Resident Doctors' Perceptions of the Educational Value of Virtual Fracture Clinics (VFC).

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Introduction

- Since 2011, VFC have been used by orthopaedic departments for consultant led triage of minor injuries attending ED or UTC.
- VFC format, attendance, and frequency varies from trust to trust.
- The aim of this study is to explore one trust resident doctors' perceptions of the educational value of the Virtual Fracture Clinic (VFC) and identifies the factors that contribute to its effectiveness as an educational tool.

Methods



Google forms questionnaire created and iteratively improved based on feedback of 4 doctor focus group.

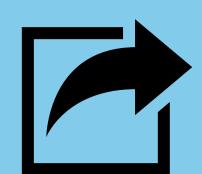


Final draft of questionnaire circulated amongst orthopaedic SHOs and Specialty Trainees in one Trust (East Kent Hospital University NHS Foundation Trust)



Reminder email sent to maximize response rate.

0%



Responses were measured using a 5-point Likert scale, and free text answers which underwent thematic analysis as per Bran and Clarke's six-phase thematic analysis framework to identify themes.



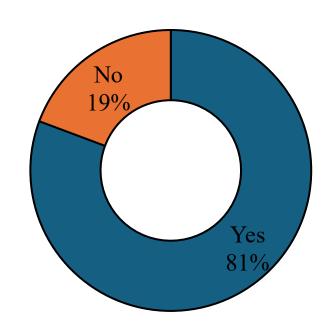
Questionnaire responses were collected using Google Forms software and data analysed using Microsoft Excel.

Results

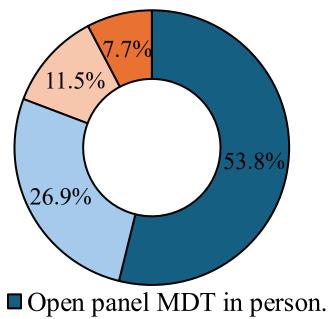


26 resident doctors completed questionnaire. (13 SHO + 13 Registrars)

In your role, do you have access to observe/participate in your departments VFC? (n=26)



In your opinion, which format of VFC would be most educationally valuable? (N=26)

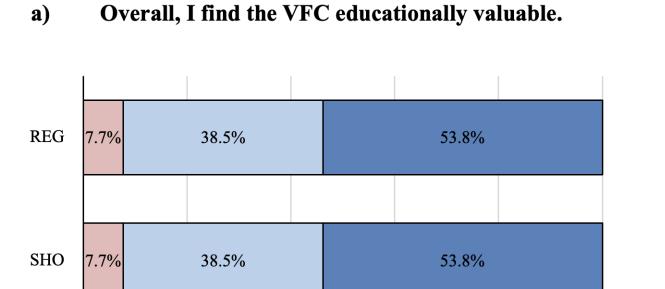


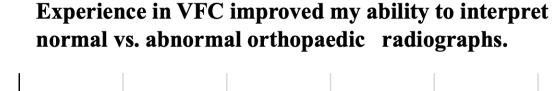
- □ Open panel MDT online
- □ Single consultant/registrar in person
- No response

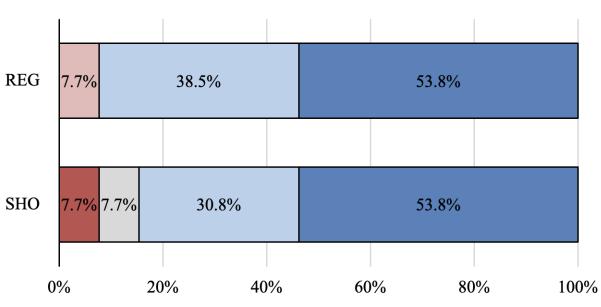
Figure 1 Divergent stacked bar chart comparing REG and SHO Likert scale responses

100%

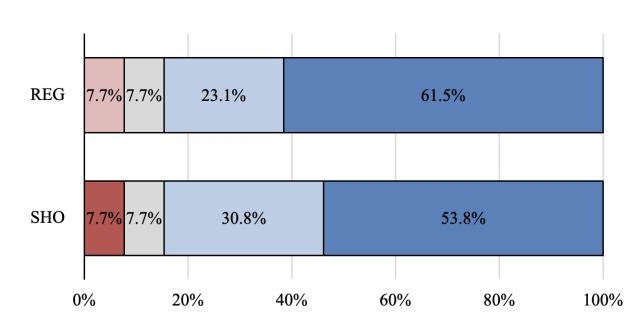
d)







Experiences in VFC have given me exposure to minor c) orthopaedic injuries and their management.



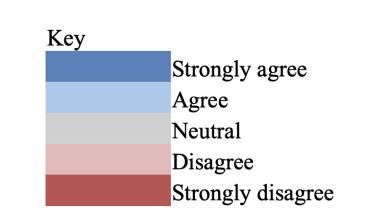


TABLE 1 Themes Derived Through Thematic Analysis of Free-Text Responses

	What aspects of the VFC have positive educational impact?	What aspects of the VFC have negative educational impact?	What would you improve to optimise the educational value of the VFC?
Themes	Discussion on radiology interpretation	Poor referral quality	Interactivity
	 Discussion on conservative management of fractures. 	Time constraint	Regular allocation
	Decision making rationale	 Efficiency prioritised over teaching 	MDT approach
	 Case based discussion format. 		Consultant oversight

Discussion

- First study exploring resident doctors' perceptions of the educational value of the VFC.
- Overall, registrars and SHOs alike found the VFC to be overall educationally valuable.
- VFC is felt to be useful in developing radiographic interpretation, and in furthering experience of minor orthopaedic injuries.
- This study is limited by inclusion of a single centre with limited total numbers. It also relies on qualitative and thematic analysis to capture RDs perceptions on VFC.
- Next steps will be to approach trainee associations to develop and distribute the questionnaire at a regional/national level and increase sample size.

Conclusion

Based on our questionnaire findings, we recommend the following to optimize the educational value of VFCs:

- Open-panel, multi-grade, and multi-disciplinary VFC meetings
- **Consultant-led sessions**
- Interactive, case-based discussion format
- Regular, timetabled resident doctor allocations to facilitate attendance

References

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