

0305: SUTURE AUDIT – AN OBSERVATION STUDY

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Aims: The authors aimed to highlight an important aspect of surgical safety that appeared deficient in the local trust.

Methods: An observational study of sutures used in surgery was performed in November to December 2010 in a single centre. An observation of the requested and used suture, was compared to the suture documented on the operation note. The operating and documenting surgeon was blinded to this study. The initial results were presented at the local trust audit meeting, posters placed in theatre, and published in the *RCS Annals*. A re-audit was performed in June to July 2011.

Results: In the initial study 48 cases were observed; 28 cases of deep closure (21.4% accuracy), 16 vascular anastomosis (31.2%), 45 cases of skin closure (26.6%), and overall accuracy of 28%. In the re-audit 45 cases were observed; 37 cases of deep closure (83.7%), 45 cases of skin closure (60%). Accuracy in documentation improved from 71.4% to 28%.

Conclusions: The study highlighted an important aspect of surgical safety that is often forgotten. The Royal College of Surgeons Good Surgical Practice 2008 state that the surgeon should give details of closure techniques, and this should include the type and brand of suture.

0312: IMPACT OF INTRODUCING THE PRODUCTIVE OPERATING THEATRE PROGRAMME ON TEAMWORK CLIMATE

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Aims: The Productive Operating Theatre (TPOT) programme was introduced to our unit (ENT department, Whipps Cross Hospital, London) to improve the safety of care, team performance and staff wellbeing. The objective was to investigate the impact of introducing TPOT on teamwork climate.

Methods: A prospective, five option survey of theatre staff using the 14 item teamwork survey from the University of Texas was done before (55) after (44) introducing TPOT. The results were analysed using mean scores and factor analysis.

Results: While there were only minor changes to staff perception of teamwork climate as a whole (Mann-Whitney U $p=0.3466$), the individual question scores were higher (Wilcoxon $p=0.0176$) in the second group. We also found a noticeably better perception of the reliability of handover after TPOT was introduced ($p=0.0455$).

Conclusions: TPOT improves certain aspects of teamwork climate especially handover of information. It requires regular monitoring with staff involvement to achieve its highest potential.

0323: TRAINEE PERFORMANCE IN SIMULATED VASCULAR PROCEDURES IS PREDICTED BY NUMBER OF PROCEDURES PREVIOUS PERFORMED, NOT PREVIOUSLY OBSERVED: AN UN-BLINDED OBSERVATIONAL STUDY

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Aim: The aim of this study was to determine if performance, using Procedure Based Assessment (PBA) during simulation training, is predicted by number of procedures performed or observed.

Methods: Trainees on 3 different vascular skills courses were assessed using the appropriate index specific PBA competency check list, PBA level score and OSATS (Objective Structured Assessment of Technical Skills) tool. Self reported measures of procedures previously observed and previously performed were recorded prior to assessment. Results were analysed using Spearman's Rho for non-parametric data.

Results: There were 117 assessments in 46 trainees who were assessed performing simulated above and below knee amputation, carotid endarterectomy, sapheno-femoral junction dissection and aortic anastomosis. The PBA level score and OSATS scores demonstrated a significant correlation for numbers of procedures performed, not number of procedures observed. ($r=.466p < 0.0001$ and $r=.418 p=0.001$ respectively).

Conclusion: This study highlights that trainee's benefit most from performing procedures rather than observing or assisting. Traditional surgical training paradigms need to change in favour of a focused skills based curriculum that will take advantage of the fact that trainees learn through

doing rather than watching. Simulation training will provide an important adjunct to this in the future.

0332: CONSULTANT SURGEONS – WHAT MOTIVATES THEM TO TRAIN YOU?

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Introduction: Many surgeons have taken a number of well-defined steps in their development to becoming good trainers. These steps should be highlighted so that others can flourish as trainers themselves. The aim of this study was to explore what motivates Consultant Trainers (CT's) to pursue self-development and train others?

Methods: Semi-structured interviews were undertaken with three General Surgery CT's and three trainees. A grounded theory approach was used for transcript analysis from which emerging themes and categories were identified.

Results: CT's identified numerous external motivators which included: providing training because it was the ethos of surgery, valuing senior trainees on their team and cherishing receiving positive feedback. Internal motivators were: feeling altruistic towards trainees, seeing trainees progress, enjoyment of training others and becoming an adaptive expert. Negative influences upon training identified included the balance between service commitments and fulfilling training requirements. All participants stated that they did not find the current CT development courses to be useful.

Conclusions: We recommend that the findings from this study are incorporated into a comprehensive CT development programme. Follow up of trainer performance will establish the effectiveness of such courses and play a key part in the CT revalidation process.

0367: SATISFACTION RATING OF CORE AND HIGHER SURGICAL TRAINING IN WALES

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Aims: Surgical training in Wales has recently received negative press. PMETB survey completion is obligatory, but interpretation of these results has been selective and negative findings highlighted. The aim of this study, therefore, was to determine trainee perspectives on the ability of Welsh surgical training programmes to meet trainees' expectations.

Methods: All surgical trainees in Wales were invited to complete a satisfaction survey comprising five key questions regarding overall satisfaction; choice of deanery; vacant posts; missed training opportunities; publication.

Results: Thirty-six responses were received including 22/56 (39%) Higher Surgical Trainees (HSTs) and 14/146 (9.6%) Core Surgical Trainees (CSTs). Most trainees were satisfied (HST vs. CST=86% vs. 64%) and would choose Wales again (86% vs. 71%). Thirty-five percent of respondents had vacant posts on their rota and 53% reported having missed training opportunities in order to fulfill service demands. Seventy-three percent of HSTs reported having published in a peer review journal in the past twelve months, compared with 50% of CSTs.

Discussion: The results of this brief study are encouraging and highlight some positive feedback from surgical trainees. The Welsh surgical community can build upon such findings, which reflect positively on the Welsh Deanery and may help recruitment.

0382: ABSCESS SURGERY – CAN A PATHWAY ACTUALLY SAVE TIME AND MONEY?

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Aims: To assess the implementation of a locally developed abscess fast track pathway and highlight its financial implications.

Methods: The study period was August 2nd 2011 to November 16th 2011. Patients were divided into two groups according to whether they followed the abscess fast track pathway or the original emergency list as admitted inpatients. Data was collected using hospital database systems and was cross referenced with the hospital coding department.

Results: 40 patients underwent incision and drainage of an abscess during the study period. 30 were done as inpatients on the emergency list and 10 were sent home and brought back to hospital as per the fast track pathway. There were a total of 20 days of unnecessary overnight bed occupancies -