



Contents lists available at SciVerse ScienceDirect

International Journal of Surgery

journal homepage: www.theijs.com



The Association of Surgeons in Training Conference Abstracts



0049: LOCAL ANAESTHETIC TOXICITY: FOCUSED TEACHING IMPROVES SURGEONS' KNOWLEDGE

Usman Khalid², Aeliya Zaidi², Michael Lamyman¹, Marc Swan¹. ¹Stoke Mandeville Hospital, Aylesbury, UK; ²Morrison Hospital, Swansea, UK.

Aim: Local anaesthetic (LA) is routinely used by Plastic Surgeons. Toxicity can lead to potentially fatal complications. The aim of this audit was to determine the current awareness of LA toxicity amongst a cohort of Plastic Surgeons, and whether focused teaching is capable of improving their knowledge.

Methods: All Plastic Surgical staff (5 Consultants, 5 SpR's and 5 core trainees) at a District General Hospital completed a questionnaire based on the AAGBI guidelines for LA toxicity. A focused teaching session on dosage calculations, toxicity recognition and the management of complications was delivered. The cohort was invited to complete an identical questionnaire after a period of 6 weeks.

Results: 14 pre-teaching questionnaires were completed. 70% of respondents knew the LA safe doses, whilst only 50% knew the signs & symptoms of LA toxicity, 60% knew the immediate management steps and only 28% knew about additional measures such as lipid therapy. 11 post-teaching questionnaires were returned. There was a marked improvement in knowledge with 80% of respondents obtaining the correct answers to all questions.

Conclusion: Plastic Surgeons' theoretical knowledge of the use of LA is sub-optimal. Focused teaching can help to improve this. We recommend regular teaching sessions for continued reinforcement.

0080: PERCEIVED EFFECTS OF EVOLVING TEAM STRUCTURES ON LEARNING AMONGST SURGICAL TRAINEES

Thomas Fysh, Holly Baker, Kirsten Dalrymple. *Imperial College, London, UK.* This study explores how surgical trainees perceive the way in which the evolution of the surgical firm has affected their learning experience. It is proposed that the surgical firm is therefore a Community of Practice (CoP) in which the trainee surgeon learns through a gradual process of increasing participation within the firm, directed by a dedicated educational supervisor and which requires active participation by both. A modern emphasis on service delivery as well as changes in working patterns brought about, in part, by the European Working Time Directive (EWTD) mean that surgical trainees spend less time on their firms than in bygone days, and that the structure of surgical firms has changed.

In this qualitative, interview-based study, nine senior surgical trainees consider how changes in firm structures have come about, the extent to

which they have done so and make comparisons to bygone days. The themes generated are discussed in the context of educational theory and group dynamics, with the conclusion that, while learning and service delivery on a firm need not be mutually exclusive, the benefits of situated learning can only come about when education is actively considered and when the learning environment is nurtured; it cannot be assumed.

0081: THE EVOLUTION OF HEAD AND NECK TRAINING

Shradha Gupta, Charles Tweed, Kavin Andi, Richard Oakley. *Guys Hospital, London, UK.*

Aim: Elucidate trainees' perspectives on combining parallel aspects of Otolaryngology and Oral & Maxillofacial training into a generic Head & Neck Surgery (H&NS) training and emergency service provision pathway in response to evolving financial pressures.

Method: Postal questionnaires circulated to UK Otolaryngology registrars (ENT) and a web-based survey for Oral & Maxillofacial trainees (OMFS), asking their opinion on current H&NS training.

Results: 133 ENT and 30 OMFS responded. 67% ENT and 68% OMFS preferred Otolaryngology/Maxillofacial Higher Surgical Training (HST) with the potential for sub-specialty fellowships. The remaining trainees preferred generic H&NS HST. 57% think Emergency H&NS on-calls should be provided by parallel teams. 47% think a H&NS team with dual speciality training is more cost effective.

57% ENT and 72% OMFS agreed that increased cost of undergraduate training would make them reconsider their specialty choice; 63% ENT and 72% OMFS would be less likely to consider research. The cost of training/changes in pension scheme would not dissuade ENT from H&NS, but would dissuade OMFS.

Conclusion: Financial constraints would influence trainees from both specialities to reconsider aspects of their training. No consensus was reached on the role of a generic H&NS pathway, however there is potential for further debate.

0084: SYNCHRONOUS SURGICAL TRAINING AND ACADEMIC PROFILE DEVELOPMENT IN CURRENT ATMOSPHERE: IMPRACTICAL OR PLAUSIBLE?

Chandrasekaran Kaliaperumal¹, George Kaar², Michael O'Sullivan², Charles Marks². ¹Department of Paediatric Neurosurgery, Children's University Hospital, Temple Street, Dublin, Ireland; ²Department of Neurosurgery, Cork University Hospital, Wilton, Cork, Ireland.

Aim: We are in a world of competition and it is imperative that every surgical trainee is duty bound to get the best of the training under the