were second year students and eight (30.8%) were first year students. All 26 respondents stated that the tutorials had both improved their overall knowledge of anatomy and their ability to answer questions on anatomy. Twenty-three respondents (88.5%) indicated that the tutorials had better prepared them for future clinical rotations. All respondents stated that they would recommend the tutorials to a colleague.

Conclusions: Participation in near peer-led anatomy tutorials can be a valuable part of undergraduate medical education, especially when students consider that there is an insufficient amount of anatomy teaching in the undergraduate curriculum.

0533: FULLY FUNCTIONAL LAPAROSCOPIC SIMULATOR FOR UNDER 20 POUNDS
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Introduction: Most, even basic, commercially available trainers on the market cost hundreds of pounds. Innovative shoe box trainers have been described before but they are too ergonomic and do not meet all the criteria for a fully functional laparoscopic trainer.

Method: Here we describe how a modern, ergonomic trainer can be easily built at home for less than £20. It consists of a collapsible toy crate, adaptable web camera and a glow light. The equipment was trialed by 30 trainees and surgeons, who gave a feedback to its functionality.

Results: The functionality was assessed for ease of use, adaptability and user comfort compared to a commercial simulator. 95% user felt that the trainer was equivalent to costlier trainers and some have also gone onto make similar trainers at home.

Discussion: The functionality of a trainer is based its ability to adapt to different laparoscopic tasks. The user has to feel comfortable with the simulated environment. The advantages of our trainer are that it is cheap, easily dismantled, and fully functional for all levels of laparoscopic training exercises from basic moving of objects to laparoscopic suturing. Most trainees could have such a device at home for laparoscopic practice.

0552: LAPAROSCOPIC SKILLS ACQUISITION: BOX TRAINER, VIRTUAL REALITY SIMULATOR OR MENTAL TRAINING?
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Aim: To optimise the role and place of Box Training (BT), Virtual Reality Simulation (VRS) and Mental Training (MT) in technology enhanced learning of laparoscopic skills.

Methodology: Medical students were trained in two randomized controlled studies on to determine which training models produced the best outcomes. The first study N=41 was carried out to identify the best initial method and the second study N=64 the best additional training method. Similar assessment on VRS and BT of time, precision, accuracy and overall performance was performed in both studies.

Results: In both studies VRS produced fast performers excelling at VRS assessment but fairly poor on BT assessment. MT outcomes were worst as a stand-alone but were the most effective when used as an adjunct to BT or VRS. Groups incorporating MT were the most homogenous, showing fewer inter-individual differences versus non-MT adjunct groups. Box free training: VT+MT were worse in all domains. VRS remains a convenient and reliable tool for assessment of physically and mentally acquired skills.

Conclusion: The most effective learning method for novices is by primary skill acquisition on the box trainer combined with additional skills enhancement by mental training.

0060: A FOCUSED TEACHING SESSION IMPROVES THE DOCUMENTATION OF SEPTAL HAEMATOMA IN NASAL FRACTURES
Daniel Sibley, Robert Greenhalgh, Guy Mole. Royal Susssex County Hospital, Brighton, UK.

Aim: To assess the quality of documentation in nasal fracture patients after introduction of a focused teaching session.

Method: A retrospective audit evaluated documentation in patients with nasal fractures from January to October 2012. Data collected included age, sex, presence or absence of a septal haematoma documented, grade of the clinician and any associated imaging requested. Our standard was 100% should have the presence or absence of a septal haematoma documented. This was then re-audited prospectively with 25 patients following a focused teaching session to A&E Doctors.

Results: 67 patients were seen in the audit period, 42 in the initial audit and 25 in the re-audit. Mean age was 31.2 ± 20.4 years (range 4-89) with a male predominance (68.7%, n=67). Patients were most likely to be seen by either Senior House Officers in A&E or referrals from GPs. Patients that didn’t have the presence or absence of septal haematoma documented dropped from 52.4% to 20%. The time patients were seen in ENT outpatients dropped from 9.9±15.5 days (range 0-90 days) to 6.8±3.6 days (range 0-14).

Conclusion: This audit highlights how the common condition of a fractured nose can be successfully managed by junior staff in A&E after a focused training exercise.

0615: A SURVEY TO DETERMINE THE POTENTIAL IMPACT OF FOUNDATION YEAR CAREER AIMS ON SURGICAL SPECIALTY TRAINING
Rikesh Patel, Adele Sayers, Jawaid Akbar, Ian Andrew Hunter. Castle Hill Hospital, Cottingham, UK.

Aims: The competition for Core Surgical Training (CST) positions and subsequent Surgical Specialty Training (ST3) posts is fierce. Our aim was to assess whether current foundation year doctors were considering a surgical career and potential effects on future competition rankings.

Methods: Questionnaires were completed by foundation doctors at a large, acute teaching trust. We looked at whether they had completed or were currently on a surgical placement; whether they had considered a surgical career; whether they would be applying for CST; and the reasons that guided their decision.

Results: Sixty-seven foundation doctors participated, of which 58 (87%) had experience within a surgical firm. Eighteen (27%) had considered a surgical career; however only 10 (15%) would be applying for CST. Reasons for considering a career in surgery included: job satisfaction (83%) and diversity of work (83%). Of the 49, who did not wish to pursue surgical career, reasons given included: working hours (76%) and work/life balance (57%).

Conclusions: Although only a small proportion of current foundation doctors were surveyed, only 15% were considering CST application. These figures are lower than suggested and indicate that there will be fewer applicants for CST. This may potentially reduce the number of ST3 applications.