theatre educational environment measure (mini-STEEM). Educational value was evaluated using mini-surgical supervised training (STS or STU) in the pilot was compared to the previous these from pre to post-operative care. Supervising Consultants were all-year, 803 cases were completed, 163 (20%) being supervised. This is a completed 734 cases, 242 (33%) being supervised training. The previous methods Trainee (CST) lists.

**Results:** During the 12-month pilot, eight CSTs in General Surgery completed 734 cases, 242 (33%) being supervised. The previous year, 803 cases were completed, 163 (20%) being supervised. This is a significant increase in number and proportion of supervised training cases delivered (317, p < 0.01). Significant increases were also seen in Plastics, Breast and Orthopaedics. Overall mini-STEEM score of 38 (>2 standard deviations above midpoint of 27), demonstrated a ‘strongly positive educational experience’.

**Conclusions:** Amount, proportion and experience of surgical training was improved by this BTBC pilot, through dedicated and supervised CST lists.

**0789: STUDENT-RUN BASIC SURGICAL SKILLS – AN EFFECTIVE INTERVENTION TO PROMOTE STUDENT CONFIDENCE AND INTRODUCE POSITIVE SURGICAL ROLE MODELS**

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**Introduction:** Interest in surgical careers is in worldwide decline. Negative surgical role models was a frequently cited disincentive in a UK medical school-based survey. This study aims to assess whether early exposure to safe surgical practice in a controlled workshop environment introduces positive role models and improves student’s confidence and proficiency in key skills.

**Methods:** Medical students were offered a student-run Basic Surgical Skills (BSS) course. A 20 question pre- and post-course survey assessed self-reported confidence and competence in key skill areas using Likert scales. Pre- and post-responses were paired and anonymised pre-analysis.

**Results:** 40/40 and 39/40 completed the pre- and post-questionnaire respectively. The non-attender was excluded leaving paired responses N=39 for analysis. Data was non-parametric and compared in SPSS with the Wilcoxon signed-rank test. 19/20 questions demonstrated statistically significantly higher rated values (P<0.05) following the course. Notably these included “I have met good surgical role models” as well as within all five skills taught. A non-significant increased reporting of interest in a surgical career was the only non-positive finding (p=0.08).

**Conclusions:** A student-run BSS course was effective at introducing positive role models and producing consistent and demonstrable improvements in self-reported confidence and proficiency in key surgical skills.

**0797: DEVELOPMENT AND CONTENT VALIDATION OF A URETEROSCOPY CURRICULUM**

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**Introduction:** Current validation evidence for ureteroscopy training modalities allows them to be integrated into a formalised curriculum. Our aim was therefore to develop and content validate a curriculum incorporating key technical and non-technical skills.

**Methods:** Three modalities of training were incorporated into the curriculum including: (1) the UroMentor virtual reality simulator, (2) Uro-Scopic bench-top model and; (3) distributed simulation with “The Igloo”, a portable inflatable high-fidelity training environment. Curriculum development was via literature review of key operational steps for ureteroscopy alongside the available tasks on the URO mentor. Experts from 2 countries (UK and America) and across 3 separate institutions were consulted for content validation.

**Results:** 100% of respondents agreed that integration of non-technical skills via the distributed simulator was useful. 83% agreed the content of the tasks laid out would be sufficient to effectively train novices for ureteroscopies. 3 tasks were added and 2 removed following consultation. The developed curriculum was divided into four modules: 1. Knowledge. 2. Technical Skills. 3. Integration. 4. Non-technical skills.

**Conclusions:** The developed curriculum offers integration of key technical and non-technical skills required in ureteroscopy via utilisation of various training modalities. However, the curriculum requires further validation to establish face validity and educational impact.

**0798: LIVE SURGICAL BROADCASTING AS A TRAINING TOOL: IS IT SAFE FOR PATIENTS?**

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**Introduction:** Live surgery is common at surgical conferences. We aim to: (1) explore evidence for live surgery as a training tool, (2) identify evidence for its safety, (3) identify guidelines provided for live surgical procedures and (4) provide a framework for development and implementation of guidelines.

**Methods:** A search was performed using PubMed, EMBASE and the Cochrane Library. Additionally, societies for eleven surgical specialties were searched for guidelines on live procedures.

**Results:** Studies analysing the educational value have demonstrated feasibility, acceptability, construct and concurrent validity of live surgery. Live procedures do not affect complication rates (p<0.05), however, success rates were lower in some articles (6.6 - 17% lower in live cases). Currently, only urology, cardiothoracic and vascular societies offer any guidelines on live surgery.

**Conclusions:** Little evidence exists on the educational value and safety of live surgery. With only three specialties offering any guidance, more needs to be done to provide these; ensuring patient safety is not compromised. A 6-step framework is proposed for development of guidelines, which should be overseen by an independent body: 1. Identification of Hazards in Live surgery. 2. Development of Guidelines. 3. Validation of Guidelines. 4. Implementation. 5. Regulation. 6. Audit Effect on Patient Outcomes.

**0799: EPOSTERS AS AN AID TO TEACHING SURGICAL FINAL YEAR MEDICAL STUDENTS**

Ben Rees, Jessika Voll, Charles Maxwell Armstrong, Nottingham University Hospitals, Nottingham, UK.

**Introduction:** To use ePosters as an innovate method to teach Surgery to Final Year Medical Students.

**Methods:** Eighteen Final Year Medical Students were tasked with giving a five minute ePoster presentation to their peers at the end of their surgical attachment. Students had to learn a topic based on a case that they had themselves researched and then present this succinctly. A strict five-minute slot was allowed for each presenter, with a further minute for questions from the audience. The students prepared a single slide as a visual ePoster to aid their presentation. Students were scored by three teaching fellows present.

**Results:** Scores were variable as expected. However the diversity both in selection of surgical cases and the style and delivery of ePosters proved informative to both students and teaching fellows alike. The top three posters were illuminating enough to be selected for display within the learning environment.

**Conclusions:** Students demonstrated learning across visual, auditory and in one case kinesthetic domains in this innovative educational session. Students also learnt presenting skills essential for their future careers. Feedback was excellent. The success of the project has afforded opportunity for inclusion in other areas of medical student teaching.

**0848: DOES GENDER PLAY A SIGNIFICANT ROLE IN SURGICAL TRAINEES’ STRESS LEVELS?**

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**Introduction:** Competitive training opportunities due to European Working Time Directive pose an important challenge for surgical trainees, leading to stress affecting work performance. We reviewed the domains of trainee gender and their opinions on career related stress.
**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-ST8 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.

**0872: 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 (ISCSP). This study explores the differences in CST educational sessions provided by deaneries across the United Kingdom (UK) and how certain ISCSP 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 ISCSP criteria would be met as a whole.

**Conclusions:** This study confirms the value of CST educational days which span multiple ISCSP 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 trainee 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 trainers and trainees 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<0.001, p<0.001). 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