Results: A total of 20 articles have been referenced, of which 9 studies have been reviewed. While no individual symptom is 100% indicative of CES, urinary retention (diagnostic accuracy 0.9), is the most consistent clinical finding. Therefore, MRI is necessary for an accurate diagnosis. Further 4 out of 5 studies state that treatment within 24-hours improves patient outcomes compared to 48-hours, one study showed no significant difference between 24 and 48 hours. All articles indicate beyond 48-hours, surgical intervention has little impact on the relief of symptoms.

Conclusion: The studies concluded that any patient presenting in the emergency department with lower back pain should be screened for CES. A thorough history and neurological examination should be performed; however, the evidence base for rectal examination to assess anal tone is poor. Decompressive surgery carried out within the first 24-hour period from the onset of symptoms is favourable. Overall, early accurate diagnosis and treatment is invaluable to preventing urological complications and improving prognosis.

P32
Changes in medical education due to COVID-19
Jade Kabbani, Jamil Kabbani
Imperial College London
Corresponding Author: Miss Jade Kabbani (jadekabbani@hotmail.com)

Introduction: The Coronavirus pandemic (COVID-19) has greatly impacted medical education, resulting in changes to teaching, examinations and research opportunities. We explored changes across these areas, evaluating their impact on medical education.

Methods: Pubmed was searched using the terms “medical education”, “COVID-19”, and “changes”, yielding 174 results. Relevant results were assessed to determine perceived impact on medical education, categorised as changes to teaching, examinations, and research opportunities.

Results: Changes to teaching included the introduction of virtual learning, with in-person lectures replaced by recordings or livestreams to facilitate remote teaching. Perceived advantages included increased flexibility, although drawbacks include increased reporting of loneliness. With social-distancing measures limiting the number of individuals allowed in theatre, opportunities for surgical experience have been greatly reduced. Online assessments have largely replaced traditional written examinations, with the introduction of new mediums in order to assess “soft-skills”, as demonstrated by virtual OSCE examinations. However, the efficacy of such mediums has yet to be demonstrated. Despite large volumes of COVID-19-related studies, research as a whole has been negatively affected by restrictions in both funding and research-related hiring, as well as pauses on many clinical trials.

Conclusion: COVID-19 has resulted in significant changes to medical education, including greatly accelerating the incorporation of technology in medical teaching. These novel adaptations may be permanently incorporated into curriculums due to possible benefits in flexibility. However, these changes are not without drawbacks, including reduced opportunities for research and surgical experience.