

0610: DO TRAINEE SURGEONS REALLY TAKE THAT MUCH LONGER WHEN OPERATING IN DAY-CASE SURGERY?

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Aim: Theatre time pressures may prevent trainees from taking the lead when operating and this can impact on their training. We aim to assess the operating time taken by trainee surgeons in the Day-Case Surgical Unit (DSU).

Method: Operative Room Management Information System records for DSU were reviewed between December 2007-2008 and 2010-2011 at the Royal Derby Hospital. Data was collected on operating times for general surgical cases and compared between consultants, associate specialists (AS) and trainees.

Results: The total number of open hernia procedures performed was 772 by consultants, 398 by AS and 97 by trainees. The mean time for all open hernia surgery in minutes was 38.8 for consultants, 34.2 for AS and 41.2 for trainees. Sub-group analysis demonstrated similar trends. Furthermore, operative time in minutes for excision of benign lesions was 18.5 for consultants, 13.5 for AS and 21.5 for trainees. Similar results were demonstrated when comparing other day-case procedures including laparoscopic cholecystectomy.

Conclusions: The results show that there are little differences in operating times, particularly when trainees perform appropriately selected cases. DSU provides the perfect setting for trainees to perform appropriately selected procedures on relatively uncomplicated patients in order to develop and practice their operative skills.

0616: THE IMPORTANCE OF CONSULTANT-LED SUPERVISION AND TRAINING IN EMERGENCY COLOSTOMY FORMATION

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Aim: We performed an audit systematically analysing the early incidence of problematic stomas at our district general hospital. The aim of the audit was to quantify our incidence of problematic stomas, attribute causative factors, highlight awareness and implement change.

Method: The standard* showed 66% of stomas were healthy and 34% were problematic nationwide. A problematic stoma was defined by complications within 3 weeks of surgery, requiring one or more accessories. Retrospective evaluation of 41 patients' notes over a six month period yielded the following data: the type of operation; elective or emergency; consultant or trainee performed; and stoma-related outcome.

Results: Of the 16 end colostomies produced: 25% were healthy and 75% were problematic. Retraction compromised 75% of problematic end colostomies; problematic stomas were noted in trainee (79%) verses consultant (30%) constructions, emergency (65%) verses elective (29%) constructions, with Hartmann's procedures (50%) in the presence of diverticular disease (80%).

Conclusion: In conclusion, a higher incidence of end colostomy retraction following Hartmann's procedures performed by unsupervised trainees in the emergency setting exists. Consultant supervision in such settings is vital, providing additional experience in tension-free stoma formations.

*Standard from National Audit of Stoma Complications within 3 weeks of Surgery, (Cottam and Richards 2006)

0619: ARE MEDICAL TRAINEES FOLLOWING BEST PRACTICE GUIDELINES WHEN PERFORMING ARTERIAL BLOOD GAS SAMPLING ON ACUTE SURGICAL PATIENTS? MATHURI SAKTHITHASAN, MICHAEL MAGRO , AKLAK CHOUDHURY, ROBERT FOWLERQUEEN'S HOSPITAL, BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST, ROMFORD, UNITED KINGDOM

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Aim: British Thoracic Society (BTS) guidelines for emergency oxygen use in adult patients 2008 recommend that local anaesthesia (L.A.) should be used for all arterial blood gas (ABG) specimens except in emergencies or if the patient is unconscious or anaesthetised. Our aim was to determine if our current practice is following national guidelines.

Methods: Questionnaires were distributed to junior doctors. Data was collected on current ABG technique, patients' perception of pain,

knowledge of the BTS guideline and what individual and organisational factors influenced guideline implementation.

Results: 23(82%) believed that patients find ABGs painful. 19(70%) have had patients complain due to pain. Only 4(15%) used L.A. regularly. Of the 9(32%) who were aware of the guidelines, none used L.A. The main reasons being; responders believed two needles were more painful than one(n=4), L.A. administration is as painful as arterial puncture(n=3), it is time consuming(n=2) and there is a risk of injecting L.A. intravenously(n=1).

Conclusion: In our hospital, although ABGs are known to be painful, only a small number of doctors use L.A. regularly and of those familiar with the BTS guideline none are following it. This may be detrimental to our patients, causing more pain than is acceptable.

0620: THE MULTI-DISCIPLINARY TEAM (MDT) FROM THE COORDINATORS' PROSPECTIVE. REPORT OF THE MDT-COORDINATORS' SURVEY

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Introduction: The MDT-Coordinator's role is relatively new, and as such it is evolving. What is apparent is that the coordinator's work is pivotal to the effectiveness and efficiency of an MDT. This study aimed to assess the views and needs of MDT-coordinators.

Methods: Views of MDT-coordinators were evaluated through an online survey that covered their current practice and role, MDT chairing, opinions on how to improve MDT meetings, and coordinators' educational/training needs.

Results: 265 coordinators responded to the survey. 80% of the respondents reported that the MDTs are chaired by Surgeons. Whereas 68% of respondents thought that MDT chairmanship could rotate, only 24% reported that it does in their own MDTs. Majority reported having training on data management and IT skills while more than 50% reported that further training is needed in areas of Oncology, Anatomy and physiology, audit and research, peer-review, and leadership skills.

Conclusions: MDT-Coordinator's role is central to the care of cancer patients. The study reveals areas of training requirements that remain unmet. Improving the resources and training available to MDT-coordinators can give them an opportunity to develop the required additional skills and contribute to improved MDT performance and ultimately cancer care.

0629: TRAINING IN DAY-CASE SURGERY – A MISSED OPPORTUNITY

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Aim: Surgical training needs to evolve to ensure that surgeons receive adequate training. Dedicated training lists have been suggested; this however is costly and therefore unlikely given the current financial climate.

We aim to identify training opportunities in Day-Case Surgical Units (DSU) that may be missed therefore highlighting feasible options accessible to most trainees.

Methods: Operative Room Management Information System records for DSU were reviewed between December 2010-2011 at the Royal Derby Hospital. Data collected included procedures performed as well as lead and assistant surgeons.

Results: There were a total of 395 general surgical operating lists. Trainees attended 161(40.8%) of these lists. A total of 1796 cases were performed; 124 (6.9%) were non-surgical procedures and therefore excluded. Trainees attended 434 (26%) of the remaining 1672 cases. Further analysis revealed that of the 434 cases attended, trainees were the lead surgeon in only 47 cases (10.8%).

Conclusion: The results show that trainees assisted in a minority of DSU operations and even fewer had the opportunity of being the lead surgeon. Given the difficulties surgical trainees face due to limited training time, DSU could provide the perfect setting for surgical trainees to assist and perform common procedures on relatively uncomplicated patients.

0648: SINGLE PORT/INCISION LAPAROSCOPIC SURGERY: A NATIONAL SURVEY OF AWARENESS, EXPERIENCE AND OPINIONS

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