nursing handover sheet, encouraging shared responsibility and routine prompting across the multidisciplinary team.

Results

CFS documentation rose to 30% by week 7 and remained above baseline. SPC and moving range charts showed special cause variation, confirming process improvement. Although the 50% target was not reached, the project enhanced MDT awareness, reinforcing that frailty is not just a medical task but a shared clinical priority across professions.

Key messages

Frailty recognition should be embedded early in the admission process. This project highlights the value of integrating documentation prompts into existing MDT workflows. Empowering all healthcare professionals to identify and act on frailty improves patient safety and discharge planning, and supports person-centred care.

QS405

Evaluation of validity period of MRSA swabs in preoperative assessments in a Scottish DGH

Authors

Ruiying Jian, Jon van Aartsen, Stephen Wilson Scotland Foundation School

Background

MRSA is frequent in nosocomial infections, with associated adverse outcomes. All preoperative assessments (POA) for major joint and colorectal surgery screen for it as colonisation on admission increases risk of infection. There is no nationally set validity period of swab results, locally being at 12 weeks. With new guidance to extend 3-month POA validity to 6, swab validity is now a limiting factor. The study aims to evaluate the possibility and extent of safely prolonging MRSA swab validity.

Methods

Patients who potentially had preoperative swabs repeated in 2024 were identified via LIMS and results noted: >2 swabs in non-inpatient sites in 01/10/23-31/12/24, plus any further swabs done on them in 2025. Dates of POA and procedures were obtained from patient records. Intervals between swabs, POA and procedures were measured and percentage of swabs supporting proposed validity extensions noted.

Results

Of 143 potential patients, 120 had preoperative swabs repeated in 2024 with 110 having dates for procedures. No initially MRSA-negative swabs became positive on repeat. 21 (17.5%) had swabs repeated <12 weeks from initial swabs so as to have valid swabs on the procedure date. 61.8% had procedures ≥ 20 weeks after initial swabs, with 45.8% repeat swabs able to show MRSA-negative status for this interval. POA were done mostly (64.2%) ≤ 1 week of swabs being taken, at average 3 weeks preoperatively.

Key messages

Given 80-95% sensitivity and specificity of MRSA swabs, there is evidence to support extension of validity up to 20 weeks. It is likely safe to at least match local validity to current 18 weeks of major centres in West of Scotland. Other measures to reduce delay should be considered alongside longer swab validity, such as more POA done ≤ 1 week of taking swabs or reducing POA to procedure interval.

QS406

Bridging the Gap: Integrating Non-Ambulatory Fragility Fractures into the Orthogeriatric Pathway

Authors

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Background

Non-ambulatory fragility fractures (NAFFs) are low-energy fractures in elderly patients that reduce mobility and require complex care. Unlike neck of femur fractures (NOFs), NAFFs fall outside established pathways, causing inequitable care despite high bed-day burden. The GIRFT NAFF Pathway (2024) expanded the NICE CG124 (2023) NOF pathway to NAFFs, however this remains inconsistent in practice. This QIP compared NOF and NAFF care against national standards to support equitable pathway design.

Methods

A retrospective audit of NAFF admissions requiring surgery from January–May 2025 at Homerton Hospital was conducted. Domains collected were surgery <36h, Orthogeriatric review <24h, delirium screen, joint Orthogeriatrics and T&O admission, dietician review, daily PT/OT review, falls assessment, morbidity, mortality, and length of stay. Fisher's and Mann-Whitney U tests were performed using Excel.

Results

Forty patients were included (30 NOF, 10 NAFF). NAFFs underperformed across key domains: surgery <36h (70% vs 20%, $p<0.05$), Orthogeriatrics review <24h (100% vs 30%, $p<0.001$), delirium screen (100% vs 20%, $p<0.001$), joint admission (100% vs 30%, $p<0.001$), daily PT/OT review (100% vs 60%, $p<0.01$) and falls risk assessment (100% vs 10%, $p<0.001$). Dietician review, morbidity, and mortality were comparable. Median stay was longer in NAFFs (25 vs 15 days, $p<0.0001$), reflecting overall care disparity.

Key messages

NAFFs receive inequitable care compared with NOFs despite similar needs. The second PDSA cycle will implement the GIRFT NAFF pathway at Homerton by improving awareness among teams caring for NAFF patients, optimising NAFF referrals for Orthogeriatric review, and introducing a dedicated NAFF clerking template. This will ensure timely, equitable multidisciplinary care, and improve NAFF outcomes.

QS407

Improving PRN Medication Stewardship to Reduce Waste and Support Safer Care in an Inpatient Psychiatric Ward

Authors

Dr Serena Li, Dr Kaynat Lodhi, Dr Servet Umut Ucar, Dr Wajid Iqbal Peninsula Foundation School

Background

Appropriate use of PRN medications is vital for patient safety and effective prescribing. EPMA guidelines recommend discontinuing PRNs not used for 14 days unless clinically justified. However, unused PRNs often persist on charts, leading to medication clutter, safety risks and increased NHS costs and waste. This ongoing QI project aims to improve adherence to guidelines and encourage safer, more sustainable prescribing at Moorland View, an adult inpatient psychiatric ward in North Devon.

Methods

Medication records for all inpatients were reviewed via EPMA to identify those unused for 14 days or more. Three cycles (May – Sep 2025) have been completed so far. Interventions included monthly PRN reviews by resident doctors, MDT briefings, clearer documentation of clinical justifications for retaining unused PRNs and promoting shared decision-making with patients during reviews.

Results

Cycle 1 showed 37% (20/54) of PRNs were unused, falling to 23% (7/31) in Cycle 2, a 14% improvement following interventions. Cycle 3 rose to 34% (17/50), likely due to resident doctor changeover, highlighting the need for further interventions to ensure safe deprescribing is continued despite team changes. We plan to implement further improvements such as emphasising deprescribing at resident doctor inductions, include deprescribing as a standard action at ward rounds and repeat further cycles.

Key messages

Regular review and MDT engagement can significantly reduce inappropriate PRN prescribing. Interventions led to better compliance with policy, optimised medication use and reduced unnecessary prescribing risks and will increase cost efficiency and reduce carbon footprint in the long run. Cycle 3 highlighted the need to repeat cycles to identify new factors that may impact deprescribing.

QS408

Words That Save: Enhancing Stroke Discharge Summaries to Reduce Recurrence

Authors

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Background

Stroke is the leading cause of disability in adults. Following discharge from a stroke unit, patients often have significant residual functional limitations, and 26% will experience a recurrent stroke within five years¹. This highlights the need for secondary prevention and clear documentation on discharge. Summaries must capture modifiable risk factors to guide rehabilitation and aid future diagnostic clarity. We aimed to improve the quality of such documentation within a tertiary stroke unit.

Methods

A baseline audit assessed documentation of 15 stroke-specific elements across one month of discharge letters. Using the Plan–Do–Study–Act (PDSA) model, interventions were applied.

Intervention 1: Implementation of discharge summary template incorporating key elements of stroke management, prevention and safety-netting advice.

Intervention 2: Template refinement, targeted departmental teaching.

Results

Across three PDSA cycles, overall documentation completeness improved. Mean reporting across the 15 elements increased from 59.4% to 68.4% after Intervention 1, and to 70.9% after Intervention 2. The greatest improvements were seen in documentation of lifestyle advice, HbA1c, cholesterol, and blood pressure, while documentation rates for secondary prevention medications showed a minor decline. User feedback was positive: 83.3% rated the template as “useful” and 16.7% as “somewhat useful.”

Key messages

Documentation of modifiable risk factors- major predictors of recurrent stroke, improved significantly. The intervention ensured accurate recording of residual neurological deficits - vital information during emergency assessment. Summary templates, combined with ongoing education can strengthen patient safety, optimise continuity of care, and support evidence-based secondary prevention of stroke.

QS410

One Prescription, Two Responsibilities: Reviewing Contraceptive Safety in Women of Childbearing Age Prescribed Topiramate in Primary Care

Authors

Vaishnavi Muthukrishnan, Marianne Herron Scotland Foundation School

Background

Topiramate is an antiepileptic licensed in the UK for seizures and migraine prophylaxis. Its use in pregnancy increases the risk of congenital malformations, low birth weight, and possible intellectual disability. Following the MHRA's Pregnancy Prevention Programme in 2024, women of childbearing age must use effective contraception on Topiramate. This Quality Improvement project aimed to assess and improve GP practice adherence to these guidelines through targeted interventions.

Methods

A retrospective review of electronic medical records was conducted at Wallace Medical Centre, Falkirk. Female patients aged 12–55 years who were prescribed Topiramate were included. Documentation of contraceptive method and its effectiveness for pregnancy prevention, as defined by MHRA guidance, was reviewed.

Results

Nine patients met the inclusion criteria. Of these, four (44%) were not documented as using a highly effective contraceptive method alongside Topiramate. Following initial data collection, targeted interventions were implemented, including a practice-wide educational meeting, patient consultations, pharmacist-led interventions. A re-look of the data demonstrated that all but one patient were identified as being safe to continue Topiramate. A second data collection cycle is planned in Q1 2026.

Key messages

This project highlighted safety gaps in the prescribing of Topiramate within primary care. Barriers included limited communication between GP and sexual health services regarding intrauterine device removals, and coding challenges for transgender/non-binary patients. Ongoing work focuses on improving inter-service communication and developing inclusive prescribing protocols.

QS411

Improving Resident Doctors' Confidence and Competence in Teaching Medical Students: A Quality Improvement Project

Authors

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Background

Despite GMC Good Medical Practice stating that doctors should be competent teachers (1), training primarily focuses on the development of clinical skills rather than teaching. Resident doctors are regularly relied upon to contribute towards medical student teaching yet often report limited confidence and competence in delivering such sessions (2). This quality improvement project aimed to improve resident doctor confidence and competence to enhance high quality teaching.

Methods

We ran 2 cycles of a 'Teach the Teacher' program, during which participants ran a teaching session for medical students, and rated their confidence and competence before and afterwards. In Cycle 2, we added an additional session exploring 'what makes a good teacher' and 'barriers to teaching'. Unpaired t-tests were used to evaluate confidence and competence before and after teaching sessions.

Results

In Cycle 1, there was an improvement in confidence (28.6%) and competence (42%) after just teaching medical students at baseline with no statistical significance found. However, following targeted interventions in Cycle 2, there was a greater improvement in confidence (48.7%) and competence (53.4%) with both findings reporting a statistically significant result ($p < 0.001$) suggesting improved participant outcomes and enhanced session effectiveness.

Key messages

Delivering designated tutorials on 'how to teach medical students' where common and specific barriers and concerns are addressed is effective in improving residents' confidence and competence in their own teaching abilities. Undergraduate and higher training programmes should consider incorporating teaching skills sessions for resident doctors to improve their abilities as a clinical educator.

QS412

Improving Compliance with Minimum Standards for Psychiatric Inpatient Discharge Summaries: A Clinical Audit at Lanchester Road Hospital

Authors

Dr Emma Camilleri, Dr Anisha PageNorthern Foundation School

Background

Accurate and comprehensive discharge summaries are essential for ensuring patient safety, continuity of care, and effective communication with community and primary care teams. Internal review within the Trust identified over 50% error rates in discharge coding and considerable variability in discharge documentation quality across psychiatric inpatient wards. This audit aimed to assess compliance with the Trust's minimum discharge summary standards and identify areas for improvement.

Methods

A retrospective audit of 80 discharge letters from two psychiatric wards (Dec 2024–Aug 2025) was conducted; 66 met inclusion criteria. Using a structured tool based on Trust standards, letters were reviewed for key criteria including identifiers, diagnosis coding, physical health, follow-up, medication, and discharge planning, with data anonymously analysed in Excel.

Results

Overall compliance with discharge standards was high. Patient identifiers (91%), reason for admission (97%), discharge planning (96%), and timely completion (88%) showed strong adherence. Medication details were well documented, including dosage (97%), duration (95%), and continuity of care (100%). Lower compliance was seen for ICD-10 coding (32%), physical health documentation (32%), and reasons for medication changes (48%), with follow-up details often incomplete.

Key messages

Strong performance was noted in clinical and administrative documentation, but improvements are needed in diagnostic coding and physical health recording. A Discharge Letter Aide-Memoire has been introduced, with re-audit planned for Jan 2026. If findings are positive, the aide-memoire may be distributed Trust-wide and CITO updated when uploading discharge letters.

Poster presentations – QS05: QI/sustainability Poster Group 5

QS503

Assessment of Physical Health in Newly Admitted Psychiatric Inpatients: Compliance with Standards

Authors

Dr Nuala Pepper, Dr Michael Nwafor, Dr Jaswant Singh Trent Foundation School

Background

Individuals with mental illness face a higher risk of physical health issues. Therefore, comprehensive physical assessment at psychiatric admission is essential. The Royal College of Psychiatrists advises that all inpatients receive timely physical examination, including vital signs, blood tests and ECG within one week of admission. This audit assessed whether new psychiatric admissions met these standards and identified areas to improve physical healthcare quality.

Methods

A retrospective audit reviewed patients admitted to an NHS inpatient psychiatric unit from 1 June - 30 September 2025. Data from electronic records were assessed for evidence of a full physical assessment - examination, vital signs, blood tests, and ECG. The audit measured completion rates, timeliness within one week, component completeness, and documentation quality using descriptive statistics.

Results

A total of 43 admissions were reviewed. 27 patients (63%) had a physical health examination documented within 1 week of admission. Vital signs were recorded in 29 patients (67%), blood tests were completed for 37 patients (86%), while ECGs were performed for 32 patients (74%). 21 patients (49%) received a full physical assessment within the required 1-week timeframe.

Key messages

Less than half of patients received full physical health monitoring within one week of admission. Poor compliance was mainly due to patient refusal, incomplete documentation, limited equipment, and variable staff confidence. While blood tests and ECGs were generally completed, improvements are needed through electronic prompts, staff training, better equipment access, and re-audit.

QS504

Improving the consistency of preoperative cardiorespiratory assessment in burns patients

Authors

Jovita Chendriah London Foundation School

Background

Burns patients, especially those with extensive injuries or comorbidities, are at higher perioperative risk. Inconsistent documentation of preoperative cardiorespiratory examinations has been observed in the burns unit. The project aimed to standardise documentation of these assessments and improve clinical practice by implementing a visual aid and a digital proforma.

Methods

A retrospective review of 40 patient records revealed that 52.5% lacked documented preoperative heart and lung examinations. A visual reminder poster and a new Cerner digital proforma were introduced to standardise the assessment process, ensuring key components like respiratory rate, chest auscultation, and heart sounds were recorded.

Results

Documentation of cardiorespiratory examinations improved significantly, from 47.5% to 85%. The intervention showed sustained improvements, with no correlation between documentation rates and patient age or burn severity. The average time to theatre was 7.3 days, with 70% of patients undergoing surgery within a week.

Key messages

The intervention successfully increased the frequency and consistency of documented preoperative cardiorespiratory examinations in burns patients, improving clinical assessments and patient safety. Follow-up audits and integration of the checklist into training will help maintain these improvements in practice.

QS505

Ensuring that patients on oestrogen-only HRT that required both an oestrogen and progesterone component, have an in-date Mirena coil or received adequate progesterone coverage.

Authors

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Background

Patients with menopausal symptoms increasingly seek management, leading to a rise in HRT prescribing. According to British Menopause Society guidelines, patients with a uterus on HRT must receive both oestrogen and progesterone to reduce endometrial cancer risk. This audit aims to identify patients on oestrogen-only HRT without adequate progesterone coverage (e.g., expired Mirena coil), implement necessary changes, and repeat the audit cycle to ensure compliance with guidelines.

Methods

Inclusion criteria: patients on oestrogen-only HRT (Oestradiol, Evorel, Oestradiol gel, Estradot). Exclusion: hysterectomy, adequate progesterone (Utrogestan, Cerelle, Desogestrel), or Mirena coil >5 years. 30 patients identified; 7 met criteria.

The intervention method involved sending a text message via GP system, to book GP appointment to reintroduce a Mirena coil or discuss alternatives.

Results

Following the intervention period of three months, the data was re-audited. Audit cycle 2 showed that 5 of the 7 patients were now on adequate progesterone cover, 1 patient still needed progesterone coverage, and for the final patient we were not able to access data.

Key messages

Meeting national guidelines by ensuring progesterone coverage for patients with a uterus on HRT is essential to reduce endometrial cancer risk. This audit found some patients lacked adequate cover. GP text interventions reduced oestrogen-only cases. Automated systems and regular audits are recommended to sustain compliance and maintain standards.

QS506

Improving the time taken to access paediatric emergency algorithms

Authors

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Background

Algorithms are essential in emergency situations as they provide a structured evidence-based approach, ensuring prompt treatment whilst reducing cognitive load on clinicians and minimising errors or delays in treatment that may occur in these high-stress scenarios. The aim of our quality improvement project was to improve the time to access these emergency algorithms to less than one minute in Blackpool Victoria Hospital Paediatric department.

Methods

We timed how long staff took to access a requested algorithm in a simulated emergency, measuring the median time and proportion that returned a requested algorithm within 5 minutes. We implemented four changes: streamlining crash trolley folders, increasing staff awareness of folders, introducing QR codes linking to algorithms and increasing awareness of these. We re-measured after each change.

Results

Baseline data showed 81% returned the algorithm within 5 minutes with a median of 75s. After streamlining crash trolley folders, 100% returned the algorithm within 5 minutes in a median of 48s. After raising staff awareness of crash trolley folders, 80% returned within 5 minutes in a median of 43s. The median time was 32s once QR codes were introduced and 100% returned within 5 minutes. Increasing awareness of QR code locations led to a median time of 21s, all returning within 5 minutes.

Key messages

Our project reduced algorithm access time from 75 seconds to 21 seconds. Timed simulations gave more accurate measurement of the impact of our changes, rather than traditional measures like staff surveys. Simple, low-cost interventions like reorganising folders, raising staff awareness, and using QR codes can significantly reduce access times. These changes are sustainable and easily scalable.

QS507

Adherence to Diagnostic Imaging Guidelines in Acute Pancreatitis: An audit of practice

Authors

James Bennett, Ms Victoria Fretwell North West of England Foundation School

Background

Acute pancreatitis is clinical diagnosis needing two of the following: typical symptoms, serum amylase/lipase $\geq 3\times$ upper limit, or imaging evidence. Guidelines advise CT should only be used for diagnosis if there is diagnosis uncertainty. CT scanning is also to assess severity and complications; however, if done within the first 72 hours of symptoms this can be unreliable. This audit evaluated the appropriateness of CT requests for acute pancreatitis in our trust.

Methods

A retrospective audit of all adult patients coded with acute pancreatitis admitted to Warrington Hospital in September–October 2024 was performed. Exclusion criteria included miscoded diagnoses, chronic pancreatitis, and patients with ERCP-induced pancreatitis. Data was collected on demographics, clinical presentation, biochemistry, CT timing/indication/findings, and impact on management.

Results

Of 29 patients identified, 18 (62%) underwent CT scanning during admission. One in three of these were performed for diagnostic uncertainty despite patients already fulfilling clinical and biochemical criteria for a diagnosis of acute pancreatitis. None of these scans altered management or identified unsuspected complications. In total, 13 of the 18 initial CT scans were conducted within 72 hours of symptom onset.

Key messages

This audit found frequent early CT use in acute pancreatitis despite clear clinical diagnosis, leading to unnecessary radiation, cost, and no proven benefit. Findings were shared at surgical and radiology meetings to raise awareness. A guideline summary was added to trainee induction slides, and a re-audit is planned.

QS508

An Audit on the Negative Appendectomy Rate and the Usefulness of AIR and AAS Scoring – Retrospective Analysis

Authors

Dr Eleanor Barnett, Dr Saad Ikram, Mr Pradeep Thomas Trent Foundation School

Background

To assess the negative appendectomy rate (NAR) at Queens Hospital Burton and retrospectively evaluate the Appendicitis Inflammatory Response (AIR) and Adult Appendicitis Score (AAS) systems in predicting diagnostic certainty of acute appendicitis, aiming to identify sustainable, evidence-based methods to reduce unnecessary surgery and optimise resource use.

Methods

A retrospective analysis of adult patients admitted with suspected appendicitis who underwent appendectomy between January–December 2024. Data were collected from operative notes, pathology reports, imaging, laboratory results, and patient records. AIR and AAS scores were calculated retrospectively. Negative appendectomy was defined as histologically normal, congested, or cancerous appendix.

Results

Among 173 appendectomies, the negative appendectomy rate (NAR) was 5.78%, reduced from 12.3% in 2021. Females comprised 60% of negative cases, consistent with national trends. Preoperative imaging occurred in 86.1%. According to BMJ Best Practice, imaging is recommended in 67.1% (AAS) and 80.9% (AIR). Retrospective scoring showed AIR had a 5.2% failure rate (30% specificity) and AAS 7.5% (50% specificity).

Key messages

The NAR at Queens Hospital Burton is below national averages, likely due to high preoperative imaging rates. Retrospective scoring showed both AIR and AAS have value but limited accuracy. Integrating these scores with imaging and embedding them into admission proformas could standardise assessment, reduce variation, and offer a low-cost, scalable NHS improvement.

QS510

WGS is here, and what are we SOP-posed to do about it? Development of a Standard Operating Procedure for Whole Genome Sequencing for the Community Paediatric MDT

Authors

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Background

Whole Genome Sequencing (WGS) has emerged as an accessible tool for the paediatric toolkit. WGS is one of our most comprehensive approaches to identifying a genetic diagnosis; it appears superior to its previous counterparts (Stavropoulos et al, 2026).

However with new testing comes uncertainty with integrating this test. Reasonably, there's a risk for clinicians to be overwhelmed. In response to concerns a Standard Operating Procedure was designed to simplify the process for the paediatric MDT.

Methods

Development involved focus groups and direct feedback with staff to produce an initial SOP. Search engines like PubMed found key papers that helped develop the specific outcomes to measure the success of the SOP. Feedback was collected through Microsoft Forms with Likert scales to measure understanding and allow numerical evaluation before and after the implementation of the SOP.

Results

Preliminary data has so far been collated. Within each of the evaluated domains, there were improvements seen globally. Specific domains show: staff's process efficiency improved, user confidence was significantly improved. True error rate this time is difficult to assess, but perceived error rate improved. Free text space provided improvements: included discrepancies between different localities, highlighting the need for a locality specific SOP.

Key messages

In June 2025 the UK national health service plan announced WGS will be offered to every newborn in the next decade. WGS is becoming ever more prevalent and is here to stay. Likely, opportunities for paediatricians to order WGS themselves will arise therefore an understanding of the process is even more fundamental. A SOP is first step to promoting clinician confidence in this emerging area.

QS511

Quality Improvement Project of Sleep quality in Non-sedated patients in Critical Care

Authors

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Background

Sleep in critical care settings is often disturbed and inadequate. Patients experience poor sleep due to variable factors such as investigations, medications, and environmental noise and light. This lack of sleep leads to a longer stay in critical care, delirium, heightened pain sensitivity, and increasing mortality. This project aimed at showing how a sleep bundle, which included non-pharmacological interventions like earplugs and eye masks, could prove to be beneficial for sleep quality.

Methods

An audit over two months in the High Dependency Unit at Chesterfield Royal Hospital assessed sleep in non-sedated adult patients admitted for over 24 hours using a three-question survey on sleep duration and disturbance factors. A sleep pack was then introduced which included providing eye masks and earplugs after which the process was re-audited.

Results

In the initial audit a total of 30 patients were included. Of these, only 5 had adequate sleep (>6 hours) overnight. The most common reasons quoted for sleep disturbances were environmental factors such as noise and lights. The re-audit post intervention showed that 28 patients received the sleep pack, 8 patients had adequate sleep overnight, while a further 4 reported that the intervention had helped overnight with noise and light.

Key messages

Sleep quality in critical care is often poor. GPICS V2.1 recommends nonpharmacological methods to improve rest. Eye masks and earplugs significantly improve patient sleep quality. In combination with this, a checklist that aims at reducing drip alarms and overnight interventions forms a sleep bundle. Sleep quality can be re-audited after formal bundle implementation.

QS512

Quality Improvement: To Reduce Dermatology Outpatient DNA Rates To 5% By March 2025

Authors

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Background

The Belfast Health and Social Care Trust introduced EPIC, an electronic-based healthcare system, on 06/06/2024. Appointment text reminders and partial booking ceased. Outpatient dermatology Did Not Attend (DNA) rates increased by 5% within the first week of reminder cessation, costing £116,000. Over 1/4 of patients who DNA post-text reminder reintroduction had their contact number in the wrong field and failed to receive a reminder; correcting this could have saved £5748.96.

Methods

3 PDSA (plan, do, study, act) cycles took place. Text reminders were reintroduced on 03/09/2024 and partial booking letters were reintroduced on 23/10/24. Education regarding correct mobile fields and raising awareness of the MyCare App took place on 14/02/25 at a local audit meeting. The percentage of DNA in dermatology outpatient appointments was measured.

Results

DNA rates increased by 5% from baseline data to the highest rate of 14% with the launch of EPIC. DNA rates decreased by 3% from 10% on 1/9/2024 to 7% on 15/9/2024 after the reintroduction of text messages (PDSA 1). A further decreasing trend was projected after the local audit meeting (PDSA 3). PDSA cycles 1 and 3 appeared most effective in reducing DNA rates by 8% post-Go-Live. The importance of appointment reminders and ensuring mobile numbers are recorded in the correct field was displayed.

Key messages

DNA rates increased with the launch of EPIC, and although the 5% target was not achieved, DNA rates declined close to baseline data after 3 PDSA cycles. The importance of text message reminders and the need for mobile numbers to be in the correct field to successfully send these reminders were highlighted. These subtle improvements could have saved the trust thousands.

Poster presentations – QS06: QI/sustainability Poster Group 6

QS601

Is X-Ray Kidney-Ureter-Bladder (XRKUB) required in the assessment of non-visible haematuria patients?

Authors

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Background

Non-visible haematuria (NVH) prompts investigation for urinary tract malignancy or calculi. At Whiston Hospital, patients under 40 had renal ultrasound and XRBUB; those over 40 had US, XRKUB ± CTU. Given XRBUB's limited diagnostic value for soft-tissue disease and non-negligible radiation, its role is questioned. This QIP assessed XRBUB's relevance in NVH to support a safer, evidence-based, and cost-effective imaging pathway.

Methods

This QIP retrospectively reviewed NVH patients assessed at Whiston Hospital's Rapid Access Haematuria Clinic. Data (Apr–Sep 2024) from CareFlow included imaging details, focusing on XRKUB's diagnostic yield compared to USS. A reaudit (Jan–May 2025) after altering our guidelines by removing routine XRKUB, assessed adherence, diagnostic outcomes, and safety improvements in NVH imaging practice.

Results

In the first audit cycle (Apr–Sep 2024), 172 NVH patients underwent XRKUB at Whiston Hospital. Positive findings occurred in 9.4%, all small renal stones managed conservatively. Ultrasound detected 75% of these, with remaining cases clinically insignificant. The pathway was revised to remove routine XRKUB. Reaudit (Jan–May 2025) confirmed safety of the new pathway. No significant stones were missed by ultrasound, allowing for reduced radiation exposure while preserving diagnostic reliability.

Key messages

This QIP found that XRKUB adds minimal value in non-visible haematuria assessment. Ultrasound reliably detects renal calculi and other urological pathology, while stones seen only on XRKUB were clinically insignificant. Excluding routine XRKUB from our pathway reduces radiation exposure, reduces imaging costs for the hospital and still preserves diagnostic accuracy and patient safety.

QS602

Improving the Assessment of Clinical Frailty and Delirium in Older Patients

Authors

Kyaw Thinzar Kyaw London Foundation School

Background

Clinical Frailty Scale (CFS) and 4AT are vital in elderly care. CFS aids clinicians with risk stratification and care planning. 4AT screens for delirium which affects up to 50% of elderly inpatients and increases morbidity and mortality (1). British Geriatrics Society (BGS) recommends that CFS is assessed for all patients aged 65+ on arrival to hospital (2). BGS and NICE recommend 4AT is assessed for all patients aged 65+ upon presentation, on care transition, or when delirium is suspected (3).

Methods

This project audits the assessment of CFS and 4AT in older patients against the guidelines.

Documentation of CFS and 4AT were assessed for 40 randomly selected patients across four geriatric wards at three different phases: medical clerking, post-take ward round (PTWR), and upon admission to a geriatric ward. Results were also stratified by ward to compare which geriatric ward was most compliant.

Results

79% of patients had CFS documented at clerking, dropping to 8% at PTWR and 38% on ward admission. CFS compliance also varied by ward. Only Ward B had 100% compliance with CFS documentation. Ward A had 20%, Ward C had 40%, and Ward D had 0%.

4AT assessment was poor throughout: 0% at clerking, 5% at PTWR, and 10% on ward admission. Ward A had the highest rate of 4AT documentation at 20%. Ward B had 0% while Ward C and Ward D each had 10%.

Key messages

CFS and 4AT assessment need to improve across all stages and wards. Discrepancies in assessment are likely from knowledge gaps, time pressure, and missing mandatory fields for CFS and 4AT. Interventions for next cycles include presenting the results at a governance meeting, teaching, sharing apps to aid assessment, email + poster reminders, and embedding mandatory fields on clinical proformas.

QS603

Improving Resident Doctors' Confidence in Managing Syncope – a Quality Improvement Project

Authors

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Background

Syncope is a common presentation in acute medicine but often under-taught at undergraduate level. As a result, resident doctors may lack confidence in its management and be unfamiliar with local referral pathways. This quality improvement project aimed to enhance doctors' confidence in assessing syncope by developing a pathway outlining red-flag features, management steps, and appropriate referrals based on presentation.

Methods

Data from 49 resident doctors (FY1–CT3) at Kettering General Hospital was collected via a Microsoft Forms survey in July 2025, assessing confidence in managing syncope, recognising red flags, and discharging patients safely. A “Transient Loss of Consciousness Pathway” was then implemented across acute areas, with a follow-up survey in October 2025 to reassess confidence.

Results

In the first cycle, 49 clinicians were surveyed; in the second, 22. Confidence in identifying red flags rose from 87.5% to 100%, and in safely discharging patients from 32.75% to 95.45%. Awareness of outpatient investigations increased by 55%, reaching 100%. In the second cycle, 95.24% rated their confidence ≥ 6 , exceeding the 20% target, though results were not statistically significant.

Key messages

Survey results were promising, showing marked improvement in doctors' confidence managing syncope, identifying red flags, and discharging patients safely. Future cycles should improve statistical significance by increasing exposure through trust intranet distribution and collecting pre- and post-pathway data from more clinicians to expand the sample size.

QS604

BE FAST - Improving Rapid Stroke Assessment

Authors

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Background

Timely stroke recognition is vital for good patient outcomes. The FAST tool (Face, Arms, Speech, Time) is widely used, but 40% of posterior circulation strokes are missed with FAST, despite making up 25% of all ischaemic stroke.^{1,2} BE FAST adds Balance and Eyes, supporting earlier detection of posterior circulation stroke and reducing door-to-CT time.³ Our QIP compares awareness of BE FAST vs FAST among healthcare professionals, feasibility of BE FAST and perceived barriers to its use.

Methods

We distributed a questionnaire to clinicians most likely to assess acute stroke presentations within a large District General Hospital (DGH). This included doctors, paramedics, nurses and outreach practitioners based in the Stroke Unit and Emergency Department. Clinicians were asked about awareness and usage of FAST and BE FAST, perceived ease of use, and barriers to implementation.

Results

Of the 35 clinicians who responded, 72% encountered suspected stroke at least daily; all used scoring tools or acronyms for stroke detection. 97% were familiar with FAST and 94% had used it. By contrast, 17% had heard of BE FAST and only 6% had used it. Barriers identified to the use of BE FAST included variable presentations (54%), symptom misinterpretation (40%), lack of awareness/training (31%) and communication barriers (34%). BE FAST did not appear to add more time when compared to FAST.

Key messages

The literature supports BE FAST as a superior tool for posterior stroke detection compared to FAST. Our cross-sectional data supports its feasibility in a DGH setting, but lack of awareness and education remain barriers to adoption. Our QIP will focus on wider training and formal incorporation of BE FAST into local Stroke Unit protocols, with the aim of improving stroke recognition and management.

QS605

Assessing the Quality and Completeness of Appendicectomy Consent: A Single-Centre Audit

Authors

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Background

Informed consent is an essential part of safe surgery. Despite appendicectomy being a common procedure, the consent process is often variable. In order for patients to make an informed decision they should be informed of all potential risks and complications associated with the surgery. Our aim was to assess the clarity and level of detail in consenting patients for emergency appendicectomy with the final aim of improving clinical practice and ensuring set standards are met.

Methods

We audited all appendicectomy consent forms completed over a 6-month period between February 2025 to August 2025. Each form was checked against a list of accepted common complications following appendicectomy. We collected data on the accuracy and detail of the consent form with regards to common risks and complications.

Results

During the study period, 164 patients underwent laparoscopic appendicectomy, comprising 112 adults and 52 children. The risks most documented were bleeding, infection, and injury to surrounding structures, reported in more than 96% of cases across both groups. Several clinically important risks were noted far less, including the need for further surgery (14% in adults, 29% in children), scarring (30% and 35%, respectively), and the potential for bowel resection (32% and 27%, respectively).

Key messages

We found that the information on the consent forms is often incomplete with variation between clinicians. Patients are therefore not consistently informed of the full spectrum of risks, limiting their ability to provide informed consent. The introduction of a standardised consent form may address this gap by improving patient understanding and supporting adherence to national standards.

QS607

Targeting Eosinophilic COPD in Portsmouth: Retrospective Analysis of Hospital Admissions and Biologic Therapy Potential

Authors

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Background

COPD is a leading cause of emergency admissions in Portsmouth, costing over £3.7M annually. Eosinophilic COPD patients remain at high risk of exacerbations despite maximal inhaled therapy. Biologics targeting type 2 inflammation, such as dupilumab and mepolizumab, have shown significant reductions in exacerbation rates in clinical trials. This retrospective audit identified patients admitted in 2023 who met eligibility criteria for these emerging therapies, ahead of anticipated NICE approvals.

Methods

Biologic-eligible patients were chosen using the MATINEE trial criteria: age ≥ 40 , ≥ 1 year COPD history, no asthma, eosinophils ≥ 300 cells/ μL , ≥ 1 moderate-severe exacerbation in the past year, and on triple inhaled therapy. Additional chronic bronchitis criteria were applied to assess dupilumab eligibility as per the BOREAS trial.

Results

Of 613 individuals admitted with COPD (accounting for 1069 admissions), 143 (23.3%) met eligibility criteria for biologic therapy. The 143 “biologic-eligible” patients had 241 admissions, totalling 940 days in 2023, with an average of 6.57 days per admission, which costs approximately £3000 per admission.

Applying the BOREAS and MATINEE trial outcomes to this Portsmouth cohort suggests that biologics could prevent 72 and 84 admissions/year, which equate to a 30-35% reduction, respectively.

Key messages

Early identification and treatment of biologic-eligible COPD patients could prevent bed days, saving £224K–£320K annually for PHUT alone.

National Respiratory Audit Programme data 23/24 indicate 41% of patients admitted with COPD exacerbation are subsequently readmitted within 90 days. If all patients were treated after identification at first admission, thousands of bed days could be saved.

QS608

Use Of Statins for Primary Prevention of Cardiovascular Disease in People Living with HIV

Authors

Dr. Mohammed Adhil

Background

This audit aims to improve statin use in people living with HIV to reduce cardiovascular risk. Following REPRIEVE trial findings, it will assess annual QRISK completion, patient education (verbal and text), and communication with GPs regarding statin initiation. It evaluates compliance with BHIVA guidelines on CVD risk assessment and statin recommendations, regardless of age.

Methods

We collected data from 50 patients in retrospect using data points such as gender, age, age group, Qrisk measured within a year, whether taking statins, have the patients been offered information regarding the statins via text or verbally and Statins recommendation letter to GP. All patients aged over 40 and seen by a variety of different doctors to help achieve a good cross section of patients.

Results

QRisk3 assessments were completed in only 52% of eligible patients, well below the 95% target. Statin discussions were documented in 82% of cases, also missing the 95% standard. GP letters were sent in 74% of permitted cases. Statins were recommended to 83% of eligible patients not on them, below the 90% target. Only 52% are currently on statins, short of the 70% goal, though this target is seen as unrealistic in practice for all HIV patients over 40.

Key messages

1. Slightly low proportion of statin recommendations among eligible patients not already on statins (83% vs 90% target).
2. Suboptimal percentage of patients currently taking statins (52% vs 70% target).
3. Extremely low percentage of updated/new Qrisk calculated, many of the Qrisks were completed over a year ago (52% vs 95%).

QS609

Evaluating the standard of HCC Surveillance Ultrasound Reporting Compared to LI-RADS US Protocol – A Single Centre Report

Authors

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Background

Hepatocellular carcinoma (HCC), the most common primary liver cancer, has seen rising incidence and mortality over the past 50 years. Early diagnosis improves survival, and UK guidelines recommend regular ultrasound surveillance in high-risk patients. The Liver Imaging Reporting and Data System (LI-RADS), recommended by NHS England, standardises ultrasound terminology and technique, stratifies risk, and scores study quality to guide management.

Methods

Data pertaining to HCC surveillance ultrasound reports from Swansea Bay University Health Board Radiology Department was provided. Reports from three months in 2024 (January, June and October) were assessed for inclusion of key LI-RADS ultrasound protocol components. Reports were analysed using a predefined scoring system, supported by Microsoft Excel.

Results

272 scans were analysed (24% of scans from 2024). The mean age was 60.9 years, with 54% males. Overall, 95% of reports included at least five LI-RADS components. There was poor compliance (<80%) for reporting lesion presence/absence, ascites, and assessment of other organs. Only 28% of scans fully adhered to all LI-RADS subsections, and none documented the ultrasound category or visualisation score. Among reports mentioning lesions, 31% did not include lesion measurement.

Key messages

US LI-RADS is a robust system that standardises ultrasound reporting, streamlines HCC surveillance, and improves the detection and characterisation of potential hepatocellular carcinoma, ensuring clear communication and guiding appropriate management.

QS610

Rethinking Routine: Towards Sustainable and Patient-Centred Pre-Operative Testing in Laparoscopic Cholecystectomy

Authors

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Background

NICE 2016 pre-operative testing guidelines aimed to reduce unnecessary investigations but did not address group and save (G&S) testing. This has led to variation in practice, treatment delays, and wasted resources. We evaluated the need for routine G&S before laparoscopic cholecystectomy, assessing transfusion requirements, cost, sustainability, and patient impact.

Methods

A retrospective audit was undertaken, including all hot gallbladder (Hot GB) and elective laparoscopic cholecystectomy patients from January–December 2024. Data included demographics, ASA grade, number of G&S samples, and transfusion requirements pre-, intra-, and post-operatively.

Results

A total of 192 Hot GB and 160 elective patients were included. Hot GB patients accounted for 435 G&S samples, elective patients 227. Only one Hot GB patient required transfusion due to concurrent splenectomy for thalassaemia. No intra- or post-operative transfusions were needed. Direct laboratory cost of G&S was £12,975, excluding staff time and other factors. Repeated phlebotomy led to unnecessary venepuncture and potential delays with no clinical benefit.

Key messages

Routine G&S before laparoscopic cholecystectomy isn't supported by local data, with minimal transfusion needs and notable financial, environmental, and patient costs. A risk-based approach is advised, reserving G&S for patients with anaemia, coagulopathy, bleeding history, ASA >3, or high conversion risk. This improves sustainability, reduces waste, and avoids delays.

QS611

Pro-or-Con-Amoxiclav? A QIP introducing local antibiotic guidelines for dental abscesses, to improve antimicrobial stewardship.

Authors

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Background

Tooth decay is the leading cause for hospital admissions among 5-9-year-olds in England. South Tees NHS trust had no local antimicrobial guidelines for paediatric or adult dental abscesses, relying on co-amoxiclav. Local pharmacy data indicates South Tees as a whole prescribes the most co-amoxiclav in the North East region. This multi-cycle QIP aimed to review antibiotics after incision and drainage, compared to national guidelines (FGDP), in line with principles of antimicrobial stewardship.

Methods

The 1st cycle examined paediatric patients who had emergency abscess drainage. Antibiotic choice, course length and dosing were analysed. A local guideline was created with microbiology, in line with national standards. This was re-audited with little change. A 3rd cycle mapped antibiotic sensitivities in dental abscess cultures sent in the last year, to evidence reliability of local guidelines.

Results

Of the initial pool size (47): 79% had co-amoxiclav. 80% were the correct paediatric dose. 62% were appropriate lengths (up to 5 days).

Of the second pool size (8): 75% had co-amoxiclav. 62.5% were the correct dose. 80% were appropriate lengths.

17 of the 104 dental abscess cultures had antibiotic sensitivities, of which 82% were susceptible to first-line amoxicillin. 94% were sensitive to 1 of the 3 local guideline antibiotics.

This has been presented locally and will be re-audited shortly.

Key messages

There is reluctance to change from a broad-spectrum antibiotic as patients who have an incision and drainage are likely to be systemically unwell. Following surgical intervention, a narrow-spectrum antibiotic can however be safely prescribed. Behavioural change is still hard to enact; this QIP illustrates that persistence and a strong evidence base are both needed to drive changes in practice.

QS612

IMPLEMENTATION OF A URO-NEUROLOGY VIRTUAL WARD ROUND AT THE WOLFSON'S REHABILITATION UNIT

Authors

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Background

Neuro-rehabilitation patients are at risk of uro-neurological complications, including neuropathic bladder and recurrent UTIs. Delays in outpatient appointments hinder timely assessment and management. A new uro-neurology virtual ward round uses a multidisciplinary approach to review patients and create tailored plans. This novel pathway aims to reduce time to diagnosis and initiation of treatment, and the frequency and severity of UTIs. Previously, patients were referred to general urology.

Methods

43 patients were discussed during the uro-neurology MDT between April and November 2024. Primary data collection from hospital records and analysis was performed to assess the number and severity of UTIs in patient in the 6 months prior and following MDT discussion, and the time to discussion in MDT from referral.

Results

Prior to the uro-neurology virtual ward round, mean wait for general urology clinic review was 6 months. In contrast, the new MDT meets biweekly, reducing wait time to 2 weeks. The mean number of UTIs reduced from 1.92 per patient in the 6-month pre-MDT period to 1.38 in the 6-months post-MDT. UTI severity, based on hospital admission or IV antibiotics, also shifted: pre-MDT, 96% were managed in the community and 4% in hospital; post-MDT, 72% were community-treated and 28% required admission.

Key messages

The management of neuro-rehabilitation patients is complex and benefits from interdisciplinary collaboration. The uro-neurology virtual ward round has improved efficiency and prevented delays in diagnosis and initial management patients. This dedicated care pathway improved the management of neuro-rehabilitation patients through interdisciplinary collaboration and prompt assessment.

Poster presentations – QS07: QI/sustainability Poster Group 7

QS701

Hot or Cold? An audit of Paediatric Post-tonsillectomy Haemorrhage and Tonsillectomy Techniques in Cardiff and Vale

Authors

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Background

Post-tonsillectomy hemorrhage (PTH) is a serious complication of paediatric tonsillectomy. In recent years; intracapsular Coblation technique has gained traction as a potentially safer option with a decreased PTH rate quoted at 0.5-1.7% and 0.2% returning to theatre vs traditional methods of 1-4% and 0.3-1% respectively. This audit evaluates PTH rates in paediatric tonsillectomies performed at University Hospital of Wales (UHW) and Children's Hospital for Wales (ChHfW) over a seven-year period.

Methods

A retrospective review was conducted of all paediatric tonsillectomies performed between January 2017 and February 2025 in Cardiff and Vale University Healthboard. Data collected includes methods used, readmissions for all reasons, PTH and PTH requiring return to theatre as well as Primary vs Secondary bleed.

Results

1,572 paediatric tonsillectomies were performed during the audit period with an average PTH rate of 5.09% and a return to theatre rate of 1.15%. Of these, 366 were Coblation between 01/2020 and 02/2025, with an average PTH rate of 2.19% and return to theatre rate of 0.27%. Primary PTH rates were on average 0.32% with 0.13% going to theatre while for coblation it was 0.27% with 0% going to theatre. Z-score analysis showed coblation had the lowest PTH rate compared to non-coblation ($P = 0.002$).

Key messages

Paediatric PTH rates in CAVUHB are comparable to national standards, with coblation intracapsular tonsillectomies resulting in less admissions and returns to theatre for PTH when compared to other tonsillectomy techniques.

QS702

Improving the confidence of resident doctors working in surgery when consulting clinical microbiology.

Authors

Dr Cody Odell Peninsula Foundation School

Background

Junior doctors in the UK often feel anxious when consulting microbiology, relying on advice rather than local guidelines. This anxiety may stem from or contribute to poor preparation and documentation. This audit aimed to identify areas where surgical residents lack confidence and how microbiology discussions can be improved to support both doctors and the service.

Methods

An anonymous questionnaire was distributed to surgical doctors across six wards. It assessed confidence levels, what information doctors gather before calling, and how they document discussions.

Notes were also audited post microbiology consultation, checking for evidence of documentation and what information had been documented.

Results

Questionnaire results:

46% reported low confidence in discussing with microbiology.

55% surveyed checked current antibiotics

6.6% checked allergies and sensitivities.

80% claimed to document discussions, mainly in paper notes.

Results from auditing notes:

40% of actual cases had no documentation.

5% documented course length

20% named the microbiology consultant.

A simple poster was created and displayed on surgical wards, outlining key steps for effective preparation and documentation.

Key messages

Resident doctors lack confidence in discussing with microbiology. Evidence shows that lack of information prior to contacting microbiology, and poor documentation are the biggest barriers to improving confidence. We have aimed to tackle this issue by creating a poster with succinct information about effectively calling microbiology and have displayed this in the surgical wards in RCHT.

QS703

Audit on the Management of First Trimester Miscarriages in the Early Pregnancy Assessment Unit (EGAU) at Hillingdon Hospital

Authors

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Background

Miscarriage affects up to one in five pregnancies and is defined as pregnancy loss before 24 weeks. NICE guidelines (NG126) outline diagnostic and management pathways, including ultrasound assessment and individualized care. No recent audit had assessed EGAU (Early pregnancy unit) compliance at Hillingdon Hospital. This audit aimed to evaluate current practice against NICE standards and identify areas for improvement.

Methods

A retrospective review of 34 patients presenting with first-trimester miscarriage was undertaken using the NICE baseline assessment tool. Data included diagnosis, management type, follow-up arrangements, and documentation. Compliance with support provision, VTE risk assessment, and adherence to NICE recommendations were analysed.

Results

All patients received support and information. Two were not appropriately offered follow-up. Of ten surgical cases, one received VTE prophylaxis and three lacked VTE risk assessment. Half of those with confirmed miscarriage chose expectant management, with half of these requiring further intervention. Four patients had a positive pregnancy test at three weeks; one developed sepsis post-ERPC. Documentation was inconsistent, limiting audit completeness.

Key messages

Care broadly aligned with NICE guidance, but VTE risk assessment and documentation require improvement. An electronic clerking template and routine VTE scoring are recommended. Manual Vacuum Aspiration (MVA) is being introduced to enhance patient choice. Re-audit in six months will evaluate progress and support continuous quality improvement within EGAU.

QS704

Vertebral Fragility Fractures - Getting It Right The First Time: A Retrospective Audit.

Authors

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Background

Vertebral Fragility Fractures (VFFs), as defined by the GIRFT pathway, result from low-energy trauma in the context of bone fragility and are often under-recognised despite their link to future fracture risk. The absence of a triage pathway to distinguish fragility from non-fragility VFs can result in variable management and missed prevention opportunities.

Aim: To assess adherence to the GIRFT VFF Pathway, focusing on imaging, bone health assessment, vitamin D testing, and follow-up.

Methods

A retrospective audit was conducted on patients with radiologically confirmed vertebral fractures between 2 May and 13 September 2025. Fractures were classified as fragility or non-fragility per GIRFT criteria. Thirty patients met inclusion. Data on presentation, injury mechanism, imaging, biochemistry, and management were extracted and benchmarked against GIRFT standards.

Results

87% presented via Emergency Department; 70% sustained low-energy falls. 53% met vertebral fragility fracture criteria. Despite GIRFT's standing X-ray recommendation, 44% had initial CT. 25% referred to Bone Health; 0% had vitamin D measured; 27% had basic bone profiles. Vertebral cement augmentation was <5%. 10% fractures were malignancy-related. 100% had spinal follow-up, but bone health management fell short of GIRFT standards.

Key messages

This audit identifies opportunities to better align with GIRFT, particularly in vertebral fragility fracture identification and management. Enhancing clinician education on vertebral cement augmentation and establishing a dedicated coding and referral pathway are recommended. A re-audit will evaluate improvements in assessment, prevention, and imaging adherence.

QS705

Peer-to-Peer and Clinically Clear: Elevating AMU Induction Through Shared Experience

Authors

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Background

Starting AMU can be overwhelming for F1s due to a lack of practical, ward-specific induction. Peer-led tools can fill this gap. This project introduced a one-page “cheat sheet” designed by outgoing F1s to improve preparedness, confidence, and safety for those rotating into AMU or starting general medicine.

Methods

The “AMU Ready?” cheat sheet was shared digitally with incoming F1s. It covered referrals, shift structures, escalation, and workflow. Feedback was collected via pre- and post-rotation surveys across three cohorts, plus a final survey for new F1s before starting AMU.

Results

Compared to baseline, later cohorts reported higher confidence and clarity. In the final survey, 86% felt more confident, 86% found the cheat sheet useful, and 100% would recommend it. Many found it helpful for general medicine, even if not placed on AMU.

Key messages

Peer-led tools can significantly improve F1 preparedness
One-page, low-resource interventions can have a broad impact
Resident doctors can lead sustainable, trust-wide change
Cheat sheets bridge the gap between formal induction and daily workflow

QS706

Evaluating Switch from IV to SC Vedolizumab in Patients with Inflammatory Bowel Disease

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Background

Vedolizumab, a monoclonal antibody used to treat inflammatory bowel disease (IBD), was traditionally administered intravenously (IV). Studies demonstrate that subcutaneous (SC) Vedolizumab may provide comparable efficacy with added benefits including patient convenience, shorter administration time, potential for home use, and reduced costs. This DGH audit aimed to evaluate the clinical outcomes, patient experience, and financial impact of switching stable IBD patients from IV to SC Vedolizumab.

Methods

17 patients with IBD on IV Vedolizumab were eligible for switching to SC based on disease control and treatment compliance. Patients received education on administering SC Vedolizumab. Vedolizumab levels, inflammatory markers, and FCP were collected pre and post switch and retrospectively analysed. Patients were followed up regularly and their feedback was gathered via questionnaires.

Results

Sufficient data was available for 16 patients. 13 patients showed no significant change in measured blood and faecal inflammatory markers after switching from IV to SC. Blood Vedolizumab levels were significantly higher on SC treatment ($p < 0.001$). 12 patients remain on SC, 3 switched to other therapies after FCP increase, and 1 reverted to IV due to allergy. Minimum drug cost saving was £5,173 per patient during year 1. Patients expressed satisfaction with convenience and financial benefit.

Key messages

This DGH audit demonstrated SC Vedolizumab to be an effective treatment option for stable IBD patients, with positive financial implications for both patients and the trust. Most patients preferred SC treatment due to convenience, cost benefits and reduced hospital visits. Switching from IV to SC treatment in appropriate cases can therefore improve patient experience whilst easing NHS pressures.

QS707

Optimising Diagnostic Practices in Paediatric Sepsis: A Retrospective Audit Against NICE Paediatric Standards

Authors

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Background

Paediatric sepsis remains a leading cause of morbidity and mortality, with diagnosis often hindered by non-specific presentations and overlap with common childhood illnesses. Early identification of the infectious source is crucial to guide management, improve outcomes, and minimise inappropriate antimicrobial use. This audit evaluated compliance with NICE guidance on microbiological investigations, focusing on urine sampling and dipstick testing.

Methods

A retrospective review included all patients under 18 admitted between December 2024 and February 2025 with a primary diagnosis of sepsis. Those transferred solely for intravenous antibiotics or admitted outside the Paediatric Assessment Unit or ward were excluded. Demographics, risk factors, infection sources, and microbiological sampling were analysed against NICE guidance.

Results

Forty-one eligible patients (22 male, 19 female) were reviewed; mean stay 3.4 days. Blood cultures were obtained in all, with seven positive (17%), including cases of bacteraemia and urosepsis. Urine cultures were performed in 68%; 39% were delayed post-antibiotics and 10% rejected. Only two yielded significant growth, including *Enterobacter* from a nitrite-negative dipstick. Documentation of dipstick results was limited and inconsistent.

Key messages

This audit found variation in compliance with NICE paediatric sepsis guidance. Blood cultures were consistent, but urine sampling was inconsistent, delayed, and error-prone. Dipstick testing was underused and poorly documented. A nitrite-negative *Enterobacter* case highlights the need for cultures despite equivocal dipsticks. Standardised sampling with Quick-Wee, pad, and catheter are recommended

QS708

Improving Blood Culture Stewardship in the Emergency Department

Authors

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Background

Blood cultures are vital for diagnosing bloodstream infections in the Emergency Department (ED), but contamination can cause inappropriate antibiotic use, diagnostic uncertainty, and increased costs. This quality improvement project assessed contamination rates in a district general hospital ED, evaluated adherence to the Trust's blood culture crib sheet, and identified opportunities to improve sampling practices.

Methods

A retrospective review was conducted in the ED during August 2025, analysing 100 consecutive patients who underwent blood culture sampling. Patients with lines, immunocompromise, malignancy, pregnancy, diabetes, or endocarditis were excluded. Data on results, indication, presentation, antibiotics, admission, and NEWS/SIRS scores were collected.

Results

Of 100 patients, 16% were positive, 77% negative, and 7% contaminated. Five of seven contaminations were non-indicated, and two led to unnecessary antibiotics. Only 2.6% of negatives changed management. 34 BC were not indicated. Non-indicated sampling cost £136 and raised contamination to 15% (5/34) vs 3% (2/66) for indicated cultures, showing the impact of inappropriate sampling.

Key messages

Blood culture contamination remains a challenge in the ED (7%), with over 70% of contaminated samples taken without indication. Reinforcing sampling guidance, staff training, and audit feedback could cut rates below 3%. Active interventions are underway as part of an ongoing QI project to reduce unnecessary cultures and contamination.

QS710

Improvement of the Documentation of Intimate Examinations in Gynaecology Surgical Assessment Unit Attendances in Scarborough Hospital

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Background

During assessment by the gynaecology team in the surgical assessment unit (SAU), intimate examinations are often performed. GMC guidance explains that where feasible, a chaperone should be present. Chaperones can support the patient during a sensitive examination and can raise any concerns, acting impartially on behalf of both the patient and the clinician.

Following the procedure, consent, the chaperones full name and role, should be clearly documented in the patient's notes.

Methods

An audit was performed of SAU attendances in September 2025 to assess documentation practices. The audit assessed how often consent, chaperone presence, and the name and role of the chaperone were mentioned in intimate examinations.

Following initial data results, an information poster was produced and then SAU attendances were re-audited to identify if any change could be observed.

Results

The audit identified that 62% of gynaecology SAU attenders had an intimate examination. Of those, 62% had no mention of consent documented. There was no mention of a chaperone in 56%. Only 10% had the name/role of chaperones documented. Only 5% of documentation was in line with GMC guidance.

Following educational intervention, compliance increased in all outcome measures, with 3.6 times as many documentations of attendances being in line with GMC guidance when compared to the initial audit.

Key messages

This project highlights the improvement to documentation with simple educational measures, implying that non-compliance with GMC guidance stems from lack of awareness. Further education of correct documentation practices is required for higher compliance rates, and subsequently safer medical practice.

QS711

Digital Capture of ECGs

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Background

Homerton University Hospital's ECG machines possess direct electronic patient record (EPR) upload capability, yet most ECGs remain paper-printed, creating inefficiencies including repeated ECGs, staff travel time to locate results, and wasted clinical time tracking misplaced records, and most importantly lack of comparison to ECGs from previous admissions.

Methods

ACU used as initial focus. Interventions included: ward-based training sessions, laminated instructions, WhatsApp notification about upload capability and IT team machine review. Initial qualitative data collection involved 32 respondents across multiple disciplines and specialties. Upload rates were obtained from the trust informatics team.

Results

Monthly ECG digital uploads increased from near zero in January 2025 to approximately 90 by August 2025. Key barriers identified: 78% of staff initially printed ECGs only; 66% unaware machines could upload directly; 72% had not received training. Following intervention implementation, brief training sessions and machine fault correction emerged as top-ranked support interventions.

Key messages

Systematic engagement of nursing staff, targeted training delivery, and collaboration with IT teams successfully transformed ECG capture from predominantly paper-based to predominantly digital processes. This quality improvement initiative increased efficiency in patient care and advanced the government's Digital Health and Social Care Plan (2022) objectives

QS712

Exploring the Use of Local Anaesthetic for Arterial Blood Gas: Current Practices and Barriers to implementation

Authors

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Background

The BTS guidance for Emergency Oxygen recommends that for all arterial blood gas (ABG) sampling in a non-emergency setting, local anaesthetic (LA) should be used (1). ABG sampling is known to be a painful but important procedure (2). The aim is to accurately measure blood oxygen and carbon dioxide levels, and to assess the pH, which can help diagnose respiratory and metabolic problems. This QIP aimed to investigate attitudes towards its use during ABG sampling at Derriford Hospital.

Methods

We anonymously surveyed 78 doctors, which included FY1 doctors to registrar grades, working at Derriford Hospital. This survey included 4 questions exploring how often the practitioner uses local anaesthetic in routine ABGs, the barriers to implementation of LA and whether, despite knowing the BTS guidelines, whether they personally think the use of LA is important before ABG sampling.

Results

98.72% had performed an ABG in 12 months. 57% of this cohort had never used local anaesthetic for ABG sampling. 10% of the sample used LA half of the time and 2% used LA 75% of the time. 7% of clinicians used LA in every ABG sample they had taken.

The main barriers to respondents not using local anaesthetic were, a lack of availability of LA (27%) and a poor understanding of technique (23%). 40% didn't think that LA administration was important.

Key messages

We created a poster demonstrating how to administer LA prior to ABG sampling with the aim to bridge the knowledge gap contributing to patient discomfort, as a poor understanding of the technique seemed to be the driving force behind the lack of use. These posters were displayed in the respiratory department and AMU. We plan to repeat the survey to assess the outcome of our intervention.



End