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# Virtual Surgery School Case Study

Digitally empowering patients for their  
Arthroplasty Journey: The Bangor  
Virtual Joint School Model

For more information about this case study contact:

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**ELC Partnership**  
Person-centred digital care



*"This is much more interactive and I learnt more than I did at the face-to-face Joint School..."*

## Our Challenge

Covid 19 ruled out face-to-face hip and knee Joint Schools. In October 2020, we decided to digitalise the service, and produced bite-size educational videos as the backbone of Virtual Joint School. This aligned well with Royal College of Surgeons' guidance (June 2021), recommending pre-operative 'Surgery Schools' for all patients facing major surgery. When invited, we grabbed the opportunity to pilot our Virtual Joint School within the Welsh Government supported Video Group Clinic programme.

## Our Group Clinic Design

The backbone of the service is playlists of bite-size videos patients access on You Tube ['Ysbyty Gwynedd Joint School'](#) An Interactive virtual session ensures a person centred experience. Huw (Arthroplasty Co-ordinator) books people and their carers in. Patients commit to watching the videos in advance. Virtual Joint School lasts 90 minutes, with 6-8 people and their carers attending. Huw works closely with Sharon (specialist Arthroplasty Nurse) to run the session. An occupational therapist (OT) and specialist physiotherapist join for a 25 minute Q&A. The session kicks off with discussion of modifiable risk factors, which reinforces the importance of improving fitness for surgery, and creates a supportive group dynamic. A guest patient then shares their experience. Sharon introduces the Joint School Discussion Board to stimulates questions, which Huw notes in the CHAT. This forms the agenda for the Q&A. The OT and physiotherapist join and all questions get answered. Sharon supports the group to reflect on what they have learnt and set a goal/next step to prepare for surgery, reinforcing it is never too late to get fitter. To support evaluation, patients complete a survey prior to discharge to capture the value of Joint School.

## Discussion Board

Your questions about surgery:

- Covid concerns
- Preparing for surgery
- Getting around hospital
- Managing pain/medication
- Eating, drinking and fasting
- Toileting and personal hygiene
- Keeping mobile and preventing clots
- Discharge and recovery
- When to seek help/advice

## What Changed & Improved?

### Efficiency and Access

- F2F Joint School took two hours of staff nurse, OT and physiotherapist time. Virtual Joint School lasts 90 minutes, with OT and physiotherapist present for 25 minutes; a significant time saving
- Patients report that joining online saves them time and is convenient
- Having pre-recorded videos for patients to watch ensures the Joint School 'curriculum' is covered and frees the team up to be responsive to the group's concerns
- The interactive nature keeps the participants fully engaged throughout the session in contrast to traditional Joint School models, which were more didactic

### Clinical Impact

The model aligns fully with RCS guidance and:

- Patients set the agenda. This ensures their concerns are fully addressed; supports shared decision making and reinforces that they share responsibility for their surgical outcomes
- The team encourages the group to set goals to optimise their fitness for surgery
- Everyone benefits from peer led learning about how to make and sustain lifestyle changes that are critical to recovery

### Psycho Social Impact

- Participants value the chance to hear from a peer with lived experience, and gain lots of helpful hints and tips
- Participants learnt a lot because others asked questions they would not have thought to ask
- Many patients have been waiting a long time and living with pain. They find it comforting, realising they are not alone
- Celebrating the positive lifestyle changes each person has made at the start provides motivation and instils a sense of pride

### Experience of Care

- Most people found it easy to join the virtual session; said it was very enjoyable, valued hearing from someone with lived experience of surgery, and got answers to all their questions. One person who had experienced both felt the virtual version was much more informative and interactive
- Although sceptical at first, the team embraced this new way of working. They found the toolkit, especially session planners, user friendly and an essential tool to guide session facilitation.

*"I am pleasantly surprised by the number of questions the patients asked! Being in the comfort of their home and the level playing field the virtual model creates really helped"*