predicts training opportunities and progression for surgical trainees. The conventional apprenticeship model in surgical education does not satisfy the requirements of training at present. We therefore introduced a model for objective skill assessment, the PAR-Diagonal Operating Matrix (PAR-DOM) which breaks down the task of vascular anastomosis into clearly defined skills. The PAR-DOM matrix provides a graphic representation of the progress of trainees and helps identify individual strengths and weaknesses. Using this model combined with 20 minutes a day out of hours exercise (performing needle skills on poached eggs, boiled potatoes and bananas) trainees were graphically seen to improve their PAR-DOM matrix scores within weeks. We therefore advocate the use of a PAR-DOM matrix scoring system by trainers and out of hours practice by trainees to counteract the reduction in theatre exposure and training opportunities.

1072: THE CLINICAL IMPACT OF RECOGNITION AND MANAGEMENT OF ACUTELY ILL SURGICAL PATIENT (REMAP) COURSE ON FY1 ASSESSMENT OF AN ACUTELY UNWELL SURGICAL PATIENT

Jennifer Long, Hannah Vaughan-Williams, Joshua Moorhouse, Harsheet Sethi, Vidhi Misra, Nagappan Kumar. University Hospital Wales, Cardiff, UK.

Introduction: The transition from medical student to qualified doctor independently managing acutely unwell patients is challenging. A structured simulation-based course teaching standardised assessment unwell patients to new graduates was initiated in 2012 (Remap). This study evaluates the impact of such educational intervention on the “august transition”.

Methods: A retrospective case-note review of 60 randomly selected surgical admissions during August 2011 and 2012 (30 each) identified from the informatics department of University Hospital Wales.

Results: 60% of the emergency admissions were assessed by a FY1 doctor. A systematic approach was followed in assessment of 18 patients (60%) in August 2012 compared to 4 (13%) in 2011; with improved documentation of working diagnosis in 2012 (27% versus 63%). Documentation of a clear management plan was similar (93% versus 97%). Need for senior review was considerably lower in 2012 (73% versus 43%); Appropriateness of senior review was used to assess junior doctors’ perceived confidence and understanding of the problem and was 27% (2011) compared to 85% (2012).

Conclusions: This study demonstrates an improvement in clinical assessment and appropriate recruitment of senior help following the Remap course. An educational course for new medical graduates improves patient safety and instills confidence in junior doctors.

1090: SOCIAL-NETWORKING SITES AND THEIR USE FOR SURGICAL EDUCATION AMONGST GRADUATE ENTRY MEDICAL STUDENTS

Gregoire Chatlain 1, Ashish Karir 1, Oliver Blackford 1, Gokulan Phoenix 2. 1 Barts and the London School of Medicine and Dentistry, London, London, UK; 2 The Royal London Hospital, London, UK.

Introduction: Social networking sites including Twitter© and Facebook© are increasingly being used in medical education. However, issues regarding privacy, access and limitations (including a 140-character limit for Twitter) are increasingly being used in medical education. However, issues regarding privacy, access and limitations (including a 140-character limit for Twitter©) have restricted their use, remaining at most a supplementary tool.

Aim: We assessed the experiences of 1st year graduate entry medical students (GEPs) regarding the use of social networking sites for delivering a surgical curriculum.

Method: The opinions of 1st year GEPS at a London medical school were collated using an anonymous questionnaire.

Results: All students completed the questionnaire (n=43, 100%). The majority had a Twitter© or Facebook© account (n=40, 93%), checking it 1-5 times per day (Facebook©: n=29, 72.5% vs. Twitter©: n=5, 56%). Most students had not used them for education purposes (n=33, 77%) but were willing to (n=29, 67%). Of those that had access to social networking sites via a smartphone (n=40) the majority would use it for education purposes (n=33, 82.5%)

Conclusions: Students have access and are willing to use social networking sites for surgical education. These results have subsequently gained official endorsement for delivering a surgical curriculum via Twitter© or Facebook© at our school. We encourage surgical educators to assess their use for their institutions.

1098: APPROACHABILITY OR SKILL? WHICH TRAITS DO FOUNDATION DOCTORS RESPOND BEST TO AMONGST THEIR SURGICAL TRAINERS?

Sarah Mahmood, Vinay Varadarajan, Edward Ridyard, Kathryn O'Shea. The Royal Oldham Hospital, Oldham, UK.

Aims: The reduction in surgical training opportunities associated with the implementation of the EWTD has caused a decrease in operative exposure amongst foundation doctors. Having to choose a career path early means it is important that their limited experiences in surgery are inspiring. This study investigates which traits foundation doctors respond best to in their surgical trainers, and which they find the most discouraging, whilst learning a surgical technique.

Methods: This was a prospective single-blinded questionnaire study. A questionnaire listing positive and negative qualities was circulated amongst foundation doctors across three district general hospitals. Participants (n=70) chose three positive and three negative qualities in the trainer teaching them that they felt would help them, or hinder them the most. Statistical analysis was performed using one sample t-test.

Results: ‘Approachable/friendly’ (p<0.0005), ‘enthusiastic to teach’ (p<0.0005) and ‘open to simple questions without ridiculeing me’ (p=0.005) were the three most popular positive traits, whereas ‘unapproachable’ (p<0.0005), ‘will ridicule me if I ask simple questions’ (p=0.0005) and ‘unenthusiastic to teach’ (p=0.023) were the three most discouraging traits.

Discussion: Surgical trainers treat foundation doctors differently to higher surgical trainees, as traits such as enthusiasm and approachability rate higher than areas such as technical surgical skill.

1110: IT PAYS TO TRAIN: A FINANCIALLY PROFITABLE MODEL FOR SURGICAL TRAINING

Timothy Platt, Kenneth Hosie. Plymouth Hospitals NHS Trust, Plymouth, UK.

Introduction: Surgical training opportunities have been limited since the enforcement of the European Working Time Directive. Additionally, overbooked theatre lists sacrifice training opportunities in order to increase efficiency. Our experience using the Waiting List Initiative (WLI) to create an unparalleled training model that reproducibly generates revenue for NHS Trusts is presented.

Model: 7 weekend training lists, consisting of 15 inguinal hernia repairs and 21 laparoscopic cholecystectomies were created under the WLI over a 14 month period. Prior to each list trainees were instructed on all operative aspects and given demonstration videos to study. All patients were consented by trainees and admitted on a day-case basis. All operations were directly supervised by Consultant surgeons, and all except 2 were performed in full by trainees. Comparing income to costs, all lists made a net profit for the trust from £1,204 - £3,116 (Mean: £2,119 per full day list).

Discussion: Previously published reports of training lists have demonstrated increased costs compared to normal lists, rendering them unattractive to trusts. Our model, using the WLI, consistently produces a profit for our trust as well as invaluable experience for trainees. To lose these surgical cases to the independent sector is a waste on both fronts.

1113: A TWO CYCLE PROSPECTIVE SELF-AUDIT OF TONSILLECTOMY HAEMORRHAGE RATE DURING CORE SURGERY TRAINING

Richard Bullough, Lincoln County Hospital, Lincoln, Lincolnshire, UK.

Aims: In March this year senior surgeons will be expected to provide complication rates for their operations. Could a junior surgeon collate their personal complication rates, and use this to objectively improve their skill acquisition? A core surgical trainee compares their tonsillectomy haemorrhage rates to the national average set by The National Prospective Tonsillectomy Audit in a two cycle audit.

Methods: The number of tonsillectomies, and adenotonsillectomies, where prospectively recorded and any haemorrhages were retrospectively recorded in two six month cycles.

Results: In the first cycle seven operations were performed, with one primary haemorrhage and no secondary haemorrhages. In the second cycle twenty operations were performed, with one primary and one
1134: AN EVALUATION OF ORTHOPAEDIC RESEARCH PUBLICATIONS BETWEEN 2007-2011 FROM THE NORTHERN DEANERY HOSPITAL TRUSTS

Fraser Gould, Jonathan Kent, William Manning, Mike Reed. Cumberland Infirmary, Carlisle, UK.

Background: It is important for orthopaedic trainees to improve their academic prowess through the process of journal publication.

Method: As trainees rotate frequently, this study was designed to assess contribution throughout Northern Deanery hospital trusts. We hypothesised that trainee publications would have current trainees as senior author. Publication databases were interrogated to obtain trainer publications over a 5-year period, and examined for publishing journal, seniority of authorship and theme of topic. Five-year impact factors were recorded. Results were anonymised.

Results: 66 trainees are split amongst 87 trainers in 8 trusts. Over the study period, 335 journal articles in total were associated with trainers, 109 as Senior Author, and 33 E-publications. The mean impact factor for paper publications was 3.0. There was considerable variation when looking at Senior Author publications per trainer (Range 0 – 41), and Trust impact factor average (Range 1.41 – 4.17). The most frequent topic published was Arthroplasty, and publishing journal JBJS Br.

Conclusion: The Northern Deanery is academically active, but there is considerable variation throughout hospital trusts. This study is not without limitation, but does give an indication of academic productivity for deanery trainees. It could be used for trust audit, or expanded to compare deaneries.

1154: LAPAROSCOPIC INGUINAL HERNIA REPAIR (TAPP) – 4 YEARS DATA OF PATIENT’S OUTCOMES AND EXPERIENCE IN 201 CASES

Goher Rabbour, Shekar Rangiah, Omar Nugud. Friarage District General Hospital, Northallerton, North Yorkshire, UK.

Aim: To review the practice of a Consultant Surgeon and to compare with the ASGBI guidelines.

Method: Retrospective review of 201 patients from November 2008 to October 2012. Information was obtained through medical records, theatre diaries, discharge summaries and clinic letters.

Results: There were 185 males: average age 54.7 years (range 19-84) and 16 females: average age 51.3 years (range 23-77). 15 patients were < 30 years, 53 patients: 30-50 years and 133 patients: >50 years. Right sided repair was performed in 96 cases, left: 84 and bilateral: 21 cases. Primary repair was performed in 189 cases and recurrent in 12 cases. Conversion in 13 cases: secondary to adhesion: 9, inadequate pneumoperitoneum: 4. Day case procedures were performed in 97.5%. 175 were followed up at 6-8 weeks. 142 / 175 patients had no post-operative complications. Haematoma was present in 12, wound infection: 11, persistent pain: 2, numbness: 2, urinary retention: 3, induration: 1, residual stitch: 2. There were no re-operation, in hospital mortality or recurrence in any of the patients.

Conclusion: This study has shown results to be better than those from the current available guidelines. The unit takes ST3 trainees and provides an excellent outcome and opportunity to perform laparoscopic hernia repairs safely.

1157: SURGICAL OPERATIVE EXPERIENCE AMONGST FOUNDATION YEAR ONE DOCTORS (FY1DS): A DEANERY WIDE PERSPECTIVE

Timothy Packer 1,2,3, Sylvia Yan 1,2,3, Sarah Lort 1,2,3, Graham King 1,2,3, Kamlesh Patel 1,2,3, Chris Smart 1,2,3, 1 Queen Elizabeth Hospital, Birmingham, UK; 2 Heartlands Hospital, Birmingham, UK; 3 City & Sandwell Trust, Birmingham, UK; 4 New Cross Hospital, Wolverhampton, UK.

Introduction: FY1 may represent the only opportunity to gain surgical experience in the foundation programme yet there is no explicit curriculum requirement for operative experience. Our aim was to audit this amongst FY1Ds.

Method: A questionnaire was given to all FY1Ds completing rotations in surgical specialties in 4 separate trusts.

Results: 55 FY1Ds responded (100%) representing 11 different surgical specialties. 24 (45%) expressed a surgical interest. More elective experience was gained than emergency (p=0.001) and 81% of FY1Ds had been to theatre less than once a month or not at all (45%) for emergency cases (49%, 18% for elective). 80% of FY1Ds felt dedicated operative experience should be scheduled. 60% of trainees had no formal or informal surgical skills teaching during their placement. Confidence in surgical skills was low in procedures such as suturing (32%) and familiarity with laparoscopic camera (18%).

Male FY1Ds (51%) (p=0.01) and those showing interest in surgery (p=0.06) gained more operative experience, but hospital type (p=0.14) and opportunity level (p=0.49) did not increase experience.

Conclusion: Operative attendance was low even in those with a surgical interest. FY1Ds need scheduled mandatory theatre time to improve their training and to aid their career decision process.

1165: THE IMPACT OF THE SPECIALIST COLORECTAL SURGEONS IN MANAGEMENT OF EMERGENCY RIGHT COLON CANCER

Anwar Shahed 1, Omar A. Khan 2, Jim S. Khan 2, Amjad Farvaiz 2. 1 University of Southampton, Southampton, UK; 2 Department of Surgery Queen Alexandra Hospital, Portsmouth, UK.

Aims: The purpose of this prospective study was to quantify the effect of sub-specialisation on outcomes following emergency right hemicolectomy for colon cancer.

Methods: A prospective study of all emergency right hemicolectomy, (defined as patients who underwent surgery within 24hr of admission for suspected perforating or perforated colonic cancer) between August 1999 and August 2009. The grade of operating surgeon and, any sub-speciality interest were noted and related to post-operative outcomes.

Results: A total of 92 cases of which 42 were performed by colorectal consultants, 52 by non-colorectal consultants or unsupervised trainees. The clinical characteristics are summarised below:

Factors including in-hospital mortality, primary anastomosis, anastomotic leak, overall post-operative and RO resection rates were reduced when surgery was performed by colorectal consultant as compared to non-colorectal consultants. Laparoscopic surgery is more likely to be performed by specialist colorectal surgeons (29%) as compared to non-colorectal consultants (2%) (p=0.01). This is also associated with lower incidences of stoma formation (p<0.01).

Conclusions: Specialist colorectal surgeons have improved short-term clinical outcomes when performing emergency right hemicolectomy for obstructed or perforated cancers. These results have important implications for provision of an emergency general surgical service.

1197: TRAINEE AND TRAINER OPINION ON INCREASED REQUIREMENT OF WORKPLACE BASED ASSESSMENTS IN THE LONDON SCHOOL OF SURGERY

Harry R.F. Powell 1, Aimee N. Di Marco 2, Shakeel R. Saeed 1. 1 Royal National Throat, Nose and Ear Hospital, UCL Hospitals, London, UK; 2 Imperial College, London, UK.

Aims: The London School of Surgery announced an increase in their annual minimum requirement of Speciality Trainee Workplace Based Assessments (WBAs) from 40 to 80, to be enforced in 2013. In response, a survey was designed to ascertain trainee and trainer opinions.

Methods: The online survey, comprising 10 multiple-choice questions, was circulated by email.

Results: 255 (of 400 invited) trainee and 41 trainer responses were obtained. There was representation from all specialties and all 14 UK deaneries.

Regarding the increase in WBA requirement: 88% of trainees and 73% of trainers, thought that it would lead to a decrease in WBA quality; over 90% of trainers and 94% of trainees thought that it would not improve training or clinical competence; over 95% of both groups thought that it would not improve surgical skills and 92% of both thought that time would be better spent on other aspects of training and clinical care.