**Post-course report form**

**Name: Eray Yavuz**

**Bursary applied for: BAHT Level 2 Bursary**

**Title of course attended or Project details: Radiographic Imaging Of The Hand**

**Date: 7-9 May 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 clinician with over seven years of experience in the field of hand therapy. I previously worked in Istanbul and at hand surgery centres in the United States, and I am currently practicing in the NHS in the United Kingdom. Prior to moving to the UK, I was an overseas member of BAHT. I applied for this bursary to support my professional development and to deepen my knowledge in the field of radiology. The course experience was extremely valuable, both academically and clinically, and I feel it has significantly enhanced my day-to-day practice. |
| **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%. |
| The course I attended was titled "Radiographic Imaging of the Hand" and was delivered over three days by the Pulvertaft Hand Centre. As someone already interested in radiology and engaged in self-directed learning on the topic, the course allowed me to deepen my understanding with structured and clinically relevant content.  One of the most important shifts in my thinking was moving away from naming a lesion or jumping to a diagnosis too early. Instead, I learned to describe what I see—this mindset helps reduce cognitive bias and premature closure, which can lead to diagnostic errors. The course introduced a systematic approach to reading radiographic images, starting with key pre-checks: assessing whether the image is appropriate for the suspected diagnosis, whether the projections are correct and sufficient, whether the area of interest is fully included, and whether exposure levels are adequate.  I learned to describe both bone and soft tissue involvement in detail, which has already elevated the quality of my clinical notes and communication. I was introduced to specialised imaging techniques such as Zitter’s View, Carpal Tunnel View, and Stress Views, along with terminology I had not previously encountered—terms like trabecular pattern alterations, cortical breaches, cortical margins, and narrow zones of transition.  The course also introduced important anatomical alignments and radiographic signs that assist in making accurate diagnoses. I became familiar with Gilula’s Arcs for assessing carpal alignment and the ring sign for evaluating scaphoid rotation. We explored how to differentiate between rheumatoid and osteoarthritic patterns on imaging, including which joints are typically involved and how.  In oncological cases, we discussed how to describe lesions in detail rather than labelling them, focusing on signs such as sunray appearance, onion skinning, and Codman’s triangle, which indicate lesion aggressiveness. Understanding carpal instability patterns and their associated radiological features—like the apple, cup, and saucer alignment—was particularly useful for my clinical work.  One of the most impactful learnings for me was being able to determine whether a radiograph is adequate or insufficient for the clinical question at hand. I now feel significantly more confident in interpreting images, especially in complex or oncological cases.  Since the very next day after the course, I began applying these principles in my clinical setting and noticed a marked difference in my confidence and decision-making. I communicate more assertively with hand surgeons and colleagues, and I believe this increased confidence has also positively influenced how patients perceive my role. Overall, this course has had a tangible and immediate impact on both the quality of my clinical reasoning and my professional presence within the team. |