teaching would improve the quality of patient care and service provided. After interactive teaching sessions, marked improvement was demonstrated with 83.3% confident in identifying ST elevation on ECGs (p-value: 0.0152) and 66.6% felt confident in the initial management of paediatric epiglottitis (p-value: 0.242).

Conclusion: Senior SHO led departmental peer to peer teaching is a useful tool in improving confidence in out of hours cross-cover trainees.

0973: DEVELOPING AN AFFORDABLE SIMULATOR OF LAPAROSCOPIC TECHNIQUES FOR UNDERGRADUATE TRAINEES
Joseph M. Norris, Matthew D. Smith. Brighton and Sussex Medical School, Brighton, UK

Aim: To produce an affordable and effective laparoscopic simulator for undergraduate trainees.

Method: A pattern was produced to build a novel laparoscopic simulator, for under £100; using a handsaw, drill and screwdriver. This consisted of an opaque plastic crate with a plywood base, two trochars and disposable laparoscopic instruments. A laptop was used in combination with LEDs and a webcam to visualise the box interior. A more realistic laparoscope-like ‘deluxe’ version can be produced with slightly more technical ability.

Results: The described set up has allowed undergraduate trainees to gain familiarity with laparoscopic techniques, beginning with simple manipulation, progressing through to more relevant procedures. Novices begin by moving easy to grasp objects (e.g. beads) between containers, then attempt more challenging manipulations, such as stacking sugar cubes, threading polo-mints onto cotton and tying suture material to ‘ligate’ fastened drinking straws. These techniques introduce the necessity of careful instrument placement and increase students’ comfort and dexterity with laparoscopy.

Conclusions: It is difficult for undergraduates to gain exposure in laparoscopic skills, a now common surgical technique. Here, we demonstrate an affordable alternative that has given many undergraduates important experience with laparoscopic techniques, allowing them to safely improve their manual skill and confidence.

1014: A SYSTEMATIC REVIEW INTO THE INCIDENCE AND CAUSES OF INFERIOR EPIGASTRIC ARTERY (IEA) PSEUDONEUROYRM AND THE EVOLVING TREATMENT TRENDS
Alison Hunter, Oliver Gosling, Andrew Stewart. Musgrove Park Hospital, Taunton, UK

Aims: Review reported incidence and causes of IEA pseudoneuerysm, and evolving treatment preferences.


Results: Reported IEA pseudoneuerysm cases have increased significantly (p = 0.005) over the last thirty years. In total 25 cases of IEA pseudoneuerysm have been reported since 1973; 56% in the past ten years. Prior to 2001 abdominal retention suture were the commonest known aetiology. Since 2001 trochar insertion has become the joint leading cause of IEA pseudoneuerysm alongside open abdominal surgery. The most frequent treatment of choice since 2001 is percutaneous coil embolisation (50% vs. 10% pre-2001), replacing open surgical excision (21% vs. 70% pre-2001).

Conclusions: Incidence of reported IEA pseudoneuerysms is rising. Laparoscopic trochar insertion is increasingly reported as the cause. Treatment options have evolved; percutaneous coil embolisation has replaced traditional surgical excision as the leading treatment of choice. As laparoscopic surgery continues to gain in popularity, promoting awareness of trochar-induced IEA injury and the potential complications is critical to reduce patient morbidity.

1017: AN EVALUATION OF PLASTIC SURGERY IN UK MEDICAL SCHOOLS
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Background & Aim: Although plastic surgery is a postgraduate specialty, career choices are increasingly made as a medical student. Whilst medical schools are required to provide structured teaching in surgery the proportion devoted to plastic surgery remains unknown. The aim of this study was to investigate UK medical student opinions of this field.

Methodology: Using a questionnaire-based format, issues addressed include: satisfaction with teaching, exposure and consequent impressions of this specialty.

Results: 160 medical students were recruited from 7 medical schools nationally. Almost half of medical students have considered plastic surgery as a career choice. 60% of students have had no exposure; 80% are unsatisfied with current provisions for plastic surgery teaching. Average exposure to medical students was 1.6 hours; 91% felt this insufficient in making an informed career choice in this field. Student impressions were predominated by the financial gains.

Conclusions: There is limited exposure to plastic surgery within the UK medical school curriculum. The lack of experience in such a diverse field may reflect students stereotypically associating this specialty with glamour. Greater undergraduate exposure would enable students to make an informed career choice in plastic surgery whilst providing them with a skill set pertinent for any surgical career.

1034: ESTIMATION OF OPERATIVE MORTALITY BY CLINICIANS
David Allin, Alastair Dick. Charing Cross Hospital, London, UK

Aim: Accurately predicting the risk of operative mortality facilitates the process of gaining informed consent and optimises peri-operative planning. Physiological and Operative Severity Score for the enumeration of Mortality and Morbidity (POSSUM) is a tool that has been extensively used to estimate operative risk. Our aim was to compare clinicians’ estimations of risk with those estimated by POSSUM.

Method: Clinicians were asked to complete a questionnaire presenting twelve case scenarios and asked to estimate the thirty-day operative mortality for each case. The means of the estimates for each case were compared to the POSSUM predicted mortalities. Further subgroup analysis compared junior doctors with consultants and anaesthetists with surgeons.

Results: Fifty clinicians at a London teaching hospital completed the questionnaire in November 2009. There were ten consultants and forty junior doctors, sixteen anaesthetists and thirty-four surgeons. For nine of twelve scenarios (75%) clinicians underestimated the risk as compared to POSSUM. For eight of twelve scenarios (66.7%) junior doctors’ estimations were closer to POSSUM than consultants’. For eight of twelve scenarios (66.7%) anaesthetists’ estimations were closer than surgeons’.

Conclusion: Clinicians of all grades underestimate operative mortality compared to a validated tool. Anaesthetists may be better at predicting risk than surgeons.

1041: SURGICAL EXPOSURE AND TRAINING IN GENERAL PRACTICE VOCATIONAL TRAINING SCHEMES
Elizabeth Ward, Helen Hawkins, Peter Coyne, Mazar Navidi. The Christie Hospital, Manchester, UK

Aim: To ascertain the amount of GPVTS trainees receiving any formal surgical training.

Method: By accessing recruitment websites and contacting UK deaneries we established the exposure of trainees to surgical specialties.

Results: Of the 1565 rotations identified, there were 226 (14.4%) surgical posts. The posts offered were 83 ENT, 102 Orthopaedic, 29 General Surgery/Urology and 12 combined surgical specialties.

Conclusions: As fewer foundation trainees are exposed to surgical specialties, postgraduate experience is decreasing. The impact of this is doctors in specialties providing basic management and surgical referrals have no formal surgical training other than as an undergraduate. In time this could have an impact on inappropriate use of emergency and outpatient resources. GP VTS have limited opportunities to expand their surgical experience yet after a short course may be responsible for performing various minor surgical procedures.

There could be the opportunity to offer more surgical posts to GPVTS trainees at a time when there are difficulty filling surgical rotas as core trainee numbers are decreasing. While GP training is being considered for longer term, integration of these schemes may lead to an improvement in the training of GPs and Surgeons which will positively impact on future surgical services.