Methods: Baseline data was collected for 2 groups of 25 consecutive urological inpatients (intervention and control groups). FY1 surgical doctors were asked for 5 reasons timely discharge was difficult. Two interventions were identified from Pareto analysis 1: Tipped operation records including care pathway and criteria for discharge 2; Commencing discharge summaries at operation. Outcome measures were median discharge time and discharge time for 95% of patients. Process measure: that the 2 interventions were undertaken. Balancing measure: length of stay and re-admissions. The same data was collected following the interventions.

Results: Discharge time variability improved in the intervention group. 95% of patients were discharged by 15:38 (pre-intervention 16:58) versus 18:53 (pre-intervention 15:27) in the control group. The balancing measures were unaffected.

Conclusions: By adopting a typed operation record including care pathway and criteria for discharge and commencing discharge summaries at operation variability in discharge times was reduced with 95% of discharges occurring before 3:40 pm. This improved patient flow and facilitates maximal utilisation of limited inpatient bed resources.

0637: MANY HANDS OR TOO MANY CHEFS: HOW MANY AUTHORS SHOULD A CONFERENCE POSTER HAVE?
Katheryn Foster 2, Richard Egan 1, James Ansell 1, Andrew J. Beamish 1.
1 University of Hospital of Wales, Cardiff, UK; 2 University of Southampton, Southampton, UK.

Aims: Poster presentations are considered important for academic work dissemination and contribute toward training applications and ARCP evidence. This study aimed to determine whether the number of authors influenced compliance with presenter guidance.

Methods: Samples of consecutive posters at 4 international conferences in 2012 were assessed: ASGBI (UK surgical), DDW (US gastroenterological), ASME (UK medical education), ESSO (European surgical oncology). In total, 485 posters were assessed during the allocated poster review session.

Results: Significant variation existed between conferences in the median (range) number of authors: ASGBI 4 (1-9); DDW 6 (1-18); ESSO 5 (1-13); ASME 3 (1-8) (p<0.0001).

Posters with fewer than the median (4) authors were less likely to be displayed (77% vs. 99%, p<0.0001), follow size regulations (85% vs. 95%, p<0.0001), cite references (37% vs. 47%, p=0.042) or use the aims, methods, results and conclusion format (84% vs. 95%, p<0.0001) and were more likely to be difficult to read (39% vs. 24%, p=0.001). Presenting author attendance was not influenced by the number of authors (42% vs. 45%, p=0.480).

Conclusions: Wide variation exists in poster presentation at conferences attended by surgical trainees. Posters with fewer authors than the median were less likely to be presented in accordance with conference guidelines.

0638: HIGHER TRAINEE LED DEANERY CORE SURGICAL TRAINEE (CST) TEACHING: IS SATISFACTION MAINTAINED INTO THE SECOND YEAR?
Andrew J. Beamish 1, Alexandra Karran 1, Katheryn Foster 2, Paul Blake 1, Geoffrey W.B. Clark 1, Wyn G. Lewis 1. 1 University of Hospital of Wales, Cardiff, UK; 2 University of Southampton, Southampton, UK.

Aims: The CST Teaching Programme in South Wales is organised principally by a surgical Fellow with an interest in medical education, delivered by Higher Surgical Trainees. This study aimed to determine whether satisfaction of CSTs has been sustained.

Methods: A feedback form, employing principles from Stufflebeam's context, input, process, product (CIPP) model of evaluation, used a 5-point Likert scale. Only the responses 'good' or 'excellent' were deemed to represent satisfaction. All attending CSTs were asked to provide feedback and results were compared with the previous year.

Results: 421 completed feedback forms were received from 24 sessions. Mean response rates were similarly high: 86% vs. 88%. Mean overall satisfaction increased from 90% (SD 6.9%) to 97% (SD 2.6%). Mean satisfaction increased across all domains: venue 81% to 96%; clarity/communication 94% to 99%; content 93% to 96%; interaction 94% to 100%; group size 86% to 97%; level of pitch 89% to 94%; opportunity for questions 91% to 99%. The improvement in the level of pitch was statistically significant (p=0.013).

Conclusions: The trainee-led CST teaching programme continues to satisfy trainees. Previously high satisfaction levels improved further. Verbal feedback from faculty reiterated additional benefits as learning opportunities and CV development for tutors.

0640: FACE-TO-FACE OR FACEBOOK-STYLE? CORE SURGICAL TRAINEES PREFER A DIRECT CONTACT ARCP EXPERIENCE
Andrew J. Beamish, Charlotte E. Thomas, James Ansell, Geoffrey W.B. Clark, Wyn G. Lewis. University Hospital of Wales, Cardiff, UK.

Aims: No formal requirement exists for trainees to be invited to attend the ARCP review panel. However, many deaneries invite trainees to meet with the panel following discussion of their progress. This study aimed to compare trainee perceptions of face-to-face versus online ARCP.

Methods: All CSTs within a single deanery were offered a face-to-face ARCP, where previously all were performed online. A satisfaction survey, constructed applying principles from Stufflebeam's Context, Input, Process, Product (CIPP) evaluation model, was conducted in paper and online formats in the month following the ARCP process. Trainee satisfaction was assessed.

Results: Completed surveys were received from 64/91 (70.3%) CSTs. Face-to-face ARCP was rated significantly higher than the online process in terms of overall value (median 8 vs. 5, p<0.0001) and trainees' experience (median 8 vs. 5, p<0.0001). The two main perceived benefits identified were the opportunity to receive feedback on progress (78%), and to talk to trainees directly (77%). Other benefits included being taken seriously as a trainee (47%), greater perceived value as a process (42%), and provision of incentive to update portfolio (31%).

Conclusions: Face-to-face ARCPs appear preferable to online processes, principally to engage with trainees. Consideration for face-to-face ARCP should be more widespread.

0641: POSTER EXHIBITIONS AT CONFERENCES: HOW DO DIFFERENT MEETINGS PERFORM?
Katheryn Foster 2, Richard Egan 1, James Ansell 1, Andrew J. Beamish 1.
1 University of Southampton, Southampton, UK; 2 University of Hospital of Wales, Cardiff, UK.

Aims: Poster presentations are considered an important method of disseminating academic work and contribute toward a measure of academic activity in surgical training application processes and the annual review of competency progression (ARCP). However, literature on their educational value is scarce. This study aimed to identify variation in poster exhibitions across a spectrum of conferences.

Methods: Samples of consecutively posters at four 2012 international conferences were assessed: ASGBI (UK surgical), DDW (US gastroenterological), ASME (UK medical education), ESSO (European surgical oncology). A total of 485 posters were assessed.

Results: Conferences poster exhibitions varied significantly: Poster absence 3% to 26% (p<0.0001); size guidance adherence 89% to 100% (p=0.002); reference citation 44% to 80% (p<0.0001); presenting author attendance 21% to 86% (p<0.0001). No significant variation was observed in poster format using aims, methods, results and conclusion sections (87% to 94%, p=0.485), or difficulty to read (24% to 28%, p=0.085).

Conclusions: Wide variation existed between poster exhibitions at conferences attended by surgical trainees, with room for improvement at all four exhibitions. Future work should explore the educational value of poster presentations and identify further measures to enthuse, engage and educate trainees at such exhibitions.

0667: MODERNISING ACCESS TO SURGICAL RESEARCH: THE WIN-WIN ANSWER FOR BOTH STUDENT AND CLINICIAN
Lyudmila Kishikova, Vitaliy Kishikov, Matthew Smith, Alex Cumberworth, David McGowan, Joseph Norris. Brighton and Sussex Medical School, Brighton, UK.

Aim: Research is an essential aspect of medical training and is crucial for improving surgical practice. Involvement with research should be actively encouraged during undergraduate training, but obtaining this crucial exposure can be highly challenging for students. Additionally, practising surgeons can often struggle to find time for project completion alongside their clinical responsibilities. The aim of our project was to create a sophisticated web-based portal enabling students to access a database of research opportunities submitted by supervisors that required assistance with their projects.

Method: We developed a web-based service using HTML and CSS markup languages for the visual interface. PHP scripting language was utilised to...
create a MySQL database that allowed automated submission and application to projects. **Results:** Our web-based portal has provided a sophisticated yet simple method that matches the needs of both students and surgeons. The project has resulted in a considerable increase in student research participation and has enriched and developed our local surgical research environment. **Conclusion:** Our online student research network has proven to be a valuable tool for improving collaboration between surgeons and students for research projects and audits, utilising a simple interface complemented by an elegant automated system.

**0680: ELECTRONIC AUDIT TOOL FOR QUALITY ASSURANCE IN GASTRO-INTESTINAL (GI) ENDOSCOPY**


**Aim:** To develop and implement an automated electronic audit tool for quality assurance in GI endoscopy in our institution.

**Methods:** A computer system was designed and developed to capture key quality assurance data using Microsoft Access 2003 and Visual Basic for Applications (VBA). This replaced a cumbersome paper based audit process.

**Results:** The introduction of an automated audit system ensures the capture of robust Quality Assurance data as per the Irish Conjoint Board for gastrointestinal endoscopy guidelines; allows for on-going performance monitoring and early identification of deviations from the norm and provides for comprehensive report generation evaluating various performance metrics.

**Conclusion:** Our electronic audit tool has significantly improved and streamlined the endoscopy audit process without incurring a significant cost as compared to commercial endoscopy reporting systems. Key quality indicators are now captured and analysed in an easy and efficient manner with generated reports readily accessible to designated users and clinical managers. It is hoped that the system could be rolled out for use in other centres thus effecting a cost saving while ensuring harmonisation of endoscopic audit and reporting.

**0689: "IF IT IS NOT WRITTEN DOWN, IT DIDN'T HAPPEN." DOCUMENTATION OF THE UNWELL SURGICAL PATIENT FOR FINAL YEAR STUDENTS**

Ian Baxter, Lina Fazlanie, Natasha Redhead, Elizabeth Wood, Philip Chan. Academic Unit of Medical Education, The University of Sheffield, Sheffield, UK.

**Aims:** Assess the need for formalised training in documentation when caring for the unwell surgical patient. Develop the use of high fidelity simulation in documentation training.

**Methods:** 14 medical students each managed and documented two simulation in documentation training.

**Results:** A teaching model could improve the accuracy of communication and lead to safer clinical practice.

**0716: AN EVALUATION OF HIGHER SURGICAL TRAINEES' EXPECTATIONS FROM AN ONLINE-LEARNING RESOURCE**

Neena Randhawa, Benjamin Tan, Ayan Banerjea, James Catton, Lisa Whisker. Queens Medical Centre, Nottingham, UK.

**Aim:** To ascertain the expectations and needs from an online learning tool used by higher surgical trainees in the East Midlands North Deanery.

**Method:** An online tool was used to create a survey and emailed to all the surgical registrars training in the deanery.

**Results:** From the 20 responses received, 80% prefer face-to-face teaching, 95% of the trainees are aware of this learning tool. 50% of those who responded use the learning tool once a week with 20% use it only when necessary. In order of preference, 90% would use the online tool for MCQ practice, with 75% using it for VIVA scenarios and 70% for seminal articles. Similarly, when asked to prioritise, 60% preferred MCQ & VIVA scenarios to be added to the website immediately with 50% requesting seminal articles.

**Conclusion:** From the survey, trainees prefer didactic learning. However, the online learning tool appears to be a valuable reference resource and trainees are very keen on using it to prepare for the FRCS exams.

**0719: POST-CCT SURGICAL FELLOWSHIPS: MY EXPERIENCE ON A HYBRID SCHEME IN NEW ZEALAND**

Steven Robinson. North Shore Hospital, Auckland, New Zealand.

Post-Certificate of Completion of Training (CCT) fellowships are controversial but many have now established themselves as essential stepping-stones to achieving a consultant post. The Royal College of Surgeons now recognises over 70 posts in the UK.

In general surgery, and many other specialties, there is a shortage of consultant posts and there is going to be an increasing bottleneck as Specialist Trainees gain entry to the specialist registry.

Advocates of Post-CCT fellowship point to the extra subspecialist experience but critics fear that such posts create sub-consultant service posts that do not have a clearly defined educational role and may lead to the insidious development of a sub-consultant grade.

At North Shore Hospital in New Zealand surgical fellows participate in the consultant on-call rota on Fridays. However the Consultant on call for the rest of the weekend is a “back-stop” and is on stand-by for support if necessary. This is a unique model of working and there is no equivalent in the UK. I have now completed one year and it has given me an invaluable training opportunity that I hope will bridge the gap between trainee and consultant. I believe a similar hybrid model would be useful in the UK.

**0722: 100 EMERGENCY LAPAROTOMIES: REALITY OR FANTASY?**

Chern Beverly Brenda Lim 1, Elaine Yeap 2, Colin Stewart 1, Peter Moule 1, David Monro Smith 1, 1 Ninewells Hospital, Dundee, UK; 2Aberdeen Royal Infirmary, Aberdeen, UK.

**Aim:** JCST guidelines state that general surgical trainees are expected to have performed a minimum of 100 emergency laparotomies (EL) as primary surgeon before obtaining CCT. To achieve this, each higher surgical trainee (HST) would need to perform 16.7 EL per annum from ST3 onwards. We set out to find if this is realistic based on the numbers of EL carried out at our institutions per year.

**Method:** Using computerised operation notes and emergency theatre ledgers, the numbers of EL performed over a three-year period at two teaching hospitals were recorded retrospectively with the grade of the primary surgeon noted.

**Results:** The numbers of EL performed at both hospitals from 1st August 2009 to 31st July 2012 by consultants and HSTs were 1006 and 656 respectively. There were 28 HSTs in total. Hence, each HST performed an average of 7.8 EL per year.

**Conclusions:** Although it is possible for each HST to have performed 100 EL prior to obtaining CCT, this would require most EL to be carried out by trainees rather than consultants. This might not be feasible if patients are unwell, high risk or the operation is technically too difficult for a trainee of a particular experience.

**0729: WHO PERFORMS APPENDICECTOMY? A STUDY FROM A DISTRICT GENERAL HOSPITAL**

Sarah Eastwood, Frank Hinson. Cumberland Infirmary, Carlisle, Cumbria, UK.

**Aim:** Appendicectomy is the most common emergency abdominal operation in the UK. Recent reports show a possible decreasing trend in the proportion performed by junior trainees. This study examined current practice in appendicectomy at a District General Hospital (DGH) and whether the grade of primary surgeon influenced outcome.