0660: HOW DO FY1S EVALUATE THEIR EDUCATIONAL EXPERIENCE DURING A SURGICAL ROTATION AT A ‘TEACHING HOSPITAL’?

Aim: This pilot study evaluates the educational experience of surgical FY1s. It proposes improvements to the current system to enhance learning.

Method: 3 focus groups with a total of 25 FY1s evaluated their educational experience, explored the strengths and weaknesses of the programme and discussed possible improvements. The qualitative results were reviewed and presented within the context of the existing literature.

Result: The FY1s reported different educational experiences during on-call shifts and ward shifts. On-calls provided experience of clerking acute admissions, receiving feedback from senior colleagues, performing practical skills under supervision and participating in consultant-led post-surgery ward rounds. The experience was challenging and stressful but the doctors reported improved knowledge, skills and confidence.

‘Normal days’ had less educational focus with workload restricting informal and formal educational opportunities. Pressure on colleagues limited ward-round and impromptu teaching. Staffing levels, organisation and workload compromised their ability to attend mandatory teaching.

There were conflicting experiences regarding work-based assessments and supervision.

Conclusion: Proposed programme improvements were organisational (rota planning), educational (emphasis on learning) and inventive, with schemes such as ‘topic of the week’, mentorships, simulation programmes, and internet learning resources. FY1s can advise their successors on maximising learning opportunities with supervisors and using work-based assessments.

http://dx.doi.org/10.1016/j.ijsu.2016.08.343

0665: THE VISUAL SURGICAL TEACHER — A SMARTPHONE APPLICATION DESIGNED TO ENHANCE LEARNING AND RECALL
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Aim: It is becoming increasingly difficult to teach and learn the skills required to achieve excellence in surgery. Modern technology allows for the development of innovative training aids to ensure that quality and standards continue to rise. By combining these with an understanding and targeting of well-established learning styles, such as visual, auditory and kinaesthetic, learning can be enhanced.

Method: We present a smartphone application which has been designed to serve trainees who favour visual learning. It is portable, offering quick and easy access to relevant material. Each topic is confined to a single page and uses images that are colourful, peculiar and associative. These are available in labelled and unlabelled versions to support learning and improve recall.

Result: Topics covered include trauma, anatomy, signs and symptoms, syndrome patterns and differential diagnoses. Focus groups held with trainees of various grades yielded positive feedback.

Conclusion: When training to be a surgeon, there is no substitute for experience and practice. This application provides an adjunct to learning by enabling a strong knowledge base with rapid recall of key facts, both in the short and long term. For those trainees who are visual learners, the diagrams presented within the application may prove invaluable.

http://dx.doi.org/10.1016/j.ijsu.2016.08.344

0669: IMPROVING WEEKEND HANDOVER PRACTICE IN THE DEPARTMENT OF GENERAL SURGERY AT A DISTRICT GENERAL HOSPITAL – A CLOSED-LOOP AUDIT
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Aim: To improve weekend handover practice utilising recommendations published by The Royal College of Surgeons (2007). Improving the transfer of relevant information from individual firms to the weekend ‘on-call team’ can ultimately optimise patient safety.

Method: Retrospective analyses of 2 separate ‘weekend handover super-lists’ were conducted. Each set of patient details were scored according to a set of modified criteria (n=9) influenced by the Royal College. A novel ‘weekend handover sheet’ was developed and implemented. Further retrospective analyses of handover practice were performed on 2 separate weekends.

Result: The ‘super-list’ was largely deficient in providing a ‘working diagnosis’ and an ‘urgency of review.’ Post-operative patients generally did not have their type of operation and date of operation recorded. Following implementation of the ‘weekend handover sheet’ improvements were observed across all criteria – notably ‘working diagnosis,’ and ‘operation details,’ including date of procedure.

Conclusion: The ‘weekend handover sheet’ provides a concise and structured framework for junior doctors handing over to their weekend on-call colleagues. It ensures that a management plan is available in all patient notes facilitating a safer and more effective transfer of information.

http://dx.doi.org/10.1016/j.ijsu.2016.08.346

0693: INTRAVENOUS FLUID PRESCRIBING IN GENERAL SURGICAL PATIENTS WITHIN THE FIRST 24 HOURS OF ADMISSION TO A LARGE TEACHING HOSPITAL: A COMPLETED AUDIT CYCLE
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Method: Data was retrospectively collected from general surgical in-patients who required fluid prescription within the first 24 hours of admission, 27 in the first round and 40 in the second round. Outcomes were determined from pre-existing NICE guidelines.

Result: In the first round, no patients received the recommended quantities of sodium, chloride, potassium or glucose, with 60% receiving over the recommended volume of fluid and 26% receiving less, based on individual weight. 100% of patients requiring replacement received crystalloids and underwent daily U&E monitoring.

In the second round, following introduction of teaching and flashcards to all foundation year trainees, 62.5% received the correct volume of fluid, with 7.5% receiving correct sodium, potassium and chloride prescriptions and 5% receiving correct glucose quantity. 100% of patients requiring replacement received crystalloids. However, only 50% received daily U&E monitoring.

Discussion: A 54% increase in the proportion of patients receiving the correct volume of fluid was seen following the intervention. However, there are ongoing issues with electrolyte and glucose requirements being fulfilled. This is possibly due to lack of coverage of flashcards and teaching to the more senior level senior house officers. Qualitative work may be useful to uncover the reasons behind ongoing inaccurate fluid prescription.

http://dx.doi.org/10.1016/j.ijsu.2016.08.347

0703: THE USE OF VIRTUAL PATIENTS IN ASSESSMENT OF POSTGRADUATE GENERAL SURGICAL TRAINEES – A PANCREATIC CANCER MODEL
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Objective: Virtual patients (VP) are a valuable method of e-learning and assessing competencies, particularly clinical decision-making. Using the Low-Fidelity method of VP design, we created a peer-reviewed VP map