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40%. The average duration of handover was higher after the implementation of the EH (13.2 mins vs 9 mins). EH shared significant relevant information while VH were deemed unsatisfactory.

Conclusion: Implementation of a weekend electronic urology handover in TUH has improved the way clinical information is shared, facilitated increased weekend discharges, and enhanced patient safety.

Reference

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Poster 23 An analysis of urinary tract stone composition, interventions and recurrence rates in an Irish population

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Introduction: It is well recognized that stone composition affects recurrence rates and patient outcomes. We aim to present the types of ureteric and renal calculi treated in our centre.

Methods: We identified 103 consecutive patients had a renal calculi analysis performed in our centre. Basic patient demographics, stone composition, number of interventions (ureteroscopy, PCNL) and stone recurrence rates were collected. A review was performed of all patients on the National Integrated Medical Imaging System (NIMIS) to account for presentations to alternative sites.

Results: There were 105 stone analyses in 103 patients. The average age was 53.7 years (range 27–85) with a male predominance (61%). Mean follow up was 38.4 months. 56 (53%) stones were described as predominantly calcium oxalate, 15 (14%) mixed calcium oxalate and phosphate, 19 (18%) predominantly phosphate, 6 (5.7%) struvite, 6 (5.7%) cystine and 3 (2.9%) as uric acid stones. The highest number of interventions was seen in the cystine group, with a mean of 8 (range 1–29) urological interventions. The lowest was in the mixed calcium oxalate-phosphate group at a mean 1.9 (range 0–8). The highest recurrence rate was in the phosphate group with a mean of 1 recurrence at most recent follow-up, compared to a mean of 0.3–0.6 in all other cohorts.

Conclusion: To date our data reflects international studies, with a predominance of calcium oxalate stones. Patients with uric acid, phosphate and cystine stones are more likely to suffer from recurrence or more complex stone disease.

Poster 24 Improving Your Surgical Technical Skill: The Challenges Facing Surgical Trainees and The Role of Video-Based Coaching

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Introduction: The classic apprenticeship model of surgical training has become threatened in recent years due to reduced working hours and a transfer of procedures out of the hands of surgical trainees (1). This has resulted in a growing interest in online resources and simulation-based training (2). The aim of this study was to assess which factors Irish trainees feel are limiting their technical skill progression and to evaluate the perceived usefulness of video-based coaching (VBC).

Methods: Irish surgical trainees were invited to complete a 10-question survey.

Results: A total of 27 trainees responded to the survey. There was an equal distribution of responders across all levels of training. Only 30%

(n = 9) of trainees reported receiving feedback from their consultant either “always” or “usually” after a case, while a further 30% reported “rarely” receiving feedback. Case volume, senior supervision and the opportunity to review the case with their consultant were reported as both the most frequently encountered obstacles and most important factors in improving their technical skill. Although 97% (n = 26) of trainees feel VBC would be useful in surgical training, none are currently aware of any evidence to support its use in surgery.

Conclusions: This study provides insights into the challenges facing Irish surgical trainees. The lack of routine feedback and cased volume remain key concerns. There is a growing body of evidence to support the use of VBC in surgical training despite the current lack of awareness amongst Irish trainees (3).

References

1. Traynor O. Surgical training in an era of reduced working hours. *Surgeon*. 2011;9(Suppl 1):S1–2.
2. Zevin B, Aggarwal R, Grantcharov TP. Surgical simulation in 2013: why is it still not the standard in surgical training? *Journal of the American College of Surgeons*. 2014;218(2):294–301.
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Poster 25 Waiting Lists and Pandemics: A Prospective Multi-Institutional Study on The Impact Of Covid-19 on a Tertiary Referral Urology Centre

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Introduction: The impact of the novel Coronavirus (Covid-19) has been felt around the world. The need for resource reallocation and increased Covid-associated risks have meant that elective surgeries are rationalised, resulting in many cancellations. Many organisations have put forth guidelines on how to triage these cases, but no universally accepted protocol exists and the effect of delays on patient outcomes remains uncertain (1). The aim of this study was to review the impact of Covid-19 on the urology waiting lists in 3 Dublin centres.

Methods: A database of all patients awaiting a urological procedure in either Connolly Hospital, St Joseph's Hospital Raheny or Beaumont University Hospital was created and prospectively maintained from the 16th of March 2020.

Results: A total of 77 urological procedures have been postponed between the two hospitals. Of these, 52% (n = 40) were flexible cystoscopies for haematuria or bladder cancer surveillance, 10% (n = 8) were ureteroscopies for patients with indwelling ureteric stents and 8% (n = 6) were transurethral resection of bladder tumours. During this time, 5 patients phoned the service complaining of urological symptoms, one patient attended their general practitioner, and one patient presented to emergency department directly. To date, 4 urology patients have tested positive for Covid-19 between the two institutions.

Conclusions: While this study is ongoing, it has highlighted that several urgent cases have already been postponed. Though the full impact of these delays on patient outcomes remains to be seen, many patients have already sought medical advice for ongoing symptoms as a result.

Reference

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