to completion time, repetitions and errors. Statistical analysis done using T-test and Mann Whitney test.

Results: Fifty completed the FLS tasks. There is no significant difference in the completion time between 2D and 3D participants with median of 247 and 216 minutes correspondingly. The median number of repetitions and errors were lower in the 3D vs. 2D; 108 vs.121 (P value < 0.05) and 27 vs.105 (P value < 0.05) respectively.

Conclusion: 3D laparoscopy showed significant reduction in repetitions needed to perform laparoscopic tasks and lower errors as compared to the standard 2D laparoscopy. However, time spent to reach proficiency in performing FLS tasks was not significantly different between the 2D and 3D groups.

ASIT SURGICAL EDUCATION PRIZE: 0720: DO NON-SURGICAL DEXTERITY SKILLS AFFECT THE LAPAROSCOPIC ABILITY OF NOVICE SURGEONS? Duncan Scrimgeour1, David Neilly1, Tim McAdam1, Steven Yule2. 1Aberdeen Royal Infrmary, NHS Grampian, UK; 2Harvard Medical School, Boston, USA.

Aims: We investigated if non-surgical dexterity skills affect the novice surgeon’s ability to perform a laparoscopic task.

Methods: Medical students completed a questionnaire to ascertain their surgical skills experience, year of study and experience with video games and musical instruments. After a five-minute practice session each student performed a laparoscopic stacking task using a laparoscopic simulator within three minutes to achieve a score out of twenty. Statistical analysis using analysis of variances (ANOVA) with post hoc tests and two-tailed unpaired t-tests were performed when appropriate.

Results: Forty-six medical students were enrolled in the study. The majority of students were in years 4 and 5 (n = 33) and 80% of students had attended surgical skills courses in the past. Approximately half played video games (n = 22) and 45% of students played one or more musical instrument(s). Attending surgical skills courses significantly improved mean score (13.65 vs. 10.11, p<0.05) but playing musical instruments (13.81 vs. 12.24, p=0.22) or video games (13.14 vs. 12.73, p<0.05) had no significant impact.

Conclusions: Previous training improves laparoscopic performance but experience with video games or musical instruments has no effect.

ASIT SURGICAL EDUCATION PRIZE: 0961: COGNITIVE TASK ANALYSIS IN SUPERFICIAL PAROTIDECTOMY: A USEFUL ADJUNCT FOR LEARNING David Pennell, Rodney Mountain. Ninewells Hospital, Dundee, UK.

Aim: Non-technical (cognitive) skills complement the cutting prowess of a successful surgeon. Skills such as such as team working, leadership, situational awareness, decision making and communication are seldom taught in surgical education and music training improves surgical performance. What are the key deficits in non-technical skills that need to be developed during surgical training and on completion to be able to lead a safe independent practice as a consultant surgeon.

Methods: We investigated if non-surgical dexterity skills affect the novice surgeon’s ability to perform a laparoscopic task.


Aim: To assess the effect of providing Core Surgical Trainee (CST) led operating lists in the Better Training Better Care (BTBC) pilot on operation times and hospital stay.

Methods: Operations coded as elective open inguinal hernias between August 2010 and January 2013 (5 CST cohorts) were analysed. Outcomes for inguinal hernia operations performed by CSTs on BTBC lists were compared to non-BTBC dedicated operations.

Results: 291 operations performed in period observed. Mean length of operation was 68 minutes (median 65 mins). Mean length of stay in hospital was 0.93 days (median 1 day). BTBC operations, n=11. Mean operation time 79 mins (median 86 mins). Mean length of hospital stay 0.82 days (median 1 day).

Conclusions: BTBC is a pilot scheme (supporting 16 NHS pilot sites) that aims to improve the quality of training and learning for professionals, for the benefit of patient care. At UHSM, CST led lists have been introduced under the supervision of consultants to address the quality of core surgical training. Our study has shown that BTBC operations take slightly longer, reflecting the training component of the operation. Hospital stay is shorter in BTBC potentially reflecting better continuity of care. Further studies with greater numbers are warranted.


Background/Aims: Judging depth is important in surgery. Although there are several cues that permit depth perception, stereocuity has been singled out as a possible predictor of surgical ability. However, it is not clear whether high-grade stereocuity is necessary for a career in surgery. We therefore aimed to evaluate stereocuities in practising surgeons across different surgical specialties, using three standard stereocuity tests.

Methods: We recorded stereocuity values on surgeons at a London teaching hospital using the Titmus, TNO and Frisby stereocuity tests.

Results: The 66 surgeons tested came from 12 surgical specialties. There were 36 Trained and 30 Consultants. Mean stereocuities (with range) for the whole group were: 40 sec arc on Titmus (40-800), 30 sec arc on TNO (15-480) and 20 sec arc on Frisby (20-600). Four surgeons had no recordable stereocuity on TNO, and one was also unrecordable on Titmus. Three of these four were Consultants. Depending on the test used, high grade stereocuity was found in 74%-83% of surgeons and reduced stereocuity in 2%-14% of surgeons.

Conclusion: Most surgeons have high-grade stereocuity but around 20% do not, and a few have no recordable stereocuity. It is therefore not necessary to have high-grade stereocuity for a career in surgery.