**Post-course report form**

**Name: Daniel Ceh**

**Bursary applied for: International conference bursary**

**Title of course attended or Project details: IFHST Triennial Congress 2025**

**Date: 14/09/2025**

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| **Introduction:**  Include details of who you are, why you applied for this bursary and your experience of the event (maximum 100 words) |
| I am a predoctoral clinical academic physiotherapist at Queen Mary University of London and Barts Health NHS Foundation Trust where I work as a Band 7 Hand Therapist. I applied for the BAHT bursary to support my attendance at the IFSHT Triennial Congress in Washington DC, an event I saw as a key stepping stone in combining my clinical work with research. The congress gave me the chance to present our team’s research, connect with therapist from around the world, and come away with new insights that will directly shape my practice and career. |
| **Title: “What have I learned and how will I put this into practice?”** The report will be uploaded onto the BAHT website and may be included in an e-bulletin. It should not contain any confidential information or any comments that are potentially damaging or libellous. It should be 500 words +/- 10%. |
| Attending the IFSHT Triennial Congress was an inspiring and energising experience, and one I consider to be a key milestone in my journey towards a clinical academic career. Through my collaboration on a senior colleagues CSP Postdoctoral Research Grant, I gained early exposure to the research process, conducting a systematic review, assisting in writing for publication, and preparing our abstract for submission and presentation. Standing on an international stage to share our work was both challenging and affirming. Having colleagues from different countries engage with our findings reminded me how valuable it is to share ideas beyond our local context. I received insightful feedback and came away with a renewed sense of confidence and motivation to continue building my research career.  The conference sessions themselves were equally impactful. One of the richest learning experiences came from engaging with sessions on flexor tendon rehabilitation and casting with motion. These sessions prompted me to reflect on how we manage patients within my own trauma caseload. I identified through these sessions that our approach to early-stage rehabilitation of patients following flexor tendon repair could be improved. Specifically, incorporating casting with motion early in the rehab process when it is identified patients are struggling to meet key rehab milestones. I am now working towards capturing data on these cases to evaluate whether changes in our approach can improve recovery trajectories and long-term function.  The scientific session in which I presented focused on vocational rehabilitation, an area central to patient recovery yet often overlooked. The discussions I participated in, and the feedback received, reinforced the importance of embedding vocational goals into rehabilitation from the outset. This aligns strongly with patient needs in my current caseload, particularly in trauma cases where returning to meaningful activity is a high priority. I left Washington with a clearer vision of how I can weave these goals into my practice from the very beginning of rehab.  The Congress also provided invaluable opportunities for professional networking and collaboration. Conversations with colleagues from across the world gave me practical insights and reassurance that pursuing a clinical academic role is both achievable and necessary for our profession. Sharing a QR code for our publication with fellow delegates during breaks was a simple but effective way to disseminate our work, and I intend to use similar approaches in future conferences.  Since returning home, I have shared my learning with colleagues in a departmental meeting and through an inservice session. It was rewarding to see the enthusiasm of the team as we discussed how to bring new approaches into our everyday practice.  On a personal level, the congress has been a huge boost in my journey toward becoming a clinical academic. It gave me the confidence to step forward into research leadership, and shortly after I started in a predoctoral role embedded in the NHS. What I’ve taken from Washington is not only new clinical knowledge, but also a drive to keep bridging the gap between research and practice, to mentor others on the same path, and to ensure that the patients we serve benefit from the very best evidence available. I am deeply grateful to BAHT for supporting this step in my journey. |