0898: ROLE MODELS AND MENTORSHIP IN SURGERY IN THE CURRENT ERA
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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 having 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.

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 porcine or rat models. Whilst in vivo vessels to practice are on 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 “Slalom 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.

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 (EGC 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