Abstracts / International Journal of Surgery 11 (2013) 686-745

STS to STU, becoming proficient in inguinal herniorrhaphy and hydrocelectomies. The experience was easy to organise, was undertaken during annual leave and did not require deanery approval. It is an experience to be recommended for all surgical trainees.

1374: ANTIBIOTIC PROPHYLAXIS IN PATIENTS UNDERGOING UNCOM-PLICATED APPENDICECTOMY AND HERNIA REPAIR AT A LONDON UNI-VERSITY HOSPITAL

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Objective: To assess adherence to local trust antibiotic prophylaxis guidelines in uncomplicated appendicectomy and hernia repair. To explore potential causes for lack of adherence.

Methods: A retrospective unselected cohort of patients undergoing appendicectomy and hernia repair between 07/2012 and 12/2012 were reviewed. 81 case-notes were retrieved (appendicectomy=43, hernia repairs=38). Antibiotic choice and prescribing practices were noted on a bespoke-proforma. A questionnaire of surgeons and anaesthetists to assess familiarity of with the guidelines was performed, n = 22

Results: Appendicectomy-Adherence to all parameters occurred in 7.0% of patients. 32.6% received correct prophylaxis. 16.3% received one dose at induction as recommended. In 67.4% duration was longer than recommended. 30.2% received an appropriate dose and 81.4% received prophylaxis within 30-minutes of incision.

Hernia-repair Without Mesh-35% did not receive any antibiotics perguidance.

Hernia-repair With Mesh- 17% received correct antibiotic-prophylaxis. 11% did not receive prophylaxis. All patients that received prophylaxis had the correct dose within 30-minutes of skin incision. 2 questionnaires were discarded. 18(Surgeons=10, Anaesthetists=8) did not know the guidelines, 2 knew the correct guidelines for appendicectomy but not for hernias.

Conclusion: Antibiotic prophylaxis is poorly performed. This may in part be due to poor knowledge of guidelines. A programme for improvement has been formulated.

1407: A NEWLY ESTABLISHED DEANERY NETWORK

Rebecca Llewellyn-Bennett, Richard Canter. *Severn Deanery, Bristol, UK.* **Background:** The Severn Women in Surgery network (SWIS) is the first surgical deanery, female network set up to support trainees within the region. Even though 57% of women comprise the intake at medical school (2007)[i], only 8% of women become consultant surgeons in England.

Aims: Our aim is to provide support and guidance for future and current female trainees who want to pursue a career in surgery.

Results: Within the first 6 months of SWIS being established, SWIS has already been involved in 2 regional presentations and an invited presentation at the RCS Inspiring women Leaders conference 2012. Through social media, SWIS has developed an interactive twitter platform, 2 NHS networks online forums for female trainees and those who have family commitments. A surgical trainee maternity leaflet has been created and published online encompassing surgical-related issues including radiation exposure.

There is an online experiences page from a diversity of male and female trainees and consultants within the region. This experiences page has been devised to inform current and future male and female trainees, about experiences in surgical training and compare choices: LTFT/FT, those in academia, and those who have family commitments.

Conclusion: This has been a successful initiative.

[i][ii] http://surgicalcareers.rcseng.ac.uk/wins/research-and-stats/statistics

1410: CAN TEACHING MEDICAL STUDENTS MORE ADVANCED SURGICAL SKILLS INCREASE THEIR INTEREST IN SURGERY? TEACHING BEYOND HAND-TIES AND SIMPLE SKIN CLOSURES

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Aim: Exposure to surgical skills is often limited in undergraduate medical curriculum. Majority of medical students are not aware of the wider range of surgical skills and techniques surgeons use. We aimed to find out whether teaching medical students a broader range of surgical skills would increase their interest in surgery as a career.

Method: A one-day surgical skills course was developed for medical students which included basic surgical skills to more advanced techniques including tendon repair, vascular repair. We distributed a questionnaire before and after the course to access interest in surgery and confidence in performing each task using a 5-point Likert scale.

Result: 24 medical students attended the course. Interest in surgery increased from a mean score of 2.3 to 3.8 post-course (p<0.005). Candidates felt more confident with suturing skills, knot tying, handling surgical instruments at the end (p<0.05). All candidates were able to complete a sound repair of the tendon and perform a vein patch at the end.

Conclusions: This one-day course requires low resource but has a high impact on developing surgical interest in medical students. It is easily reproducible and should be accessible to all medical students to increase surgical interest and skills.

1424: IMPROVING CONFIDENCE AND COMPETENCE IN AN UNDERGRAD-UATE COHORT OF SURGICAL ENTHUSIASTS: AN UNDERGRADUATE SUR-GICAL SOCIETY'S EXPERIENCE

James Glasbey, Chantelle Rizan, James Ansell. *Cardiff University, Cardiff, UK.* **Aim:** Basic surgical skills competency varies markedly amongst medical students (Helenius, 2002), highlighting an oversight in medical school curricula. Early exposure to surgical skills may improve skills and supplement theatre-based teaching, alongside promoting interest in surgical careers (Sammann et al, 2007, Nishan et al, 2007).

Surgical skills 'boot-camps' are reported as effective skills-training interventions (Esterl et al., 2006). These were implemented by Cardiff University Surgical Society, a student-led group for surgical enthusiasts, intended to increase basic surgical skills exposure in a validated training setting (Welsh Institute of Minimal Access Therapy).

Method: Training exercises in suturing, knot-tying and laparoscopic dexterity were delivered during 1hr-long sessions with instruction from verified surgical trainers. Attendees were sent an online 10-question survey (Survey Monkey©), subjectively evaluating pre-and post-session confidence and competence. Analysis of responses was conducted using PASW Statistics (SPSS 18).

Results: 30 students were invited to respond (age range: 18-25 years) and feedback from 14 students was obtained (47%). Students reported increased confidence in all skills demonstrated (p<0.01). It was unanimously reported that undergraduate surgical skills training was deficient yet important for professional development.

Conclusions: Students actively engage with interventions such as surgical 'boot-camps', which encourage early development of technical skill competency and confidence.

1443: IRISH MEDICAL STUDENTS' ATTITUDES TOWARDS, AND AWARE-NESS OF, RESEARCH OPPORTUNITIES

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Aims: To assess students' attitudes towards research; awareness of research opportunities; ability to carry out literature appraisals.

Methods: Students were invited to participate in an online anonymous questionnaire.

Results: Of 180 responses, 83% did not feel adequately aware of research opportunities and 40% would like to participate in research but did not know how to get involved. The strongest motivating factor was the potential benefit for future career prospects, followed by an inspiring mentor, ahead of prizes, monetary incentives or academic credits. The most common disincentive was 'difficulty balancing with academic commitments' (30%), followed by 'lack of awareness ' (25%). A third of students thought that an intercalated BSc was a good idea, however only 11% thought that the medical school provided enough information. Almost all (88%) students felt they needed more guidance in interpretation of the literature; 23% judged themselves capable of performing literature appraisals.

Conclusions: Medical students show an interest in participating in research and are aware of its importance, but do not feel they are made appropriately aware of research opportunities. Students are generally unaware of the option of an intercalated degree. Finally, most students do not feel they have the ability to critically appraise literature.

705