1025: INSIGHT INTO PERFORMANCE ON VIRTUAL REALITY SIMULATION OF DYNAMIC HIP SCREW FIXATION
Kapil Sugand, Chetan Khatri, Kash Akhtar, Chinmay Gupte. MSK Lab, Imperial College, London, UK.
Introduction: Orthopaedic training comprises of unstandardised subjective feedback and an objective and standardised means of measuring performance metrics to achieve competency is long overdue.
Methods: 52 medical students were randomised to two groups: Group 1 (training) performed 5 attempts whilst Group 2 (control) performed only once on a virtual reality (VR) dynamic hip screw (DHS) simulator. Both cohorts also repeated the task after a week washout period. Real-time objective measurements were recorded. Participants subjectively rated how they performed using a seven-point Likert scale. The mean score (with standard deviation), Mann-Whitney U-test to determine significance (p<0.05) and Pearson correlation coefficient (r²) were calculated between metrics.
Results: Group 1 significantly (p<0.001) outperformed Group 2 in total procedural time by 68%, reduced tip-apex distance (TAD) by 41% and procedures essential for awarding CCT (Certificatis) 22.6% of procedures, equating to 503.5 (11.3%) procedures per trainee.

1053: TRAIN HARD, GO PRO – USE OF PERSONALISED VIDEO TRAINING IN ORTHOPAEDIC SURGERY
Edmund Leong, Piyush Mahapatra, James Duncan, Amir Sadri. 1 Charing Cross Hospital, London, UK; 2 St. George’s Hospital, London, UK.
Introduction: With the advancement of technology, reduced working hours and time pressures, the idea of utilising technology to create novel ways of learning and training is exciting and necessary.
Methods: We used a lightweight, high definition head mounted video camera to record trainees performing operations. The operations were reviewed by a senior clinician for training and assessment of the trainee. Explicit consent was obtained from all patients involved and data was securely stored.
Results: Video recordings impart the following advantages: 1. Re-evaluation of one’s performance. 2. A revision aid to a particular multi-step operation. 3. Targeted technical feedback and training – specific parts of the operation may be revisited by the trainer to demonstrate and emphasise specific learning points. 4. Web-based training – videos may be uploaded for training and education via narrated video libraries and web-based learning. 5. A video log of operations – to monitor progress and allow continued evaluation.
Conclusions: With the increasing prevalence of web based training and web based assessments, video training is a novel concept of training and assessment, and may be used as an adjunct to work based assessments. Footage may also allow trainees to reflect back on performance and demonstrate progression.

1064: UROLOGY INDICATIVE NUMBERS – IS IT AN ACHIEVABLE OBJECTIVE?
Katherine Hall, Vincent Tang, Zubeer Ali. Lancashire Teaching Hospitals NHS Trust, Preston, Lancashire, UK.
Introduction: To assess whether the Joint Committee on Surgical Training (JCST) Urology indicative numbers are feasible within a 5-year training programme?
Methods: We identified, the total number of JCST recommended urological procedures essential for awarding CCT (Certificate for Completion of Training) at Lancashire Teaching Hospital NHS Foundation Trust and the number of procedures performed, or had involvement by urological Specialty Registrar (SR) trainees, non-trainee middle grades and consultants alone.
Results: 4,454 JCST recommended urological procedures were available at Lancashire Teaching Hospital NHS Foundation Trust between 2012-13. Consultants performed 1415 (31.8%) of these without registrar involve- ment. The two trainee registrars performed or were involved in 1,007 (22.6%) of procedures, equating to 503.5 (11.3%) procedures per trainee.

The four non-trainee middle grade doctors performed or were involved in 1,896 (42.5%) of procedures, equating to 474 (10.6%) procedures per non-trainee. Nurses performed 136 (0.08%) procedures.
Conclusions: The JCST recommended urology operative experience indicative numbers should be achievable during a 5 year training pro- gramme as there is sufficient operative activity taking place. However, trainee exposure to certain index procedures is not as available as others, and to fulfill the JCST requirements, trainees would require a more flexible timetable and targeted training to ensure opportunities are not missed.

1104: A SURGICAL TRAINEE’S EXPOSURE TO BREAST DISEASE AT A ONE-STOP SELF-REFERRAL CLINIC IN NIAWKAW, GHANA
Natasia Jiwa,1 Paul Ofori-Atta, Steven Goh. 1 Breast Unit, Peterborough City Hospital, Cambridgeshire, UK; 2 Wadford General Hospital, West Hertfordshire, UK.
Introduction: Breast cancer is a common malignancy amongst Ghanian women. It often has a delayed and advanced presentation. Breast screening and access to specialist care are not widely available. On a recent charity visit, we conducted a one-stop self-referral clinic, aiming to manage breast disease within the population.
Methods: Patients seen from 14-15th October 2013 were included. History, clinical examination and observations were conducted on each patient. Investigations and surgical intervention were carried out where feasible.
Results: 57 patients (mean age 40) were included (56 female, 1 male). The median duration of symptoms was 6 months. Clinical presentations included: pain in 61% (35/57 patients), a lump in 47%, skin changes in 10% and nipple symptoms in 7%. Symptoms were unilateral in 68% of patients. Likely diagnoses included: mastalgia in 43.8% (P1), a benign breast lesion (cyst/ fibroadenoma) in 15.7% (P2), infiltrative/inflammatory cancers 7% (P5). The mean size of all palpable lumps was 35mm. 10 patients were referred for further imaging and 3 underwent excision biopsy.
Conclusions: Presentation of breast disease in West Africa is delayed and severe (see photos). This philanthropic venture has been an important training experience, with exposure to a wealth of pathology not frequently encountered in the UK.

1115: LAPAROSCOPIC ADRENALECTOMY: A SUITABLE OPPORTUNITY FOR SURGICAL TRAINEES?
C. Jukes, S. Dighe, N. Farkas, P. Jethwa. East Surrey Hospital, Redhill, Surrey, UK.
Introduction: As laparoscopic adrenalectomy becomes increasingly used for the resection of adrenal lesions, we sought to assess the safety and efficacy of this procedure in the hands of trainee laparoscopic surgeons.
Methods: Retrospective analysis of a prospectively collected database for all laparoscopic adrenalectomies performed at a single institution.
Results: Forty-four adrenalectomies were performed between October 2010 and December 2013 (5 right-sided, 9 left-sided). Seven were by a single consultant (P) and 7 by Specialist Registrars (ST3-6) under supervision. There were 4 male and 10 female patients. Mean age and BMI was 65yrs and 28.4 respectively. Mean operative time was 99 minutes, length of stay 2 days, and reduction in Hb 0.85 g/dL, with no transfusions required. One patient from a consultant-led procedure was re-admitted with lower respiratory tract infection, and developed a port-site infection. Two patients with previous contralateral nephrectomy+adrenalectomy required medical management for adrenal insufficiency. Comparing trainee with consultant procedures showed no significant increase in operative time, hospital stay, variations in Hb, or complications.
Conclusions: Despite the technical considerations associated with lapa- roscopic adrenalectomy, we believe it can be considered as an appropriate procedure for surgical trainees to add to their repertoire without any in- crease in morbidity or effects on theatre efficiency.

1158: AN 8-YEAR LONGITUDINAL COHORT STUDY INTO THE IMPACT OF MODERNISING MEDICAL CAREERS ON SURGICAL TRAINING
Introduction: In 2005 a novel schema for postgraduate medical training (Modernising Medical Careers (MMC)) was introduced in the UK. This longitudinal study aimed to study the impact of MMC on the careers of
those applying to the ‘medical training application service’ (MTAS) in 2006.

**Methods:** The Association of Surgeons in Training (ASIT) developed an online questionnaire at the time of MMC implementation. A paired, self-reported online survey was re-issued to original respondents in 2013, mapping their working patterns since MMC and utilising Likert scales to assess perceived satisfaction with the MTAS/MMC changeover.

**Results:** Of 1005 primary respondents, 142 were no longer contactable. 195 (23%) completed follow-up (M:F 76:24, median age: 36). 99% of respondents were still working in the medical profession. 80.3% remained in a surgical specialty. 53.3% made >1 unsuccessful application to a national training number (NTN), with 8.7% still without one. An overwhelming majority reported negative experiences of MMC (86.2%) and detriment to quality of life (81.7%). 56.3% considered continuing their careers abroad, with 10% eventually doing so.

**Conclusions:** The attrition rates from surgery, the medical profession in general and the United Kingdom demonstrate the lasting effects on professional’s careers resulting from of the mismanaged implementation of MMC.

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**1162: THE ASSOCIATION OF SURGEONS IN TRAINING (ASIT) FOUNDATION SKILLS IN SURGERY COURSE: 6 YEARS OF ASPIRING SURGEONS**


**Introduction:** The Association of Surgeons in Training (ASIT) has run Foundation Skills in Surgery (FSS) courses for six years. Aimed at senior medical students and Foundation (FY) doctors, FSS focuses on basic surgical skills, offering an overview of surgery. This study evaluates the course and career progression of delegates.

**Methods:** A non-mandatory online questionnaire was distributed via email to previous FSS delegates. Questions focused on demographics, career intentions and course feedback.

**Results:** Of 214 delegates, 72 responded (35.0%); 58.0% were male. At the time of survey, 27.7% were FYs, 27.5% Core Surgical Trainees, and 15.0% fifth-year students. 40.6% attended at FY1 and 17.4% as fourth-years students. At the course, 89.9% intended on surgical careers; 85.5% those applying to the time of survey, 27.7% were FYs, 27.5% Core Surgical Trainees, and 15.0% fifth-year students. 40.6% attended at FY1 and 17.4% as fourth-years students. At the course, 89.9% intended on surgical careers; 85.5% those applying to the

**Conclusions:** The attrition rates from surgery, the medical profession in general and the United Kingdom demonstrate the lasting effects on professional’s careers resulting from of the mismanaged implementation of MMC.

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**1198: AUDIT OF STAFF KNOWLEDGE REGARDING POST-OPERATIVE DAILY STAGES IN A DISTRICT GENERAL HOSPITAL**

Ertong Yang, Shaukat Majid. Princess Royal University Hospital, Farnborough, UK.

**Introduction:** Following abdominal surgery, it is normal practice to reintroduce feeding in a stepwise manner in order to minimise symptoms of post-operative ileus. I aimed to audit how well staff understood these stages and their implementation.

**Methods:** I audited against the local trust guidelines as I could not find any relevant national guidelines. I created a questionnaire that tested whether staff knew the order of the post-operative dietary stages. I also asked them to put example foods into the correct categories. I involved all relevant staff groups: Doctors, Nurses, Dieticians, Pharmacists, and HCAs.

**Results:** I received 59 responses. Only 44% correctly stated the order of post-operative dietary stages. The mean score for identifying the group that foods belonged to was 57%. Doctors did the worst of all professions (50% total, senior doctors 54%, junior doctors 46%). The best scoring group were dieticians - 66%, and 100% knew the correct order.

**Conclusions:** There is a lack of knowledge - especially among doctors - regarding the post-operative dietary stages. I feel that this is due to insufficient education on this topic. I am currently rewriting the guidelines and will arrange for there to be teaching on the new guidelines.

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**1203: TRAINING IN LAPAROSCOPIC TOTAL EXTRA-PERITONEAL HERNIA REPAIR: SAFE UNDER EXPERIENCED SUPERVISION WITH SIGNIFICANT PERFORMANCE IMPROVEMENT**

Richard Booth, Fergus Noble, Christian Wakefield. Royal Hampshire County Hospital, Winchester, Hampshire, UK.

**Introduction:** Laparoscopic total extra-peritoneal (TEP) hernia repair is perceived as technically demanding with a long learning curve. We aimed to establish whether TEP hernia repair is safe for trainees to perform under supervision and if trainee operating times improve over a placement.

**Methods:** A retrospective analysis of consecutive TEP hernia repairs performed under the care of a single consultant between April 2002 and November 2013. Statistical analysis was conducted using Mann-Whitney U test, Wilcoxon W test and Pearson correlation coefficient.

**Results:** 1106 TEP hernia repairs were performed on 804 male and 37 female patients (530 as bilateral), median age 57 (range 16-91). 49.6% of hernia repairs were performed by trainees. Trainee operating time improved over a six month placement, reaching statistical significance for unilateral cases (month 1-3: 48 min vs month 3-6: 43 min, P = 0.028). The overall peri-operative morbidity rate was 3.7% (41 cases), with no significant difference in consultant vs trainee morbidity rates (4.3% and 3.1% respectively, P = 0.416), or morbidity types. Overall recurrence rate was 1.3%.

**Conclusions:** Trainees can safely perform TEP hernia repair under supervision, with no difference in post-operative morbidity. Trainees demonstrate significant improvement in operating time for unilateral repair during an attachment.

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**1208: EARLY WARNING! PODCASTS REALLY CAN SAVE LIVES!**

Damian Bragg, Jessika Voll, Gregor McNeill. Nottingham University Hospitals, Nottingham, UK.

**Introduction:** To standardise junior doctors’ induction on the early warning score (EWS), and increase the rate of patient escalation to critical care teams. The podcast was uploaded to the trust website and the link e-mailed to all junior doctors commencing their rotations in December 2013.

**Methods:** An induction podcast (https://vimeo.com/80420216) on the EWS was created by a consultant anaesthetist. Targeted at junior doctor level, it contained an introduction to the EWS and how to escalate patients to critical care teams. The podcast was uploaded to the trust website and the link e-mailed to all junior doctors commencing their rotations in December 2013.

**Results:** Medical escalation is one of five EWS targets which form part of EWS CQUIN (Commissioning for Quality and Innovation). The yearly target