Aims: Single port / incision laparoscopic surgery (SPLS) is a recent innovation in minimally invasive surgical care which is increasingly being used across the world. This study analyses the awareness, experience and opinions of British surgeons.

Methods: Electronic, 13-item, self-administered, anonymous questionnaire survey distributed via national / regional surgical mailing lists and websites. Results were analysed with SPSS v17.0 for Windows (SPSS, Inc, Chicago, IL).

Results: 342 fully completed responses received: 72 (21%) Consultants and 189 (55%) higher surgical trainees. Overall 330 (96.5%) were aware of SPLS. Only 37% had assisted or performed SPLS procedures; more consultants than trainees (56.3 vs 32.0%, p=0.05). Operative experience was limited: 6% performed ≥25 procedures, and 60% performed <5. 61.4% believed SPLS takes longer, and 32.8% believed it has higher complication rates. Factors cited as limiting uptake included: lack of evidence (70%), insufficient training (78%), incorrect instrumentation (70%), increased cost (62%), and hospital policy (44.5%). A greater proportion of trainees (94.6% vs 78.9%) felt there were insufficient SPLS training opportunities (p=0.001).

Conclusions: Although awareness of SPLS is high, operative experience is limited and negative perceptions regarding operating time and complications remain. Future uptake relies strongly on the availability of evidence, training, instrumentation and reduced costs.

0656: IS AN INDUCTION PROGRAMME IN ENT FOR JUNIOR TRAINEES IMPORTANT TO ENSURE PATIENT CARE AND SAFETY?

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Aim: To devise and carry out an ENT induction programme for trainees working in ENT, A&E and general surgical trainees cross-covering ENT and evaluate the impact the teaching has had on their knowledge and competence in managing ENT patients.

Method: A questionnaire and MCQ paper, comprising 40 questions, was used before and following a teaching programme of lectures and practical ENT workshops to assess trainee improvement in knowledge and competence and confidence in performing simple ENT procedures.

Results: Ten F2 to CT2 grade trainees took part in the project. None of the trainees felt that they had received an adequate induction in managing ENT patients. Four of the trainees had previous ENT experience of 4 or 6 months. Two of the trainees were scored zero on the MCQ paper and the average mark was 65%. Following the teaching session the MCQ score increased to 90% and trainees reported they felt more confident in managing ENT patients and knowing when to call for senior help.

Conclusion: An induction teaching programme for trainees working with ENT patients ensures that patient care and safety is not compromised. This project has confirmed the need for formal induction of all junior trainees starting ENT.

0675: DEVELOPMENT OF A NOVEL SURGICAL SELECTION TEST BASED ON THE ROYAL AIR FORCE FLYING APITUDE ASSESSMENT THAT HAS PROVEN TO POSITIVELY CORRELATE WITH LAPAROSCOPIC AND OPEN SIMULATED SURGICAL TESTS

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Aims: Identify a test based on the Royal Air Force pilot selection assessment, which can be tailored to select those candidates who possess the technical abilities necessary for successful postgraduate surgical training.

Methods: Medical Students, FY, medical and surgical Core trainees have undertaken: 1. RAF Flying Aptitude Test (FAT) RAF Cranwell (identify those with Spatial & Verbal Reasoning, Attentional Capability, Work Rate & Psychomotor Ability) 2. Simulated validated laparoscopic (Lap Sim) box-trainer tests (bean move, block move, common bile duct cannulation & appendectomy) 3. Open Basic Surgical skills (BSS) simulation tests (knot & instrument tie, suturing, skin lesion excision).

Results: FAT n=230, Lap Sim n=159 (Mean age 24 (19-39), 118 male & 112 females). FAT mean 51.76% (16-96%) BSS = 21. FAT + Lap Sim tests + BSS n=13 to date. Fig1 (n=159) FAT index score (%) with Total Lap Sim time (seconds) Spearman Rho 0.302 (p<0.01). Fig2 (n=13) BSS score with FAT index (Rho = 0.888; p<0.001).

Conclusions: The Flying aptitude test correlates significantly with both laparoscopic and open surgical skills simulation tests. It could be used as an adjunct to the current surgical selection process to confirm that individuals have the necessary technical skills required.

0677: IMPACT OF TRAINEE PERFORMED RESECTIONS ON POSTOPERATIVE COMPLICATIONS, LOCAL RECURRENCE AND 5-YEAR SURVIVAL FOLLOWING CURATIVE COLORECTAL SURGERY ON ELDERLY PATIENTS

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Introduction: Age of the patients and variability in surgical technique could influence the clinical outcome following Colorectal Cancers (CRC) surgery. This study aimed to compare whether trainee-performed curative CRC resections in elderly patients were associated with adverse clinical outcome compared to consultants.

Methods: Retrospective data of all CRC patients aged 75 and over, who underwent curative surgical resection over two years was collected. Based on grade of primary operating surgeon, patients were stratified into trainee performed or consultant performed groups. Outcomes of interest were surgical technique-related complications (bleeding, anastomotic leak and local abscess), local recurrence and 5-year survival. Statistical analysis was performed using SPSS 11.0.

Results: Among 101 undergoing curative resections, trainees and consultants performed 68% (36 right & 33 left colonic) and 32% (11 right & 21 left colonic) resections respectively. Trainees were supervised for 47% of right sided and 70% of left sided colonic resections. There was no difference observed between groups in surgical technique-related complications (P=0.36), local recurrence rate (P=0.40) and 5-year survival rate (P=0.5).

Conclusion: This study demonstrated no significant difference in technical complications, local recurrence and 5-year survival rate between trainee and consultant performed CRC resection on elderly patients.

0679: LAPAROSCOPIC VS OPEN APPENDECTOMY PERFORMED BY SIMULATOR TRAINED SURGICAL TRAINEES: A FIVE YEARS OUTCOME STUDY

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Aim: Advances in computing have led to the establishment of simulators for the acquisition of surgical skills within a wider educational framework. This study compares the outcomes of LA and OA performed by simulator trained surgical trainees.

Methods: An observational analysis of (1349) patients undergoing appendectomies over 5 years (2006-10) performed by 30 surgical trainees having simulator base training as part of their core curriculum.

Results: A total of (1349) pts of which 731 (54.18%) had OA, 618 (45.81%) patients had LA. Mean age for OA (21.31 ± 2.1), LA group (26.17 ± 0.29). Male: female was (1: 1.8) for LA, while for OA was (1: 1.6: 1). Trend analysis showed increase in LA from (23.93% to 66.85%), while OA decreased (70.76% to 33.14%). The time to perform LA was (47 ± 6.76 min’s) and for OA (39 ± 5.43 min’s). Conversion rate reduced from (8.92 to 5.98) with an increase of (43%) in LA. Length of stay for OA was (4.24±.56) and for LA (3.77±.61). 30 days complication rate for OA was (2.3%) and (7.52%; RR 2.47; p=0.0001) for LA group.

Conclusion: Simulators can provide safe, realistic learning environments and with their use one can improve the outcomes of common emergency procedures.

0686: SURGICAL TRAINEE SATISFACTION WITH THE INTERCOLLEGiate SURGICAL CURRICULUM PROGRAMME (ISCp) REVISITED: A LARGE INDEPENDENT NATIONAL SURVEY

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Aim: ISCP (www.iscp.ac.uk) became mandatory for British surgical trainees in 2007. We previously demonstrated widespread dissatisfaction with its 2008 version 5.1. We evaluated version 8 for improvement.

ABSTRACTS
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0706: A QUANTITATIVE ANALYSIS OF YOUTUBE AS A RESOURCE FOR SURGICAL EDUCATION
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Aim: To assess the availability of YouTube videos for each surgical specialty PBA.
Method: A list of the PBAs for all 9 surgical subspecialties was extracted from www.iscp.ac.uk. Search terms were derived from the PBA titles for each procedure excluding potentially nebulous terms. YouTube searches were conducted using the derived terms and the number of video results was recorded. The results were recorded and analysed in Microsoft Excel.
Results: 92.6% of PBAs were available online. Specialties were ranked according to video/procedure. The top ranked subspecialty was OMF Surgery (875.5 videos/procedure), the lowest total number and the highest number of procedures with zero videos was Urology (35.6 videos/procedure; 8/53). The breadth of General Surgery included overlap with other specialties and may have affected their ranking. The T&O curriculum is completely covered (20853 videos, 100% PBAs).
Conclusion: There is a wealth of surgically based educational videos on YouTube. These videos represent a new, valuable and potentially under-used learning resource. Videos can aid teaching of surgical technique and we would encourage sharing of good techniques, though qualitative studies will need to be completed. The relative lack of material in otolaryngology provides an opportunity for surgeons to expand their teaching portfolio via video production.

0715: THE QUALITY OF BLOOD TRANSFUSION DOCUMENTATION AND CONSENT IN SURGICAL PATIENTS AT A CENTRAL LONDON TEACHING HOSPITAL. WHAT SHOULD WE BE TEACHING TO MAINTAIN GOOD TRANSFUSION PRACTICE?
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Introduction: Accurate record keeping is a crucial component of good medical practice and blood transfusion documentation in surgical patients is essential for patient safety. There are also concerns about the level of information and consent of the patients. This study assesses the adherence to standards and quality of medical records on blood transfusion and the level of consent obtained.
Methods: We analysed the records for 108 transfusions performed at a Central London Teaching Hospital. All the patients were asked whether they gave written or verbal consent prior to transfusion of packed red cells and whether they received a blood transfusion information leaflet.
Results: Of the 108 patients, pre-Hb was documented in 65 patients (60.2%), indication in 38 (35.2%), consent in 2 (1.85%) and post-Hb in 48 (44.4%). Verbal consent was gained in 27% and leaflets were received by 4%.
Conclusion: We have shown the quality of blood transfusion record keeping and consenting to be poor. This has major safety and legal implications, exacerbated by the EWTD and the ever increasing number of patient handovers. We propose compulsory transfusion teaching to include record keeping and consenting as an education tool for junior doctors. In addition, provision of leaflets must become routine.

0728: TEAM-BASED STRUCTURE WITHIN DEPARTMENT INCREASES TRAINING OPPORTUNITIES FOR JUNIOR TRAINEES
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Aims: Service provision and training of junior surgeons is a difficult balance. Working hours are limited by European Working Time Directives (EWTD). We implemented a change to the plastics surgery department senior house officer (SHO) rota to allow trainees to work in a consultant team-based structure; in order to maximise training opportunities and meet the learning requirements set by the Joint Committee on Surgical Training (JCST). The aim of this study is to assess if this change has improved learning opportunities for senior house officers (SHOs) in plastic surgery.
Methods: Retrospective review of the weekly rota for three weeks before and after the change implementation. The number of theatre sessions and outpatient clinics attended by SHOs was recorded.
Results: Four core trainees (CT), two foundation year 2 (F2) and two junior specialty doctors (JSD) were included in the study. Prior to the change; eight...