**Results:** The websites were scored and the three highest rated are as follows: in third place The Royal College of General Practitioners, in joint second were the Royal College of Physicians (London) and Royal College of Surgeons in Ireland and in first place with the highest rating, the Royal College of Surgeons of England.

**Conclusions:** These websites are key in the way the colleges interact with both medical professionals and the public. Our subjective opinion that the websites varied in their effectiveness as a resource, correlated with variability in the scoring. We found that many of the college websites have the potential to deliver more for their users.

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**0884: HOW CAN WE ENHANCE UNDERGRADUATE MEDICAL TRAINING IN THE OPERATING THEATRE? A SURVEY OF STUDENT ATTITUDES AND OPINIONS**


**Aims:** Attending theatre may add substantial value to undergraduate medical education. At present, student participation is left largely to individual initiative. We assessed student attitudes towards theatre participation to see how the experience could be improved.

**Methods:** All students from Leeds School of Medicine were invited to complete an online-based questionnaire. Responses relating to previous experiences, desired improvements, acquired benefits, impact on career aspirations and attendance were gathered. Students rated their overall satisfaction on a 10-point scale.

**Results:** 287 students (20%) responded to the survey. 88% had previous theatre experience. The median overall satisfaction was 7/10. Desired improvements included: more opportunity to assist the surgeon (75%); more structured teaching (71%); feedback on performance (54%); and better induction to the theatre environment (57%). The described benefits of attending theatre were improvements in: scrub technique (82%); knowledge of anatomy (72%); anaesthetics (67%) and surgical procedures (86%). There were heterogeneous answers regarding the role of theatre in encouraging a surgical career. The totality of students who had never attended theatre would do so if given the opportunity.

**Conclusions:** Many benefits can be derived from attending theatre but these may be offset by other factors. The experience may be of increased value to medical education if a better structured teaching programme is developed.

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**0893: ANATOMY IN UNDERGRADUATE MEDICAL EDUCATION: A SURVEY OF STUDENT PERCEPTIONS**


**Aims:** A shift away from cadaveric dissection in UK medical curricula has emerged. The impacts of this on future anatomical and surgical competencies are unclear. We assessed student perceptions to different methods of Anatomy teaching.

**Methods:** All 2nd-year students from Leeds School of Medicine were invited to complete a questionnaire. Participants rated six teaching methods (dissection; prosection; lectures; demonstration models; computer software packages; living anatomy & medical imaging) on a 5-point scale against pre-determined learning objectives. Categorical variables are expressed as mean +/- SD versus [all other variables]. An unpaired t-test was performed (p<0.05 considered statistically significant).

**Results:** 170 students (68%) responded to the survey. Cadaveric dissection and prosection were preferred to instil anatomical knowledge (4.6+/−0.7 and 4.6+/−0.7 versus [3.7+/−0.8]p<0.0001). Dissection was also preferred to: provide a 3-D appreciation of the body (4.9+/−0.5 versus [3.6+/−1.0]p<0.0001); appreciate anatomical variation (4.7+/−0.7 versus [3.1+/−1.1]p<0.0001) and encourage self-directed learning (3.9+/−1.1 versus [3.2+/−1.2]p<0.01). Lectures were preferred to provide a background for basic sciences (4.0+/−0.9 versus [3.1+/−1.1]p<0.0001) and to relate structure to pathology (4.0+/−1.0 versus [3.3+/−1.1]p<0.01). Clinical anatomy was best appreciated through living anatomy & medical imaging (4.1+/−1.1 versus [3.7+/−1.1]p<0.001).

**Conclusions:** Cadaveric dissection is a favourable approach for achieving important learning objectives in Anatomy. Further evaluation of teaching methods is required before further changes are made to undergraduate medical curricula.

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**0898: ROLE MODELS AND MENTORSHIP IN SURGERY IN THE CURRENT ERA**

Nuala Healy, Ronan Glynn, Peter Cantillon, Michael Kerin. NUI Galway, Galway, Ireland

**Aim:** The aim of this study was to evaluate the prevalence of role models and mentors among medical students and surgical trainees and to determine how the process of mentoring works.

**Method:** A 35-point online questionnaire was distributed to medical students at NUI Galway and members of ASIT, including questions regarding mentorship and role models and questions relating to the mentorship process.

**Results:** A total of 163 medical students and 216 surgical trainees completed the questionnaire. 80% (n=124) of medical students did not have a mentor but 51.7% (n=104) of trainees claim to have a surgical mentor. 64% (n=88) of students but only 37.6% (n=61) of trainees would like to be involved in a formal mentoring programme. Only a third of students had identified a role model in medicine, while over half had identified a negative role model. 70% (n=151) of surgical trainees had identified a role model and 77% (n=112) had identified a negative role model in surgery. Important role model and mentor traits were identified by each group.

**Conclusions:** There is a low prevalence of role models and mentors within surgery and this study illustrates the need to promote mentorship of medical students and trainees.

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**0934: MICROSURGICAL SKILLS STATION – A PRACTICAL WARD-BASED MODEL TO IMPROVE PLASTIC SURGICAL SKILLS**

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**Introduction:** Various microsurgical training techniques have been published including anastomosis training on cadavers, chicken wing arteries and live pocone or rat models. Whilst in vivo vessels to practice on are ideal, the availability, cost and practicalities of these techniques are limiting. Cheaper and more accessible training formats are required to allow trainees to gain invaluable skills outside of the operating room.

**Microsurgical skills station:** I have designed and built 2 workstations which aim to increase the practical knowledge and physical dexterity of trainees in microsurgical techniques. The first uses a surgical glove construct to practice various end-end and end-side anastomosis techniques. The second comprises completing a sewing needle “Salalom Course” through which the trainee is timed using microsurgical instruments and a 9/0 suture under the microscope. Improved course times are taken as an improvement in practical skills. The cost of the skills station is under £10 and has proven to be of great educational value to our trainees.

**Conclusion:** Surgical training is evolving. Trainees need to be at the centre of this change to influence and enhance training opportunities and experience. This simulation/workstation is a cheap, reproducible and simple way of improving surgical skills and dexterity outside of the operating room.

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**0950: PEER TO PEER CROSS-COVER SHO TEACHING, AN UNDERUTILISED AND USEFUL EDUCATIONAL TOOL**

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**Aim:** To measure the effectiveness of peer to peer SHO teaching in improving the confidence and knowledge of cross-cover trainees out of hours.

**Method:** A prospective three month study following six cross-cover MaxFax SHOs (dentally trained and cross covering ENT) was undertaken. Confidence levels in dealing with a medical emergency (ECG changes in ST elevation MI) and an ENT emergency (acute paediatric epiglottitis) were measured via a secure online questionnaire. A senior ENT SHO was selected to provide teaching on the above topics, then confidence levels were reassessed.

**Results:** The response rate to both online questionnaires was 100%. Before the teaching sessions, 100% did not feel confident in identifying ST elevation on ECGs and 83.3% were not confident in the initial management of acute paediatric epiglottitis. All respondents agreed that peer to peer...