

concise review of current assessment, diagnosis and management of each disease.

Conclusion: The Gordon Museum and similar collections present unique opportunities to learn about fundamental surgical disease. We hope that the study presented here offers a novel insight into the wealth of educational material available.

0747: HOW WELL SURGEONS ARE AWARE OF RISKS ASSOCIATED WITH ROUTINE DIAGNOSTIC IMAGING?

R. Hafeez^{1,*}, A. Ahad², N. Obeid³, F. Smedley¹. ¹King's college Hospital, UK; ²Darent valley Hospital, UK; ³Lewisham and Greenwich NHS Trust, UK

Aim: To assess the level of awareness among surgeons of the nature and risks associated with routine diagnostic imaging.

Methods: 114 clinicians from different surgical specialties were asked to fill a questionnaire which include total 32 questions about nature of radiations used in routine imaging, effective radiation dose, natural background radiation exposure, dose of single chest X-ray, estimated dose of other radiological investigation in comparisons to CXR, common side effects and organs affected by the exposure. Participants were also asked to select the level of cancer risk association among different age groups and whether they consider alternative investigations.

Results: 54(47.37%) participants have misunderstanding that routine radiological imaging involve non ionizing radiations. 47 (41.2%) knew correct effective radiation dose unit (mSv) while just 30% were aware of natural background radiation exposure. 73% overestimated the dose of CXR but 42% underestimated the cancer risk associated with CT abdomen. Although only 27% identified common side effects and organs affected by exposure however majority (80%) do consider patient's age and alternative investigations before requesting one.

Conclusion: Surgeons need to be educated about the linear relation between radiation exposure and cancer development in order to minimize unnecessary exposure of patients.

0752: DEVELOPING THE LEADERSHIP SKILLS OF JUNIOR SURGICAL TRAINEES THROUGH A HANDS ON APPROACH

A.A. Abdullah^{*}, J.M. Norris, N. Noor, L. Thorley. Bedford Hospital, UK

Aim: The expanding role of doctors continues to evolve within the healthcare setting, in particular the need for leadership and managerial (L&M) skills. This case series provides a platform for junior doctors to develop their L&M skills through running structured courses

Methods: A surgical course is designed based on a tested infrastructure to meet the needs of junior doctors, following an audit. The course is carried out with the support of previous course directors (CD). Effectiveness of the course and its delivery are ascertained through a re-audit process. Participants are then encouraged to repeat the course using the same infrastructure with the help of their CD, ensuring the cycle continues. The CD are evaluated using a questionnaire and subsequent projects they run.

Results: 3 CD in 3 different trusts ran 3 courses with 50 participants. A re-audit showed 100% of participants had benefitted from the course with 60% implementing their new skills in a clinical context.

67% of the CD have since lead other projects. 100% of the CD had learnt new skills, gained confidence from the process and would recommend it to others.

Conclusion: This process offers junior doctors hands-on experience in developing L&M skills under supervision and support

0754: SIMULATION OF TENDON REPAIR USING MICROFOAM TAPE

A. Elfaki^{*}, N. Abreo, M. Wilmot, S. Murphy, P. Gillespie. Addenbrookes Hospital, UK

Aim: Injuries to the tendons of the hand are frequent, and require a highly skilled surgeon in order to aid full recovery and rehabilitation. Outcomes for injuries to the flexor tendons of the hand can be variable and repair, particularly in Zone II where there is limited room for error, can be

challenging. Simulation of tendon repair can aid in perfecting technique in addition to practicing a variety of repair methods such as cruciate or modified-Kessler techniques.

Methods: The use of 3M's Micro-foam tape represents a good medium for simulation of both flexor and extensor tendons.

Results: It is readily available and easily stored and can be assembled in seconds. It also has the advantage of being more hygienic than the traditional use of animal tendons for simulation. Its elastic properties allow it to handle like tendons, with its ability retract when cut and for its edges to fray when mishandled. It also allows one to place both core and epitendinous sutures simultaneously and simulate a Zone II repair by adding pulleys to increase the difficulty and assess gliding of the repair.

Conclusion: This provides a valuable and inexpensive method of practicing tendon repair for junior trainees who have an interest in hand surgery.

0768: SETTING UP A POSTGRADUATE PEER-LEAD ANATOMY TEACHING SERIES IN PREPARATION FOR THE IMRCS: OUR EXPERIENCE

M. Van^{*}, R. Steven, R. Mountain. Ninewells Hospital, UK

Aim: We describe our experience of setting up and providing peer-delivered surgical anatomy teaching to Foundation doctors wishing to revise clinical anatomy and/or pursue a career in surgery and prepare for the IMRCS examination.

Methods: A surgical teaching series was outlined based on the IMRCS syllabus. Selected sessions were taught by invited specialty trainees but the majority was peer-delivered. Feedback was collected for different components after each session including content, structure, presentation and the overall impression with a scoring ranging from 1 to 5.

Results: The anatomy sessions were so far well received judging by attendees' feedback with a mean overall session score of 4.82 ± 0.37 . Individual component scores ranged from 3 to 5. When asked about their career preference 76.9% of the attendees were currently pursuing a career in surgery.

Conclusion: Formal anatomy teaching is rarely provided following medical school and there is a demand for postgraduate anatomy knowledge. Locally organised sessions is one way to fulfill the need and provide teaching opportunities at an early stage. Further data is being collected on how the sessions could be improved which we aim to present in the future.

0774: SYSTEMATIC LITERATURE REVIEW OF LEARNING BY MEDICAL STUDENTS IN THE OPERATING THEATRE

S.J. Chapman^{1,*}, P. Ravindra², A. Bhangu³, J.E.F. Fitzgerald⁴. ¹University of Leeds, UK; ²Royal Derby Hospital, UK; ³University of Birmingham, UK; ⁴Royal Free Hospital NHS Trust, UK

Aim: The operating theatre (OT) offers unique learning opportunities for medical students, but the complex environment poses difficulties in harnessing its full potential. This systematic review assesses published literature reporting student perceptions to OT-based learning.

Methods: Ovid MEDLINE and Embase databases were queried using a dedicated search strategy for published literature relating to medical student learning in the OT. Eligible studies were limited to English language manuscripts published between January 1980 and August 2014.

Results: Following application of pre-defined limits, 450 articles were identified. Following title and abstract review, 12 were suitable for inclusion. Students perceive OT-attendance to be an essential component of a surgical clerkship, with opportunities to "scrub in" valued highly. Students perceive knowledge of theatre etiquette, ability to scrub adequately, ability to adhere to sterile procedures, awareness of risks to self, staff and patients as essential competencies. Approachability of theatre staff and surgeons' willingness to engage in active teaching are important factors influencing students' learning experience.