Methods: We conducted an online survey reviewing demographics of surgical trainees and their opinion on stress within the Local Education Provider (LEP). The primary outcome measure comprise of gender and level of stress. Secondary outcome comprise of how well they overcome their stress.

Results: Seventy-three surgical trainees (median level of training ST3, range CT1-CT8 and 68% males) from the LEP took part in an online survey on level of stress. Both genders report similar frequencies of feeling stress as follows; never (M:6.0% vs F:0.0%), once in while (M:56.0 vs F:60.9%), half of the time (M:26.1% vs F:14.0%) and most of the time (M:13.1% vs F:24.0%). In general, male trainees find it easier to cope with stress than female trainees (M:96.0% vs F:87.0%).

Conclusions: Our study did not reveal any statically significant differences in stress levels and coping abilities between genders in surgical training. However, It is important for educators to understand that trainees’ level of stress highly affects level of performance in surgery.

0871: A REGIONAL TRAINING DAY INCREASES FOUNDATION DOCTORS’ CONFIDENCE IN MANAGING ORTHOPAEDIC PATIENTS
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Introduction: Many foundation year doctors lack confidence in understanding the basic principles of Orthopaedic surgery, having had limited exposure to Trauma and Orthopaedics (T&O) at medical school. We delivered a regional T&O training day, with the aim of increasing participants’ confidence in managing Orthopaedic patients.

Methods: The training day was held on a Saturday. Faculty included four T&O specialist trainees. The day was composed of lectures specifically aimed at foundation doctors and practical sessions using dry bone models where participants learnt basic fixation techniques. Some of the equipment was provided by a sponsor.

Results: 28 foundation doctors attended. Feedback following the training day was very positive; 96% found the course material useful, 96% felt the material was taught at an appropriate level and 100% would recommend the course.

Conclusions: The success of this training day suggests that formal teaching days in surgical specialties are beneficial to foundation doctors. Training days can be organised on a regional level for each surgical specialty, in order to target foundation doctors who will have those particular rotations. Training days may not only prepare foundation doctors to manage patients more effectively, but may also encourage them to participate in educational activities, such as attending clinics and theatre sessions.

0873: PAN-DEANERY ASSESSMENT OF CORE SURGERY EDUCATIONAL TRAINING DAYS – ARE WE GETTING THE SAME DEAL?

Introduction: Most Core Surgical Trainees (CSTs) attend deanery-wide teaching which compliments the Intercollegiate Surgical Curriculum Programme (ISCPS). This study explores the differences in CST educational sessions provided by deaneries across the United Kingdom (UK) and how certain ISCP curricula components are met.

Methods: An anonymous survey was distributed electronically to the 2012-2013 CST cohort of 17 UK deaneries. The study sought information on training day format, curriculum coverage and trainee opinion of their deanery teaching.

Results: 10 deaneries responded. Sessions occur predominantly on a monthly basis (≥ 5 hours), delivered as lectures (28.9%), practicals (23.9%), tutorials (16.8%), simulation (14.2%). Of 48.1% with laparoscopic training access, 27% have a personal laparoscopic box. 33.8% of the 59.7% receiving formal anatomy teaching get to teach anatomy. Overall, trainees desired more teaching on 6 of 10 listed surgical specialties. 63.7% reported training day satisfaction, 54.6% believed the ISCP criteria would be met as a whole.

Conclusions: This study confirms the value of CST educational days which span multiple ISCP topics. However, trainees desire more teaching on subjects like anatomy and practical skills. Analysis of some areas explored by this study suggests teaching experience and access to training equipment at CST educational days is variable.

0903: TRAINER AND TRAINEE EXPECTATIONS OF SUPERVISED OPERATIVE PROCEDURES IN SURGERY
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Introduction: Surgery is a craft specialty where operative experience is essential. There are however, discrepancies between trainee and trainers’ expectations of operative training. We evaluate these subjective and objective differences against learning goals.

Methods: A prospective, single-blinded review of 30 procedures was performed. Responses were received from 2 foundation-trainees, 11 core-surgical trainees, 17 higher-specialist trainees, against consultant trainers, between November 2012 and October 2013. We examine individual agendas and expectations between a trainee and trainer during operative training.

Results: In 67% of cases, the trainee was primary surgeon, compared to 33% where the trainer was. Trainees wished to perform a mean of 88.2% (20-100%) of the procedure, compared to trainers wanting their trainees to perform 89% (25-100%). On completion of the case the trainees actually performed a mean of 70% (10-100%), 67% of trainees performed the key steps in the procedure compared to 33% by trainers. Workplace-based assessments were only completed following 50% of cases. Training satisfaction scores from trainees and trainers were 81% and 71.3% respectively.

Conclusions: We provide insight into differing training expectations from a trainee and trainer perspective. There are inconsistent goals between both and there is need for parity, discussion and a checklist to avoid discrepancy.

0906: FACTORS INFLUENCING MEDICAL STUDENTS’ PURSUIT OF A SURGICAL CAREER
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Introduction: Trends in specialty choices have shown a decline in the number of students desiring a career in surgery. This study aims to explore the factors influencing career choice among medical students.

Methods: An electronic survey was distributed to students from 5 medical schools. Students were asked to score 17 items (5-point Likert-scales) in terms of their importance in the students’ decision-making processes. Specialties were grouped into General Practice (GP), Medical Specialties (MS) and Surgery.

Results: 200 students responded, of which 31% preferred Surgery (modal year of study: 3rd; mean age:23 years; 44% female). Students who preferred Surgery rated Prestige more important than students preferring GP or MS (p=0.007, p=0.002). Earnings and Private practice were more important to students who preferred Surgery compared to MS (p=0.025, p=0.029). Work Life Balance (p<0.001, p=0.001), Length of Training (p=0.020, p=0.004) and Difficulty of Training (p=0.044, p=0.02) were less important to students who preferred Surgery compared to GP and MS.

Conclusions: Prestige and anticipated income are important determinants for those aspiring to a career in surgery whereas students placing greater importance on lifestyle factors prefer alternative specialties. These apparent disincentives to a career in surgery must be addressed to mitigate the impending shortfall in surgical recruitment.

0936: WHAT IS THE CURRENT EVIDENCE FOR THE USE OF VIRTUAL REALITY SIMULATION IN ENT TRAINING?
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Introduction: Surgical training is changing due to reduction in working hours, lack of operative exposure and limited availability of cadaveric dissection. In response, simulation has developed and is a cornerstone of medical education. Virtual reality training is a high-fidelity simulation method using visual, audio and haptic feedback to immerse the user in a virtual operating experience. This review assesses whether virtual reality simulation improves operative performance, whether there is transfer validity and if there is evidence for face and content validity.

Methods: A comprehensive literature review was conducted. Two comparative questionnaires and twelve experimental papers were included.

Results: The overall results indicate that virtual reality simulation is beneficial and performance scores improve, when comparing virtual reality training to either cadaveric practice or no tuition. Face and content