

validity have been assessed and aspects of the simulators need development for this to improve. There is limited evidence evaluating the transfer validity of virtual reality simulation to real-life operating situations.

Conclusions: The available evidence supports the utilisation of virtual reality simulators. However, overall the evidence is heterogeneous. Further robust evidence is required to fully assess the impact of virtual reality simulators on training and the transferability of this to the operating theatre.

0952: DEVELOPMENT OF A TRACHEOSTOMY/LARYNGECTOMY CARE WORKSHOP FOR WARD STAFF IN NON-ENT WARDS

Neil Killick*, Catherine Cameron, Hannah Kulbacki, Vikas Malik, B. Nirmal Kumar. *Wrightington, Wigan & Leigh NHS Foundation Trust, Wigan, UK.*

Introduction: Patients with tracheostomies/laryngectomies have altered upper airway anatomy and physiology and present a unique challenge to staff in non-ENT wards. Much of the equipment related to tracheostomy/laryngectomy care can be baffling to the uninitiated and the identification of problems related to tubes is an important patient safety issue. Often expertise in the care of tracheostomies/laryngectomies is lost with the natural staff turnover and hospital reorganisations. In response to several critical incidents within WWL NHS Foundation Trust we developed a tracheostomy/laryngectomy study day.

Methods: Non-ENT wards designated for the medical patients with laryngectomies/tracheostomies were surveyed to assess their knowledge and understanding of tracheostomies/laryngectomies care, and management of related emergencies. The workshop utilised visual aids, equipment and low-fidelity tracheostomy/laryngectomy suction simulators (figure 2). The confidence of staff to manage tracheostomies was assessed following the workshop and the results compared with baseline responses (figure 3).

Results: The level of confidence of ward staff to manage tracheostomies/laryngectomies was generally low. Attendees at the workshop showed a marked improvement in confidence to manage tracheostomies/laryngectomies.

Conclusions: The teaching of tracheostomy/laryngectomy care skills is an important patient safety issue and needs to be directed at frontline nursing staff to avoid critical incidents that compromise patient safety.

0970: CAN A LOW FIDELITY SIMULATOR TEACH THE SAME CORE ARTHROSCOPIC SKILLS AS A HIGH FIDELITY SIMULATOR?

Maulik Gandhi*¹, Mike Anderton², Len Funk³. ¹T&O West Midlands Rotation, West Midlands, UK; ²T&O North West Rotation, Manchester, UK; ³Wrightington Hospital, Wigan, UK.

Introduction: Simulation is important for skills acquisition, especially since the introduction of the European Working Time Directive. High fidelity simulators confer core skills and procedural training in a safe environment, but are expensive and not easily accessible. The arthroscopic skills acquisition tools (ASATs) are simple tools that test hand-eye coordination. Our aim was to see if the performance on the ASATs correlated with skills performance for shoulder arthroscopy on a validated virtual reality simulator (ArthroVR).

Methods: 49 novices performed 4 tasks on the ArthroVR. ArthroVR performances measured were: time, distance movement and roughness of camera +/- probe. The ASATs record performance parameters, test completion time and accuracy of hand movements.

Results: Significant correlation was observed between completion time and accuracy of hand movements between taken ASAT with ArthroVR performance. The ASATs correlate with desirable arthroscopic core skills, suggesting core skills of arthroscopy may be learned on easily accessible tools. This reserves high fidelity simulators to learn more procedural-based skills.

Conclusions: Junior trainees could develop core arthroscopic skills remotely and once achieved, be given access to expensive simulators to develop arthroscopic procedural skills.

0994: IMPACT OF STUDENT SURGICAL SOCIETIES: A EUROPEAN STUDY

Hasan Asif*, Joseph George, Khizr Nawab. *Imperial College London, London, UK.*

Introduction: Student societies promoting surgical specialties are prevalent across most UK medical schools. They organise events to augment the undergraduate surgical curriculum and also provide extracurricular surgical opportunities. Surgical societies are potentially pivotal in the

formative years of future surgeons. To our knowledge, we report the first insight into the impact of student-run surgical societies on career choices in UK and European medical students.

Methods: A voluntary and anonymous questionnaire, which included Likert-type and multiple-choice questions, was used to collect data from undergraduate medical students attending an international conference.

Results: 153 students (50% male) from 29 European universities completed the survey. 24 (83%) institutions had a student surgical society with an active membership rate of 46%. Students found their societies useful for basic surgical skills improvement (55%), revision (48%), career-related information (40%), teaching (24%), and research opportunities (17%). Interestingly, the presence of a surgical society did not correlate with a student's certainty of speciality choice (Mann-Whitney U: $p > 0.05$).

Conclusions: A large proportion of undergraduates find their surgical societies invaluable for skills improvement and revision. As students are now under increasing pressure to decide their speciality choices early, societies are an important conduit to aid students in their decision-making.

1013: A NATIONAL SNAPSHOT SURVEY OF TRAINEES' OPINIONS ON POSTGRADUATE QUALIFICATIONS

Kai Leong, Emma Collins*, Jim Tiernan, Katie Adams, Nicholas Stylianides, Jonathan Randall, Nuha Yassin, Catherine Boereboom. *The Dukes' Club, A National Association for Colorectal Trainees, UK.*

Introduction: Not every trainee believes that obtaining a postgraduate qualification may enhance his knowledge and skills, setting him apart from his peers.

Methods: An electronic survey was sent to surgical trainees through the Dukes' club, ASIT and the deaneries in the UK.

Results: Of the 103 individuals who responded, the largest proportion was ST 5/6 (43.7%). 77.4% of trainees have either obtained or are in the process of obtaining a postgraduate qualification, with MD (38.2%) and PhD (31.6%) being the two most common degrees. The most cited reasons for obtaining a degree were consultant job prospects (66.7%), CV enhancement (44.4%) and specific interests in the topics studied (41.3%). The two main factors that discourage respondents from pursuing further research were the lack of research funding opportunities (38.7%) and personal funding (38.7%). Overall, 66.2% of trainees would recommend their research posts to others. Of those, 46.9% would recommend their colleagues to do research before taking up a registrar post, while others felt that the best time would be during ST3/4 (37.5%) or ST5/6 (20.3%).

Conclusions: A large proportion of trainees has or will have obtained a postgraduate qualification during their training. Not having one may adversely affect a trainee's career prospects.

1016: FACE VALIDITY AND ACCEPTABILITY OF A VIRTUAL REALITY, HAPTIC ENABLED DYNAMIC HIP SCREW SIMULATOR

Kapil Sugand, Chetan Khatri*, Kash Akhtar, Chinmay Gupte. *MSK Lab, Imperial College, London, UK.*

Introduction: There is little evidence for the role of virtual-reality (VR) simulators for orthopaedic trauma. Usual criticism arises with low-fidelity simulators inhibiting full immersion. We assessed the face validity and acceptability of the only VR haptics dynamic hip-screw (DHS) simulator.

Methods: 52 Medical students (naïve to both DHS fixation and VR simulation) were voluntarily recruited and randomized to two groups. Group 1 (training) was asked to perform five attempts whilst Group 2 was asked to perform one attempt (control). After a one-week, both groups repeated the same number of attempts as the week before. Participants were asked to fill an eight-item questionnaire using a seven-point Likert scale.

Results: No differences were found between cohorts in questionnaire responses. Participants agreed that visual appearance of the external surgical field was realistic (mean score 4.8). Participants strongly agreed they enjoyed using the simulator (mean score 6.5) and would recommend to colleagues (mean score 6.5) as it was accepted as a unthreatening learning environment (mean score 6.4).

Conclusions: Participants agreed the simulator provided an overall realistic feel and view to demonstrate face validity. There is an overwhelming and unanimous demand among medical students and future surgeons for VR simulation technology in orthopaedic training.