

necessitates the resolution of technical uncertainties and ethical considerations for cognitively impaired populations.

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Improving Induction for Resident Doctors and ACPs in General Surgery: A Quality Improvement Project

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Background: Resident doctors, including foundation, core, and higher surgical trainees, rotate at varying times throughout the year. Although no evidence suggests that resident changeover adversely affects surgical patient safety, the quality of induction can significantly influence clinician preparedness and satisfaction. The Royal College of Surgeons of England has recommended inclusion of educational induction as a means of enhancing surgical training. In response, a quality improvement project was undertaken to optimise the induction process for resident doctors and ACPs within the General Surgery department at The Rotherham NHS Foundation Trust.

Methods: Two PDSA cycles were conducted between October and December 2024. An initial survey assessed perceived preparedness, confidence in performing key clinical tasks, and gathered recommendations for improvement. A comprehensive General Surgery Induction Guide was then developed, reviewed by senior colleagues, and distributed in November 2024. A follow-up survey guided subsequent revisions, with an updated version released in December 2024.

Results: Only 10% of respondents felt adequately prepared by the previous induction, while all agreed that an induction guide would be beneficial. Confidence in general clinical tasks exceeded that in surgery-specific tasks, e.g. 70% of respondents were confident to request bloods vs 10% were confident to book into emergency theatres. Following implementation of the guide, confidence improved across all 20 assessed tasks, particularly in specialty-specific areas. Feedback described the guide as

“excellent and comprehensive” and “a crucial aid for induction”.

Conclusions: Implementation of a structured induction guide substantially enhanced clinician confidence and ongoing review will ensure its continued relevance and alignment with evolving clinical practices.

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Rehabilitation Strategies and Functional Outcomes After Surgery for Sports-Related Traumatic Injuries: An Evidence-Based Review

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Background: Sports-related traumatic injuries, such as anterior cruciate ligament (ACL) rupture, rotator cuff tears, and Achilles tendon ruptures, often require surgical intervention followed by structured rehabilitation. Optimizing post-surgical rehabilitation is crucial for restoring strength, mobility, and safe return to pre-injury activity levels. This review combines current evidence on rehabilitation strategies and functional outcomes after surgery for major sports-related injuries.

Methods: A comprehensive PubMed search was conducted using keywords including “sports injury,” “rehabilitation,” “surgery,” “functional outcomes,” and “return to sport.” Systematic reviews, meta-analyses, and clinical guidelines published between 2015 and 2025 were included in this analysis. Studies were appraised for methodological quality and relevance to post-surgical rehabilitation principles and outcome measures.

Results: Evidence supports early, criterion-based rehabilitation emphasising progressive loading, proprioception, and neuromuscular control. The Aspetar Clinical Practice Guidelines for ACL reconstruction recommend individualised, goal-driven protocols and objective criteria for return to sport rather than time-based approaches. Meta-analyses of rotator cuff and Achilles tendon repairs indicate that early mobilization accelerates recovery without compromising repair integrity. Adjunctive therapies, such as blood-flow restriction training,