

# Curriculum Vitae

---

## **Personal details:**

Name: Ahmed Mohamed Elmorsy  
Specialty: Consultant Trauma and Orthopaedic Surgeon (Shoulder Surgery)  
Email Address: ahmedelmorsy@doctors.org.uk

## **Registration**

GMC Number: 6168963 (with license to practice & on the **Specialist Register**)  
Royal College of Surgeons of England: 1026656.  
Egyptian Medical Association: 135458 (Consultant and on the Specialist Register)

## **Membership**

British Medical Association.  
Medical Defence Union.  
SICOT

## **Academic qualifications:**

Date awarded	Qualification title	Awarding Body/institute
2016	On the Specialist Register	GMC
2015	FRCS (Tr&Orth)	Royal College of Surgeons of England.
2011	PhD in Orthopaedics	Alazhar University, Cairo, Egypt.
2010	Fellowship of European Board of Trauma & Orthopaedics (FEBOT)	European Board of Trauma & Orthopaedics.
2005	MRCS	Royal College of Surgeons of England.
2003	MSc Orthopaedic Surgery	Ain Shams University, Cairo, Egypt.
1998	MBBCH	Ain Shams University, Cairo, Egypt.

## **Employment History**

- **Current Post ( Consultant Orthopaedic Surgeon):**

- **Post Title: Consultant Orthopaedic Surgeon.**
- Dates: From 10/04/2017 - present.
- Speciality: Trauma and orthopaedics
- Employer: Salisbury District Hospital Foundation Trust

- **Previous Posts ( Shoulder Fellowship):**

- **Post Title: Senior Clinical fellow (Shoulder Fellowship).**
- Dates: From 01/10/2015 - present.
- Speciality: Trauma and orthopaedics
- Employer: Royal Surrey County Hospital, Guildford, Surrey, GU2 7XX, UK.
- Supervisor: Mr. Mark Flannery, FRCS. (Orthopaedic Consultant).
- Job Description:

**Trauma and On-call duties:**

- Senior registrar on call Rota (1in 10).
- Review all the new referrals and put plan for management.
- Operate in duty hours and out of hours.
- Supervise the junior registrars.
- Communicate with tertiary referral centres when ever needed.
- Attend the trauma meeting daily where we discuss all the new admissions and the post operative patients.
- Operate in trauma theatre on regular basis twice a week in addition to specialist Upper limb trauma list once a week.

**Elective Operating Theatre:**

- Six Shoulder elective theatre sessions every week half of which I run independently. That includes Shoulder arthroscopic procedures and Shoulder replacement. That usually includes ASAD, Cuff repair , anterior stabilisation and Arthrolysis Total Shoulder replacement, Hemiarthroplasty and reverse total Shoulder replacement.
- Two sessions every week of independent Day Surgery operation list (DSU) which I do other upper limb operations operations.
- Responsible for explaining the procedures to the patients and obtaining consent for surgical procedures.
- Supervise the junior staff while operating.

**Inpatients:**

- Daily ward round.
- Discuss and monitor the plan and the out comes with the supervising consultant.
- Supervise the junior staff, nursing and physiotherapy team.

A. Elmorsy

**Out patients:**

- Run 4 clinics every week ( approximately 75 patients). This includes Fracture and Shoulder elective clinics for both news and follow-ups.

**Teaching:**

- Teach regularly in the formal department upper limb teaching, where the consultants and registrar are the main targeted audience in addition to the Junior staff, physiotherapy and nursing teams.
- Teach in the regular weekly teaching session for the junior staff including physiotherapy and nursing teams.
- Teach in the regional registrar training program.
- Informal teaching, during on call duties. This is a golden opportunity for one to one teaching to my junior registrar.

**Audit:**

- Attend regular department and hospital audit meetings.
- Participate in clinical audit activities within the department.
- Conduct an Audit project every 6 - 12 months.
- My last Audit presentation was in October 2016. It led to change of department practice to the best interest of the patients.
- Currently, I am involved in Re-Audit project. Aiming for closing the side loop and improve the practice.

**Research:**

- Dedicated session every week within my time table for research.
- Work within a very enthusiastic team.
- My most recent project presented in an international conference and submitted for publication.

**Management & administrative:**

- In charge of organising regular monthly upper limb teaching session. This includes choose the topic, book the venue, arrange the speaker and announce for the meeting and organise for sponsor.
- Attend clinical governance meetings regularly.
- Attend Monthly M&M department meeting regularly.
- Attend trauma care committee meetings.
- Involved in recruitment of junior colleagues with the department.

- **Previous Fellowship:**

- **Post Title:** Senior Clinical fellow (Upper Limb Trauma Fellowship)

- Dates: 01/04/2015 - 30/09/2015. (6 months)
- Speciality: Trauma and orthopaedics
- Employer: Royal Surrey County Hospital, Guildford, Surrey, GU2 7XX, UK.
- Supervisor: Mr. Sean Hughes,FRCS(Tr&Orth)(Orthopaedic Consultant)
- Job Description:

Trauma and On-call duties:

- \* Senior registrar on call Rota (1in 10).
- \* Review all the new referrals and put plan for management.

## A. Elmorsy

- \* Operate in duty hours and out of hours.
- \* Supervise the junior registrars.
- \* Communicate with tertiary referral centres when ever needed.
- \* Attend the trauma meeting daily.

### Planned upper limb trauma Operating Theatre:

- \* Four Upper limb specialist trauma theatre sessions every week half of which I run independently. That includes Shoulder, Elbow and Hand trauma including complex cases.
- \* Two sessions every week of independent Day Surgery operation list (DSU).
- \* Responsible for obtaining consent for surgical procedures.

### Inpatients:

- \* Daily word round.
- \* Discuss and monitor the plan and the out comes with the supervising consultant.
- \* Supervise the junior staff, nursing and physiotherapy team.

### Out patients:

- \* Three Fracture clinics every week ( approximately 75 patients, news and follow-ups).

### Teaching:

- \* Teach regularly in the formal department upper limb teaching, where the consultants and registrar are the main targeted audience in addition to the Junior staff, physiotherapy and nursing teams.
- \* Teach in the regular weekly teaching session for the junior staff including physiotherapy & nursing teams.
- \* Teach in the regional registrar training program.
- \* Informal teaching, during on call duties. (one to one teaching to my junior registrar).

### Audit:

- \* Attend regular department and hospital audit meetings.
- \* Participate in clinical audit activities within the department.
- \* Conduct an Audit project very 6 - 12 months.
- \* My last Audit presentation was in October 2016. It led to change of department practice to the best interest of the patients.
- \* Currently, I am involved in Re-Audit project. Aiming for closing the loop & improve practice.

### Research:

- \* Dedicated session every week within my time table for research.
- \* Work within a very enthusiastic team.
- \* My most recent project presented in an international conference and submitted for publication.

### Management & administrative:

- \* In charge of organising regular monthly upper limb teaching session.
- \* Attend clinical governance meetings regularly including M&M and trauma committee)
- \* Involved in recruitment of junior colleagues with the department.

## • **Previous Jobs:**

- **Post Title:** Clinical fellow (Registrar)
  - Dates: 01/10/2014 - 31/03/2015. (6 months)
  - Speciality: Trauma and orthopaedics
  - Subspecialty: **Hand surgery.**
- **Post Title:** Clinical fellow (Registrar)
  - Dates: 01/04/2014 - 30/09/2014. (6 months)

- Speciality: Trauma and orthopaedics
  - Subspecialty: Spine surgery.
  - Full time.
  - Employer: Royal Surrey County Hospital, Guildford, Surrey, GU2 7XX, UK.
  - Supervisor: Guy Parmain FRCS (Tr&Orth) (Orthopaedic Consultant).
- 
- **Post Title:** Clinical fellow (Registrar)
    - Dates: 01/10/2013 - 31/03/2014. (6 months)
    - Speciality: Trauma and orthopaedics
    - Subspecialty: Shoulder Surgery.
    - Full time.
    - Employer: Royal Surrey County Hospital, Guildford, Surrey, GU2 7XX, UK.
    - Supervisor: Mark Flannery FRCS (Orthopaedic Consultant).
- 
- **Post Title:** Clinical fellow (Registrar)
    - Dates: 01/04/2013 - 30/09/2013. (6 months)
    - Speciality: Trauma and orthopaedics
    - Subspecialty: Paediatric Orthopaedics Surgery.
    - Full time.
    - Employer: Royal Surrey County Hospital, Guildford, Surrey, GU2 7XX, UK.
    - Supervisor: Mr. Christopher Coates FRCS (Orthopaedic Consultant).
- 
- **Post Title:** Clinical fellow (Registrar)
    - Dates: 09/07/2012 - 31/03/2013. (9 months)
    - Speciality: Trauma and orthopaedics
    - Subspecialty: **Elbow & Hand surgery.**
    - Full time.
    - Employer: Royal Surrey County Hospital, Guildford, Surrey, GU2 7XX, UK.
    - Supervisor: Mr. Anthony Hearnden FRCS(Tr&Orth)(Orthopaedic Consultant).

- **Post Title:** Trust Registrar
  - Dates: 06/03/2012 - 07/07/2012
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Hip
  - Full time.
  - Employer: Orthopaedic Department, Salisbury District Hospital, SP2 8BJ,UK.
  - Supervisor: Mr. David Cox FRCS (Tr&Orth) (Orthopaedic Consultant)
  
- **Post Title:** Trust Registrar
  - Dates: 05/09/2011 - 05/03/2012
  - Sub-speciality: Hip & Knee.
  - Full time.
  - Employer: Orthopaedic Department, Salisbury District Hospital, SP2 8BJ,UK.
  - Supervisor: Mr. Stephen Veitch FRCS (Tr&Orth) (Orthopaedic Consultant).
  
- **Post Title:** Trust Registrar
  - Dates: 02/03/2011 - 04/09/2011
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Foot and Ankle
  - Full time.
  - Employer: Orthopaedic Department, Salisbury District Hospital, SP2 8BJ,UK.
  - Supervisor: Mr. Peter Rauh FRCS(Tr&Orth) (Orthopaedic Consultant).
  
- **Post Title:** Trust Registrar
  - Dates: 05/10/2010 - 01/03/2011
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Lower limb arthroplasty & shoulder.
  - Full time.
  - Employer: Orthopaedic Department, Salisbury District Hospital, SP2 8BJ,UK.

- Supervisor: Mr. Gurd Shergill FRCS (Tr&Orth) (Orthopaedic Consultant).
  
- **Post Title:** Registrar and Assistant lecturer.
  - Dates: 01/04/2010 - 30/09/2010
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Spine
  - Full time.
  - Employer: Orthopaedic Department, October 6 University Hospital, Egypt.
  - Training program supervisor: Prof. Dr. Mahmud Hafez MD, FRCS
  
- **Post Title:** Registrar and Assistant lecturer.
  - Dates: 01/10/2009 - 31/03/2010
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Paediatric Orthopaedics
  - Full time.
  - Employer: Orthopaedic Department, October 6 University Hospital, Egypt.
  - Training program supervisor: Prof. Dr. Mahmud Hafez MD, FRCS
  
- **Post Title:** Registrar.
  - Dates: 01/02/2009 - 30/09/2009
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Hip
  - Full time.
  - Employer: Orthopaedic Department, October 6 University Hospital, Egypt.
  - Training program supervisor: Prof. Dr. Mahmud Hafez MD, FRCS
  
- **Post Title:** Registrar and Assistant lecturer.
  - Dates: 04/08/2008 - 31/01/2009
  - Speciality: Trauma and orthopaedics

- Subspecialty: Spine
- Full time.
- Employer: Orthopaedic Department, Southampton General Hospital, UK.
- Educational Supervisor: Mr. Wagih Moussa FRCS (Orthopaedic Consultant).
  
- **Post Title:** Registrar.
  - Dates: 01/03/2008 - 03/08/2008
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Knee
  - Full time.
  - Employer: Orthopaedic Department, October 6 University Hospital, Egypt.
  - Training program supervisor: Prof. Dr. Mahmud Hafez MD, FRCS
  
- **Post Title:** Registrar and Assistant lecturer.
  - Dates: 16/01/2008 - 29/02/2008
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Spine ( AO Fellowship)
  - Full time.
  - Employer: Orthopaedic Department, Spine Unit, Cardiff University Hospital.
  - MR. Sashin Ahuja FRCS Tr&Orth Consultant Orthopaedic Surgeon.
  
- **Post Title:** Registrar and Assistant lecturer.
  - Dates: 01/10/2007 - 15/01/2008
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Knee
  - Full time.
  - Employer: Orthopaedic Department, October 6 University Hospital, Egypt.
  - Training program supervisor: Prof. Dr. Mahmud Hafez MD, FRCS
  
- **Post Title:** Registrar and Assistant lecturer.



A. Elmorsy

- Dates: 01/04/2007 - 30/09/2007
- Speciality: Trauma and orthopaedics
- Subspecialty: Foot & Ankle
- Full time.
- Employer: Orthopaedic Department, October 6 University Hospital, Egypt.
- Training program supervisor: Prof. Dr. Mahmud Hafez MD, FRCS
  
- **Post Title:** Registrar and Assistant lecturer.
  - Dates: 01/09/2006 - 30/03/2007
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Hand
  - Full time.
  - Employer: Orthopaedic Department, October 6 University Hospital, Egypt.
  - Training program supervisor: Prof. Dr. Mahmud Hafez MD, FRCS
  
- **Post Title:** Registrar.
  - Dates: 01/04/2006 - 31/08/2006
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Arthroplasty
  - Full time.
  - Employer: Orthopaedic Department, Dar Elshefa Hospital, Cairo, Egypt.
  - Educational Supervisor: Prof. Dr. Amr Abdelhady MD (Consultant Orthopaedic Surgeon).
  
- **Post Title:** Registrar.
  - Dates: 01/10/2005 - 31/03/2006
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Spine
  - Full time.
  - Employer: Orthopaedic Department, October 6 University Hospital, Egypt.

- Educational Supervisor: Prof. Dr. Amr Abdelhady MD (Consultant Orthopaedic Surgeon).
- **Post Title:** Registrar.
  - Dates: 01/10/2004 - 30/09/2005 (12 months)
  - Speciality: Trauma and orthopaedics
  - Subspecialty: Trauma
  - Full time.
  - Employer: Orthopaedic Departement, Dar Elshefa Hospital, Cairo, Egypt.
  - Educational Supervisor: Prof. Dr. Amr Abdelhady MD (Orthopaedic Consultant).
- **Post Title:** SHO (Core Surgical training)
  - Dates: March 2003 - March 2004
  - Speciality: Trauma and orthopaedics
  - Full time.
  - Employer: Dar Elshefa Hospital, Cairo Egypt.
- **Post Title:** SHO (Core Surgical training)
  - Dates: March 2002 - February 2003
  - Speciality: General Surgery
  - Full time.
  - Employer: Dar Elshefa Hospital, Cairo Egypt.
- **Post Title:** SHO (Core Surgical training)
  - Dates: October 2001 - February 2002
  - Speciality: Plastic Surgery
  - Full time.
  - Employer: Dar Elshefa Hospital, Cairo Egypt.
- **Post Title:** SHO (Core Surgical training)
  - Dates: March 2001 - September 2001

- Speciality: Vascular Surgery.
- Full time.
- Employer: Dar Elshefa Hospital, Cairo Egypt.
  
- **Post Title:** House Officer ( foundation year 2)
  - Dates: March 2000 - February 2001.
  - Specialities: A&E (6 months),  
Orthopaedics (6 months).
  - Full time.
  - Employer: Dar Elshefa Hospital, Cairo Egypt.
  
- **Post Title:** House Officer ( foundation year 1)
  - Dates: March 1999 - February 2000
  - Speciality: 2 months rotation on each of the following subspecialties.  
A&E  
Gynaecology & Obstetrics,  
Internal Medicine,  
General Surgery,  
Paediatrics,  
Medical Oncology.
  - Full time.
  - Employer: Ain Shams University Hospitals, Cairo, Egypt.

### **Research:**

- **Accuracy of USS and MRI in detection of rotator cuff tears.** (Accepted for publication - Polish Journal of Radiology)
  - Aim: This study aims to compare the ability of ultrasound scanning to MRI in detecting rotator cuff tears.
  - Method: Retrospective analysis of 300 consecutive patients underwent Shoulder arthroscopic interventions between October 2013 and October 2014.
  - Conclusion:
    - USS & MRI scan both have similar ability to diagnose RCT and FTT.
    - USS is more specific than MRI regarding diagnosis of PTT. We recommend USS as investigation of choice for diagnosis of rotator cuff tears.

- **Iatrogenic compartment syndrome.**
  - Status: published in Journal of Intensive Care Society Journal, August 2016.
  - This is a report of a case series of three Intensive Therapy Unit (ITU) patients who developed acute compartment syndrome of the forearm. All cases were found to have been caused iatrogenic after attempts at obtaining radial artery blood samples for blood gas analysis. These cases highlight common risk factors and have resulted in education amongst our medical and surgical physicians with emphasis on prevention.
  
- **Utility of the Instability Severity Index Score in predicting failure after Arthroscopic Stabilisation of the Shoulder.**
  - Status: 1) Published in American journal of sports medicine, August 2015.  
2) Presented in British Shoulder & Elbow Society, 2015 and,  
3) Awarded Best presentation (Paul Calvert Prize, 2015).
  - Aim: To assess the utility of Instability Severity Index Score (ISIS) in prediction of failure of arthroscopic anterior stabilisation and to identify other preoperative factor for failure.
  - Method: A retrospective case control study of 141 patients, with mean followup 47 months.
  - Conclusion: This is the first completely independent study to confirm that ISIS is a useful preoperative tool to predict failure of arthroscopic anterior stabilisation. Its recommended to consider other alternatives if ISIS is  $\geq 4$ .
  
- **Proximal femoral morphology in regions of hard and soft water. 2012.**
  - Status: 1) Published in Open Journal of Orthopaedics, March, 2016.  
2) Poster Presentation in British Hip Society meeting, 2013.  
3) Free presentation in South west Orthopaedic Club, 2012.
  - Aim: The aim of this study is to find out if there is a difference in morphology of the proximal femur in patients living in hard and soft water regions.
  - Method: Case-control study, 70 age & sex matched patients. Radiographic comparison of the proximal femoral cortical thickness & medullary canal diameter between both groups.  
Conclusion: In conclusion proximal femora morphology does differ in patients living in hard and soft water area. This study has shown an increased mean width of 1.9mm at the level of the LT in the hard water population. Further research is required to see whether there is an increased risk of complications such as peri-prosthetic fracture and aseptic loosening rates for certain hip prostheses in areas of hard and soft water.
  
- **Primary Bipolar in management of Unstable Intertrochanteric Fractures in elderly. PhD Thesis.**
  - Status: 1) Thesis accepted on 2009.  
2) Paper published in Open Journal of Orthopaedics, May 2012.
  - Aim: The aim of this study is to assess the efficiency of primary cemented bipolar hemiarthroplasty in treatment of the intertrochanteric fractures in elderly. Highlighting its effect on reducing the postoperative morbidity and early return of the patient to his/her activity.
  - Method: A prospective study was done on 41 patients who got unstable intertrochanteric fractures.
  - Conclusion: bipolar hemiarthroplasty should be considered as one of the modalities of the treatment for unstable intertrochanteric fractures in elderly.

A. Elmorsy

- **Skeletal Response to Collarless Polished Tapered Stem in Hip Arthroplasty. MSc thesis.**
  - Status: Thesis accepted on 2003.
  - This is review of literature of the biomechanics principles and out come of CPT stem.
  - Conclusion: Clinical experience with the CPT stem was remained extremely satisfactory over up to 20 years of use. Utilising the principal of tapered stem is a valid method of intra-medullary fixation in conjunction with cement. Continuing using of CPT stem for the future is justified.
- On Going research projects:
- **Intermediate term results of Short stem Shoulder Arthroplasty.**
  - This is retrospective case series 100 patients all had either of total shoulder replacement and hemiarthroplasty using short stem humeral component. We are measuring the oxford shoulder score at 3, 12 and 24, 48 months post operative compared to preoperative score.
- **Patient Specific instruments for Shoulder arthroplasty.**

**Publication:**

- Accuracy of US and MRI in detection of rotator tears. (Accepted for publication - Polish Journal of Radiology, January 2017). (First author)
- Iatrogenic Forearm Compartment Syndrome. (Journal of Intensive care Society. October 2016). (First author)
- Proximal Femur Cortical thickness and medullary canal diameter in soft and hard water regions. (Open Journal of Orthopaedics, March 2016). (First author)
- Utility of the Instability Severity Index Score in predicting failure after Arthroscopic Stabilisation of the Shoulder. ( American journal of sports medicine, August 2015).
- TB - an abnormal presentation. American Journal of case reports, **2015**, 3(5), 146-147. (First author)
- Primary Bipolar in management of Unstable Intertrochanteric Fractures in elderly. (Open Journal of Orthopaedics, May 2012), (First author)
- Basics of trauma for physiotherapist (Book chapter, 2010).

**Presentation:**

Date	Title	Event	Type
<b>International presentations</b>			
2016	Accuracy of USS & MRI in detection of rotator cuff tears.	Egyptian Orthopaedics international conference.	Oral

A. Elmorsy

2012	Proximal femoral morphology in regions of hard P and soft water.	Egyptian Orthopaedics international conference.	Oral
2009	The use of acetabular reamer to harvest bone graft in ankle arthrodesis	Egyptian Orthopaedics international conference.	Oral
2009	Management of a patient with 10 fractures in one leg: applying the damage control concept.	International arthroplasty conference.	Poster
2009	The use of acetabular reamer to harvest bone graft in ankle arthrodesis	International arthroplasty conference.	Poster
<b>National presentations</b>			
2015	Utility of the Instability Severity Index Score in predicting failure after Arthroscopic Stabilisation of the Shoulder.	British Elbow & Shoulder Society meeting	Oral
2013	Proximal femoral morphology in regions of hard P and soft water.	British Hip society meeting	Poster
<b>Regional presentations</b>			
2012	Proximal femoral morphology in regions of hard and soft water. 2012.	South west orthopaedic Club	Oral
2009	Primary Bipolar in Unstable Trochanteric Fractures in elderly	October 6 University conference	Oral
2007	Management of poly-traumatised child.	October 6 University Scientific day.	Oral
2007	Management of Proximal femoral fractures.	October 6 University Scientific day.	Oral
2007	Fracture talus.	October 6 University Scientific day.	Oral
<b>Department presentations</b>			
2016	Iatrogenic Forearm Compartment Syndrome	Trauma care group meeting, (RSCH, UK)	Oral
2015	Accuracy of USS & MRI in detection of rotator cuff tears.	Upper limb monthly meeting (RSCH, UK)	Oral
2008	Preformed Cement Spacer Loaded with Antibiotics for Two-Stage Revision of Infected THR.	Dar Elshefa scientific meeting.	Oral
2004	Professional Career of Medical Students in Egypt	Friedrich-Schiller University Hospital, German.	Lecture
2002	Skeletal Response to Collarless Polished Tapered Stem in Hip Arthroplasty.	Ain shams University scientific meeting.	Oral

A. Elmorsy

**Continuing Professional Development (CPD):**

- Courses as mentioned above.
- Conferences as will be mentioned below.

**Conferences attended**

2016 - Annual International Egyptian Orthopaedics Association Conference. (international)  
2015 - AMASTII Ain Shams Meeting of Advanced Spinal Techniques. (International)  
2014 - British Elbow and Shoulder Society meeting. (National)  
2013 - British Hip Society meeting. (National)  
2012 - Southwest Orthopaedic Conference. UK. (Regional scientific meeting).  
2012 - Annual International Egyptian Orthopaedics Association Conference. (international)  
2010 - 3rd International Arthroplasty Conference. (International)  
2009 - Annual International Egyptian Orthopaedics Association Conference. (international)  
2009 - 2nd International Arthroplasty Conference. (International)  
2009- 11th International Spine Conference, Egypt (International)  
2007 - Annual International Egyptian Orthopaedics Association Conference. (international)  
2006 - Annual International Egyptian Orthopaedics Association Conference. (international)  
2005 - Annual International Egyptian Orthopaedics Association Conference. (international)  
2003 - Second SICOT/SIROT Annual international Conference. (international)  
2003 - Annual International Egyptian Orthopaedics Association Conference.(international)  
2002 - Annual International Egyptian Orthopaedics Association Conference. (International)  
1999 -7th Annual international Ain Shams Medical Students Conference. (International)  
1999 - 95th Exchange Officers' meeting of the International Federation of Medical Student Association. (International)  
1998 - 6th Annual international Ain Shams Medical Students Conference. (International)  
1998 - 93rd Exchange Officers' meeting of the International Federation of Medical Student Association. (International)  
1996 - 4th Annual international Ain Shams Medical Students Conference. (International)  
1996 - 45th General Assembly of the International Federation of Medical Student Association. (International)  
1996 - The national Conference of Viral hepatitis, Egypt. (National)  
1995 - 3rd Annual international Ain Shams Medical Students Conference. (International)  
1995 - 87th Exchange Officers' meeting of the International Federation of Medical Student Association. (International)

**Courses:**

Date	Course	Provider	duration
<b>Mandatory courses for CCT</b>			
2016	ATLS	Royal College of Surgeons of England	3 days
2016	Oxford Medical Teach the Teacher Course for Doctors	Oxford Medical	2 days
2016	Data Protection Course	High Speed Training	1 day

A. Elmorsy

2016	Leadership & Management Course.	High Speed Training	1 day
2016	Adult Basic Life support	Royal Surrey county Hospital	1 day
2016	Paediatric Basic Life support	Royal Surrey county Hospital	1 day
2015	Keele Clinical Leadership Foundation Course	Keele University	3 days
2015	Keele Advanced Leadership Course	Keele University	3 days
2015	Good Clinical Practice Course (GCP)	National Institute for Health Research	1 days
<b>Clinical Courses</b>			
2016	Anatomy Workshop Shoulder arthroplasty (Cadaveric Course)	Mathys	1 day
2016	Intra medullary nailing of the humerus	Royal Surrey county Hospital	1 day
2016	PFNA Intra medullary Nail workshop.	Royal Surrey county Hospital	1 day
2015	Upper Limb course for FRCS (Orth)	Wrightington, upper limb Unit, UK	2 days
2015	Wrightington Lower Limb FRCS Viva and Clinical Examination course	Wrightington, lower limb Unit, UK	1 days
2014	London Shoulder arthroplasty Course	Whittington Hospital	1 day
2014	Anatomy Workshop Shoulder arthroplasty (Cadaveric Course)	Mathys	1 day
2014	Trust Clinical Audit and Improvement day	Royal Surrey county Hospital	1 day
2013	FRCS Orth Trauma Viva Course	Royal London Hospital	2 days
2013	Arthrocare advanced Arthroscopic Shoulder Course	West Midland Surgical Training Centre, Warwick	1 day



A. Elmorsy

2013	Upper Limb course for FRCS (Orth)	Wrightington, upper limb Unit, UK	2 days
2013	Wrightington Lower Limb FRCS Viva and Clinical Examination course	Wrightington, lower limb Unit, UK	1 days
2012	Revision Hand Course	Morrison Hospital, Swansea, UK	3 days
2012	Exeter Hip Course	Exeter hip unit, Princess Elizabeth Orthopaedic Centre, Exeter,UK	1 day
2011	The one day statistics Tutorial	Institute of Orthopaedic, The Robert Jones & Agnes Hunt Orthopaedic & District Hospital, Oswestry	1 day
2011	Clinical Audit for Improvement	Salisbury District Hospital	1 day
2011	AAOS Issues New Treatment Guidelines for Symptomatic Osteoporotic Spinal Compression.	Medscape	
2011	Stryker Knee workshop	Salisbury district hospital	1 day
2011	Exeter cemented hip workshop	Salisbury district hospital	1 day
2009	Basic Knee arthroplasty	Cuschieri Skills Centre , Southmead Hoispital, Bristol.	1 days
2007	Basic Shoulder arthroscopy	Egyptian Group of Arthroscopy and Sports Injuries (EGASI)	2 days
2007	Advanced Knee arthroscopy	Cairo University	1 day
2007	Basic Shoulder arthroscopy & instability	EMSA	1 day
2007	R.C. Repair & Other Shoulder Problems	EMSA	1 days
2003	AO Course of Advances in Fracture Management	AO Foundation	4 days
2001	AO Course of Principles in Fracture Management	AO Foundation	3 days
<b>Non-Clinical Courses and Statuary &amp; Mandatory Training</b>			

A. Elmorsy

2016	Statuary & Mandatory Training: 1) Safeguarding Children. 2) Conflict Resolution. 3) Equality & Diversity. 4) Fire Safety. 5) Health & Safety. 6) Blood Transfusion Training. 7) Information Governance. 8) Safeguard Adults. 9) Consent. 10) Infection Control. 11) Patient Experience. 12) Complaints Handling & Adverse Incident Reporting.	Royal Surrey county Hospital	1 day
2016	Blood Transfusion Training & Competence (Mandatory)	Royal Surrey county Hospital	1 day
2016	Child protection Level 2 training (Statuary)	Royal Surrey county Hospital	1 day
2015	Fire awareness	Royal Surrey county Hospital	1 day
2015	Safeguarding Vulnerable Adults level 2 2012 ( Statuary)	Royal Surrey county Hospital	1 day
2015	Adverse Incident Investigation and Reporting 2012 (Statuary)	Royal Surrey county Hospital	1 day
2015	Radiation Safety	Royal Surrey county Hospital	1 day
2015	Problem Colleagues and mediation (Mandatory)	Royal Surrey county Hospital	1 day
2015	Patient experience 2012 (Mandatory)	Royal Surrey county Hospital	1 day
2015	Manual Handling & Ergonomics Awareness 2012	Royal Surrey county Hospital	1 day
2015	Health & safety Awareness 2012 (Mandatory)	Royal Surrey county Hospital	1 day
2015	Prevention/ treatment of Venous Thrombo - Embolism 2012 ( mandatory)	Royal Surrey county Hospital	1 day
2015	Infection Prevention and Control (Mandatory)	Royal Surrey county Hospital	1 day
2015	Fire Safety 2012 (Mandatory)	Royal Surrey county Hospital	1 day
2015	Health & safety Update	Royal Surrey county Hospital	1 day

A. Elmorsy

2014	Infection Prevention and Control (Annual Update, Statuary)	Royal Surrey county Hospital	1 day
2013	Safeguarding Children training level 2 2012 ( Statuary)	Royal Surrey county Hospital	1 day
2013	Child protection Level 2 training (Statuary)	Royal Surrey county Hospital	1 day
2012	Safe Blood Transfusion Training & Competence (Mandatory)	Royal Surrey county Hospital	1 day
2012	Clinical Coding 2012	Royal Surrey county Hospital	1 day
2012	Infection Prevention and Control 2012	Royal Surrey county Hospital	1 day
2012	Consent	Royal Surrey county Hospital	1 day
2009	Cadaveric Hands-on workshop on Spine	Ain Shams University	2 days
2009	Intensive course on Shoulder & Knee joint disorders	Egyptian Orthopaedic Association	2 days

**Audit**

**2016 - Shoulder arthroscopy Operation note Re-Audit  
(Audit Cycle complete with Change of practice).**

**Description:** Prospectively, 50 Shoulder arthroscopic producers operation notes filled using the new preprinted Operation notes.

All filled by the surgeon who did the operation.

All date collected form the form using yes/no for each entry to assess if each points has been commented upon or nor.

Data collected and compared to the data of the 1st Audit.

**Results:** Significant improvement in accuracy of filling the operations notes. its 100% in most of the areas.

98% in putting the signature on the form.

98% in commenting on labrum.

**Recommendation:** Change of practice. Implement the use of the new Operation sheet form.

**2015 - Shoulder arthroscopy Operation note Audit.**

**Description:** Retrospective Audit of randomly selected 100 operative nots for patients who had shoulder arthroscopy. Aim was to check how compliant the operative notes documentation with the RCS recommendations. The target is to reach 100% compliance in all records.Method: Retrospective Audit of randomly selected 100 operative nots for patients who had shoulder arthroscopy.

**Results:** Compliance with RSC guide lines varied from 100% in some points and down to 25% in others. Other clinically important details showed lower compliance than the RCS mandatory details.

**Recommendation:** Design a new pre-printed operation sheet for shoulder arthroscopy procedures to be used for 2 months and re-audit.

### **2013 - (Re-audit) Pre-operative Briefing and rate of advert events in Royal Surrey County Hospital.**

#### **(Audit cycle completed with change of practice).**

**Description:** Patient safety during surgery highlighted as needing improvement in the 1990's. Adverse events occur in at least 10% of hospital admissions

Previous audit results:

\*) 34% of lists had no pre-operative team briefing

\*) 24% of lists had a complete pre-operative team briefing

\*) Incomplete briefings were due to absence of consultant surgeon in 77% of lists

Method: 2 week period including weekend. All lists recorded (trauma and elective lists).

Recording of: 1) List details, 2) Adverse events & 3) Team familiarity data.

**Results:** Significant improving in preoperative briefing completed properly:  $P=0.03$

Significant reduction in advert events:  $P<0.01$ .

**Recommendation:** Continue on the new practice.

### **2013 - Pre-operative Briefing and rate of advert events in Royal Surrey County Hospital.**

**Description:** Patient safety during surgery highlighted as needing improvement in the 1990's

Adverse events occur in at least 10% of hospital admissions

40% of these are related to surgery.

Does presence or absence of pre-op briefing affect incidence of adverse events?

Does presence or absence of pre-op briefing improve team familiarity?

Null Hypothesis

Pre-op Briefing has no effect on incidence of adverse events or team familiarity.

**Results:** 34% of lists had no pre-operative team briefing, 24% of lists had a complete pre-operative team briefing. Incomplete briefings were due to absence of consultant surgeon in 77% of lists.

**Results:** There was a significantly higher chance of adverse events occurring when a briefing was not performed

**Recommendation:** A formal pre-op team briefing should take place at the beginning of every list. All senior medical and nursing staff should be present. Briefing should be led by a consultant. Implement the changes and Re-Audit.

### **2012 - (Re-audit) Elective orthopaedics operative cancellations.**

#### **(Re-audit and completing the Audit cycle & change of practice)**

**Description:** After highlighting the reasons for operative cancellations and after we implements changes it was only normal to re-audit and close the Audit cycle. Data collected from Web reporting system & Theatre Register.

**Results:** Orthopaedic department still performing better than the national average regarding elective operations cancellations. The Most common reasons for cancellation Pre-exciting medical condition (20.5%), trauma work over load(17.9%) and bed availability (17.9%). This Audit led to change in practice and improving out come.

Dedicated all day trauma theatre will reduce the load on elective side and minimise operative cancellations.

Proper assessment of the patients in reassessment clinic to detect any treatable cause prior to surgery.

**Recommendation:** Continue trying to reduce operative cancellations down to the minimum by implement the changes into the routine practice.

### **2012 - Management of patients refereed with possible Coda Equina Syndrome**

**Description:** CES is a serious condition and one of the orthopaedic emergencies.

There are many clinical symptoms and signs that suggest CES. However, there is no single clinical sign can confirm the diagnosis.

questions to be answered:

- 1) Are we up to the standard of diagnosis and treatment of CES within 24h?
- 2) What is the correlations between the clinical signs and the MRI finding?
- 3) What is the clinical symptoms/signs which have the high positive prediction value CES?

**Results:** 23 patients included in audit - 46% 15 patients had true CES - 65% Limited by poor documentation. Bladder scans are not considered part of the ?CES workup. variable range of times to MRI, Majority of reports within 3hrs. Surgery either within 2hrs or next day. 17% were discussed with SGH. 15 cases of CES, 2 were OOH

**Recommendation:** Prospective study on management of possible CES patients. .

### **2011 - Hospital readmissions in trauma & Orthopaedic patients in Salisbury District hospital**

**Description:** This a project to Audit the rate of hospital readmission to hospital within 30 days of discharge considered re-admission / failed discharge.

This is a retrospective Audit project. We examined all admission to orthopaedics department to identify the readmission.

Data source: T&O on call admission book.

During the period from 1/9/2011 - 31/1/2011, 1321 patients emergency and elective admissions. 49 cases were readmission within 30 days of hospital discharge.

**Recommendation:** Check list of discharge to include review by senior member of staff.

### **2011 - Elective orthopaedics operative cancellations.**

An Audit on Elective Orthopaedic Operations' Cancellations in Salisbury District Hospital.

Operative cancellations is waste of time and resources and more importantly leads to patients' dissatisfaction.

Causes of cancellation are:

Clinical. Non clinical. Patients DNA.

**Recommendation:** Dedicated all day trauma theatre all day 5 days a week.

Proper assessment of the patients in reassessment clinic to detect any treatable cause prior to surgery.

Request anaesthetic review when needed.

Re-Audit after 3 months.

### **2011 - Accuracy of filling the consent form for Orthopaedic trauma/elective patients.**

**Description:** To detect the parts of the consent form which is usually missed (or not being filled properly); then to highlight it to the staff members. This is aiming for more accurate process of consenting trauma patients. We reviewed the notes of the last 50 orthopaedics trauma patients admitted before 1/2/2011 (patients needed surgery). We checked the patients' consent forms and collected the data regarding the accuracy of filling of the consent form. Also we have recorded whether the consent done within working hours or out of hours.

1) Much better performance than trust audit in 2010.

2) Responses in the standard sections: 60-100% 3)

Responses in the optional sections: 0-38%

Change the practice for better quality service provided to the Orthopaedics trauma (emergency) patients by more accurate process of consenting these patients for operations.

**Recommendation:** Change the practice for better quality service provided to the Orthopaedics trauma (emergency) patients by more accurate process of consenting these patients for operations.

A. Elmorsy

**On Going Audit projects:**

- Feasibility of virtual fracture clinics in DGH.
- Oncology Referrals to Trauma and Orthopaedics (ORTO).

**Teaching & training experiences:**

2014 - 2016 - Upper limb Monthly meeting , Royal Surrey County Hospital.  
 2016- A&E regional registrar teaching.  
 2016 - Wrightington FRCS basic science revision course.  
 2016 - Wrightington FRCS Upper limb revision course.  
 2015 & 2016- Teaching junior doctors in Royal Surrey County Hospital.  
 2015 - Wrightington FRCS basic science revision course.  
 2015 - Wrightington FRCS Upper limb revision course.  
 2010 - Trauma postgraduate Diploma, October 6 university, Egypt.  
 2006 - 2010 - Academic / teaching post October 6 University, Egypt.

<b>Teaching lectures</b>			
2016	Controversial topics in upper limb fractures.	A&E regional registrar teaching.	Oral
2016	Fractures around the Shoulder, Diagnosis & initial management	Teaching junior doctors in Royal Surrey County Hospital.	Oral
2015	Bone infection	Wrightington FRCS Upper limb revision course.	Oral
2015	Upper limb trauma	Wrightington FRCS Upper limb revision course.	Oral
2015	Viva mock exam	Wrightington FRCS Upper limb revision course.	Oral
2015	Viva mock exam	Wrightington FRCS Upper limb revision course.	Oral
2014	Pathology of Sterno-Clavicular joint.	Upper limb teaching, RSCH, UK.	Oral
2014	Tennis Elbow, Diagnosis and treatment.	Upper limb teaching, RSCH, UK.	Oral

2013	Acromio-Clavecular Joint	Upper limb teaching, RSCH, UK.	Oral
2012	Adult Hallux valgus	Registrar teaching, SDH,UK.	Oral
2012	Idiopathic Scoliosis	Registrar teaching, SDH,UK.	Oral
2010	ATLS protocole in Adults.	Orthopaedic Diploma, Egypt.	Oral
2011	Avon Patello-femoral replacement.	Registrar teaching, SDH,UK.	Oral
2010	ATLS protocole in children.	Orthopaedic Diploma, Egypt.	Oral
2010	Management of Proximal femoral fractures.	Orthopaedic Diploma, Egypt.	Oral
2010	Basics of Total Hip Replacement	Orthopaedic Diploma, Egypt.	Oral
2010	Fracture Talus.	Orthopaedic Diploma, Egypt.	Oral
2010	How to comment on Musclo-skeletal x-ray image.	Orthopaedic Diploma, Egypt.	Oral
2009 - 2010	Regular weekly teaching for postgraduate orthopaedic diploma students.	Orthopaedic Diploma, Egypt.	Oral
2009	Bone Biology for physiotherapy students.	Undergraduate lecture, O6U, Egypt.	Oral
2009	Knee Sports Injuries	Undergraduate lecture, O6U, Egypt.	Oral
2009	Low back pain, diagnosis and investigation of choice.	Southampton Spine unit, UK	Lecture

### **Management experience:**

My experience in leadership & management started in my early days as a medical student. I was elected as a president of medical students association when I represented my county internationally. This gave me a golden opportunity to learn and practice my managerial skills very early in my career.

## A. Elmorsy

A few years later I was the rota co-ordinator for the SHOs “ in one of my previous jobs”. That involved management of the on call rota and Junior annual and study leaves.

In my current job, I am involved in the department’s service improvement and clinical governance activities. I am responsible for organising the regular monthly department teaching for the registrars. This includes: setting the timetable, choosing the topic, inviting guest speakers and arrange for regular workshops. I am an active member of the mortality and morbidity team.

I am involved in recruitment and appointing junior colleagues. My role includes reviewing the applications, scoring them and suggest short listing.

I am planning to take all this experience on board with me in my future job. This will allow me to make a difference not only on the clinical aspects but also on the managerial part of the department.

I am also keen to continue my leadership and management training in order to take a part in the department leader posts.

Examples of my management experiences:

1) Management of the department Upper Limb scientific meetings:

I have been organising the department upper limb scientific meeting regularly for the last 3 years. That includes: creating time table, choosing the topics, arranging for the guest speaker in addition to regular teaching as well.

2) I have attended management course (2016).

3) I have attended foundation leadership courses (2015).

4) I have attended advanced leadership courses (2015).

5) Regular assessment of colleagues.

6) I have attended conflict resolution course.

7) I have been leading the team in numerous Audit projects

8) I have been leading the team in numerous research projects

9) I have been leading the team in PhD research project.

10) I have been leading the team in MSc research project.

11) Member of trauma care group.

12) Presented of the Egyptian Medical Student Association (1999).

13) Vice - President of the Egyptian Medical Student Society (EMSA).(1998)

14) President of in Shams medical students association. (1997)

15) National Elective co-ordinator at (EMSA).(1996)

16) Summer School co-ordinator (EMSA). (1996)

### **Teamwork experience:**

I represented my country as volleyball player in the national team. Being raised up in this sports competitions atmosphere helped me to understand what is the value of team work. This also made me able to work under pressure and react properly under stress.

When I joined medical school, I worked for 3 years as a member of the medical school association. Then, I became an executive board member of this organisation for a year followed by holding the presidency for another year. That was excellent practice of working within a team and to lead the team when appropriate.

In the clinical setting I utilise all these abilities, which made it easy for me to fit within team and to communicate effectively with my colleagues as well as patients on day to day basis.



## A. Elmorsy

In all the research and audit projects in which I was involved, I have always been working within a team. This is how things get done better and more efficiently. Team work is the best place to share ideas and change experiences.

I was a member of team working on writing a book on Orthopaedic examination for undergraduate. This is something I would never have done on my own.

All of the previous experiences and more make it easy for my colleagues and assessors to describe me as a team player repeatedly in my 360 feedback forms.

### **Values and Behaviours**

- In my Agenda, the patient comes first. Putting this in mind during my day to day work makes it easy for me and for the team to set the target and achieve it.
- I always take the opportunities to improve myself on the professional and personal level. I attend relevant clinical courses and meeting in addition to personal development courses.
- I encourage myself & my team to the excellence by appraising as well as mentoring.
- I am a good listener to my colleges and team members. This really helps to solve many small conflicts before becoming a big problems.
- I am quite comfortable using the computer, spread sheet and powerpoint presentation.

### **Personal Attributes**

- Highly enthusiastic and self-motivated.
- I am keen on Continuous Professional Development.
- Good physical health
- UK driving license with own transport for travel between working sites.

### **Procedures:**

Please refer to my Log book.