

**Conclusions:** This study has demonstrated that our mobile phone app can improve knowledge of surgical instruments. The authors believe that using our app will improve a trainee's ability to follow, assist and undertake surgical procedures.

#### 1010: DOES ULTRASOUND SCANNING RIF PAIN HAVE A ROLE IN THE INVESTIGATION OF SUSPECTED ACUTE APPENDICITIS

Collins Ekere, Chaitanya Mehta, Elisabeth Royston, Christopher Arrowsmith, Robert Talbot. *Poole General Hospital, Poole, Dorset, UK.*

**Aims:** We aim to assess the ultrasound (US) results on patients operated on in a district general hospital to see how sensitive and specific this investigation was in detecting histological positive (HP) acute appendicitis.

**Methods:** Using electronic histology data from 2009–2012, we assessed 100 index cases per year, including only emergency surgeries for RIF pain. Ultrasounds results from PACS were grouped as positive appendicitis, negative scan, abnormal other (fluid in pelvis but nothing else), and ovarian cysts.

**Results:** We performed US on 102 of the 365 patients included. We had 21 (21%) positive appendicitis, 57 (55%) negative scan, 17 (17%) abnormal other and 7 (7%) ovarian cysts. In histological positive acute appendicitis and US result of positive appendicitis we observed a sensitivity of 40%, specificity of 93%, PPV of 81% and a NPV of 69%. A Negative scan result showed a sensitivity of 38%, specificity of 32%, PPV of 28% and NPV of 42%.

**Conclusions:** These results suggest US may not add much to the investigation of RIF pain in suspected acute appendicitis. Although this is not a prospective or randomised study, we feel with the availability of diagnostic laparoscopy and proceed, US has a very limited role in investigating RIF pain in suspected appendicitis.

#### 1019: MASTER CLASS IN ADMINISTRATION SKILLS – AN INNOVATIVE LEARNING EXPERIENCE FOR FUTURE FOUNDATION DOCTORS

Jessika Voll, Damian Bragg, Charles Maxwell-Armstrong. *Queens Medical Centre, Nottingham, UK.*

**Aim:** Administrative tasks form a large proportion of a junior doctor's work; however these skills do not form part of the syllabus. We therefore created an environment for practicing these relevant administrative skills.

**Methods:** 58 students participated in a simulated ward round, a consultation with a radiologist and TTO writing. A pre-course podcast was sent to 42 students. The remaining 16 students were sent an alternative written guidance. The focus of the simulation was on the ability to lead a senior on a ward round, write notes and request scans. The faculty provided feedback, focussing on smoothness, team-working and prioritisation. Written student feedback was received.

**Results:** 58/58 (100%) of students invited participated. 38/42 (95%) students who received the podcast listened to it. Of the 16 students sent written guidance, 7/16 (44%) read this. 58/58 (100%) students agreed course being relevant for their future job. 49/58 (85%) found the ward round most useful. 24/58 (41%) students rated the stations excellent, 27/58 (47%) rated good, 4/58 (7%) rated fair, 3/58 (5%) didn't respond.

**Conclusions:** We propose final year medical students should undergo a simulated ward round to learn principles of ward rounds prior to their formal shadowing period.

#### 1022: SINGLE-POINT ONLINE E-LEARNING ACCESS FOR SURGICAL TRAINEES

Jessika Voll, Damian Bragg, Charles Maxwell-Armstrong, Simon Parsons. *Queens Medical Centre, Nottingham, UK.*

**Aims:** In recent years, there has been an increasing use of e-Learning by healthcare professionals to facilitate continuing professional development. We explored the views and use of e-Learning by surgical trainees in the Midlands.

**Methods:** 54 candidates completed a standardised online questionnaire. 27 were Core Trainees (juniors) and 27 were ST3 or higher (seniors). Questions included types of e-Learning resources accessed, preferred medium for surgical education, devices used for access, and frequency and reasons for using e-Learning.

**Results:** 67% of trainees had utilised online e-Learning modules (80% juniors, 59% seniors). 70% of juniors prefer an audiovisual medium and 67% of seniors prefer paper-based materials. A laptop was the most popular device for e-Learning (90%). E-Learning was used weekly by 35% of juniors and 20% of seniors. Reasons for use included specialty interest (50%), exam revision (48%) and keeping up-to-date (61%). We propose the need for a single-point access web-based platform for approved surgical e-Learning resources. 100% of juniors and 75% of seniors agreed they would use such a resource if made available.

**Conclusion:** E-Learning provides flexible comprehensive resources that benefit surgical trainees with busy schedules. A reliable single-point access web-based platform for approved surgical e-Learning would benefit these trainees.

#### 1025: TEACHING MEDICAL DOCUMENTATION SKILLS – AN INNOVATIVE METHOD TO IMPROVE PATIENT CARE

Damian Bragg, Jessika Voll, Charles Maxwell-Armstrong. *Nottingham University Hospitals, Nottingham, UK.*

**Aims:** Medical documentation forms the backbone of safe patient care, and is frequently cited in litigation cases. We intended to improve patient care by conducting a high fidelity simulated ward round for final year medical students, and subsequently assessed documentation utilising the Crabel Scoring system.

**Methods:** A total of 45 students participated. 31 students (podcast group) received a pre-course podcast on ward round principles and 14 did not (non-podcast group). Note-taking entries were analysed. Students' documentation was assessed using a component of the Crabel score, termed "Subsequent Entries" which comprises 60% of the total Crabel Score, by two independent assessors from the faculty. The data was analysed using the Student T-test.

**Results:** Both groups had normal distributions. The mean Crabel score for the non-podcast group was 17.92 (14.64–21.19, 95% C.I) compared with 23.96 (22.53–25.39, 95% C.I) for the podcast-group. This was statistically significant with a p-value of < 0.001 (-8.96; -3.11), mean difference -6.03, standard error difference 1.44.

**Conclusion:** We recommend simulated ward rounds with a pre-course podcast to assist the education of medical students and junior doctors on documentation skills to improve patient care and avoid litigation.

#### 1028: FOUNDATION DOCTORS WORKING AT NIGHT: RISKS AND BENEFITS?

Ross Coomber<sup>1</sup>, Daniel Smith<sup>2</sup>, Daniel McGuinness<sup>1,2</sup>, Emily Shao<sup>1,2</sup>, Ramawad Soobrah<sup>1,2</sup>, Andrew Frankel<sup>2</sup>. <sup>1</sup>Luton and Dunstable Hospital, Luton, UK; <sup>2</sup>London deanery, London, UK.

**Aim:** The number of foundation doctors (FD) working nights has reduced which may effect their clinical experience. We assessed the number of FDs working nights, FDs views on working nights, their supervision at night and whether nights provide opportunities to achieve foundation competencies.

**Method:** Using a survey, questions relating to night shifts were asked to all FDs in London. We assessed FDs ability to achieve foundation competencies when they worked only at daytime compared to working night and daytime. A clinical supervision score evaluated FDs perception of supervision at night and the effect of Hospital-at-Night (HaN) teams.

**Results:** 83% (N=2,157/2,593) of FDs completed the survey. 90% of FDs who worked night's felt they improved their ability to prioritise, make decisions and plan, including reporting higher scores for achieving competencies in history taking, examination and resuscitation (2.27vs1.96, p=0.00). The majority (65%) felt adequately supervised, more so when part of HaN teams. Surgical FD's felt least well supervised.

**Conclusion:** FDs find working nights a valuable experience, which enhances their ability to achieve foundation competencies. Important training opportunities exist at night, which are additional to those encountered during daytime working. While these experiences are valuable they must be well supervised to ensure patient safety.

#### 1048: SUPPLEMENTATION OF SURGICAL TRAINING USING A MODEL OF OBJECTIVE SKILL ASSESSMENT: "THE PAR DIAGONAL"

Christopher Efthymiou David. *Leeds General Infirmary, Leeds, UK.*

The introduction of the European Working Time Regulations (ETWR) and Modernising Medical Careers (MMC) has had a profound impact on surgical training. Many trainees are finding more of their time taken up by service provision and ward work. Yet it is known that time spent in theatre