Conclusion: Simulation training can improve both the technical and non-technical skills needed to manage laryngectomy and tracheostomy patients, in an environment in which patient safety is not compromised. Multidisciplinary simulation training may also make scenarios more realistic, and improve team working skills essential for optimal patient care.

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0336: INADEQUACY OF UNDERGRADUATE EDUCATION AND TRAINING IN TRAUMA AND ORTHOPAEDICS IN UK MEDICAL SCHOOLS – RESULTS OF A NATIONAL SURVEY

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Aim: To evaluate the undergraduate experience of trauma and orthopaedics (T&O) training in UK medical schools and assess final-year students’ self-perceived level of competence.

Method: CollabORTHO, a collaboration of orthopaedic consultants and trainees, aims to improve undergraduate training in T&O by providing free courses for final-year medical students across the UK. A questionnaire was distributed to all course attendees.

Result: 147 students from 10 UK medical schools completed the questionnaire. 16% (23/147) of students had never undertaken a T&O rotation, with majority (60%, 88/147) spending <3 weeks in T&O placements. Only 50% (74/147) and 23% (34/147) attended >3 orthopaedic clinics and trauma meetings respectively. 69% (102/147) felt that learning objectives of previous teaching sessions were unclear. 41% (60/147) rated undergraduate T&O training as “poor”, while 37% (54/147) and 22% (33/147) reported it as “adequate” and “good” respectively. On average, students rated their confidence and knowledge in key T&O topics as 4.9/10 and 5.4/10 respectively (1=low confidence/knowledge, 10=complete confidence/knowledge).

Conclusion: Our study suggests that despite high prevalence of musculoskeletal conditions, current T&O training in UK medical schools is inadequate. Implementation of a nationally-commissioned strategy could play a vital role in improving the quality of undergraduate T&O training in the UK.

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0356: JSCT (JOINT COMMITTEE ON SURGICAL TRAINING) QUALITY INDICATORS FOR CORE SURGICAL TRAINING IN PLASTIC SURGERY: ARE PLASTIC CT TRAINEES GETTING TO THEATRE AND CLINICS?

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Introduction: The JCST (Joint Committee on Surgical Training) Quality Indicators for Surgical Training advise that Plastic Surgery CTs (Core Trainees) should attend three theatre sessions (one an emergency session) and one outpatient clinic per week. Retrospective audit was performed to determine compliance for Plastic Surgery CTs at a regional plastic surgery unit.

Method: For each Junior Grade, the average numbers of different sessions/week were calculated using rotas for August 2013 to August 2014. Following the results, ward cover sessions for CTs were minimised. The average session/week from August 2014 to February 2015 were then reaudited.

Result: For CTs, the average outpatient clinic sessions improved (from 0.3 to 0.8), as well as elective theatre sessions (from 1.1 to 1.6) and emergency theatre sessions (from 0.5 to 1.1) per week. Over four sessions were missed per week due to leave, EWTD and nights, which leaves CTs <3 days/week to attend theatre and clinics as well as attending teaching and being on call.

Conclusion: By formally allocating CTs less daytime ward cover; clinic and theatre sessions increased. Changes in rota working patterns may be required to do this. Future re-audits will include review of educational quality of the consultant supervised sessions.

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0375: A SURVEY OF CONTINUING MEDICAL EDUCATION AMONGST OTO-LARYNGOLOGISTS IN THE UK

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Objectives: In order to keep up to date it is imperative that medical professionals partake in continuing medical education (CME). This study aims to assess the current activity relating to CME amongst trainees and Consultants.

Method: Electronic survey distributed to ENT UK members of continuing medical education activity.

Result: There were 152 respondents of 1634 invited to participate, giving a response rate of 9.3%. Seventy-six percent were Consultants. Paper journals were the most popular method of CME with a mean of 12.6 papers being read per annum and an average of 6.8 conferences a year. Seventy-seven percent (n=85) used e-journals. Twelve percent of respondents used podcasting. Twenty-one percent of respondents had attended an online conference.

Conclusion: There was no demonstrable difference in the results between this survey and a similar survey performed in 1994. Revalidation has not had an impact in the number of meetings attended, publications achieved or new skills learnt. There has been an increase in the available modalities to access CME.

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0445: EVALUATION OF HIGH-FIDELITY SCENARIO SIMULATIONS USING OBSERVED STUDENT PERFORMANCE DURING A REGIONAL SURGICAL WORKSHOP: “RECOGNISING THE ILL SURGICAL PATIENT”

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Aim: Recognising and managing the ill surgical patient is a key role of surgical junior doctors, yet medical students have little training in this aspect. Previous studies have shown that confidence, knowledge and performance during simulated scenarios increases and 9 grade points respectively.

Method: A voluntary one-day course was structured so that students attended a lecture series prior to active participation in four high-fidelity scenario workshops designed to improve acute surgical care however the true value of simulation is undefined. Our observational study aims to identify if there is any improvement in performance between simulated scenarios.

Result: A total of eighteen students actively participated in four scenarios. Fifteen students (83.3%) demonstrated an improvement in overall performance over the course of four scenario stations. The largest progression was seen amongst second year students whose mean progression was 4.43 grade points. All competency areas developed throughout the scenarios with ‘Team-working’ and ‘Clinical Skills’ showing most improvement; 12 and 9 grade points respectively.

Conclusion: The ability of medical students to recognise and manage the acutely unwell surgical patient can be demonstrably improved through simulated scenario practice.

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0525: THE NEED FOR ROUTINE ON-TABLE CHOLECYSTOGRAM (OTC) FOR LAPAROSCOPIC CHOLECYSTECTOMY AND IDENTIFYING PRE- OPERATIVE MARKERS FOR OTC

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**Aim:** Need for routine On-Table Cholangiogram (OTC) for laparoscopic cholecystectomy and identifying pre-operative markers for OTC.

**Method:** Retrospective analysis of 205 patients between 2012-2013. All patients had routine OTC. Liver function test, ultrasound scan and outcome of OTC recorded.

**Result:** There were total of 205 patients in our study. 182 (89%) patients did not have bile duct stones. 23 (11%) patients were found to have bile duct stones and underwent further Common Bile Duct (CBD) exploration. Among these 23 patients, 7 (30%) patients had both CBD dilatation (>8mm) and deranged liver function tests. 3 (13%) patients had either CBD dilatation or deranged LFT. 13 (57%) patients had neither.

**Conclusion:** 11% of patients with bile duct stones were identified through routine OTC, 57% of patients who were found to have CBD stones had normal CBD and LFT. Therefore we conclude that routine OTC was useful in identifying CBD stones and these patients would have been missed if not undergone routine OTC.

30% of patients with both CBD dilatation and deranged LFT were found to have stones as opposed to 13% of patients who had either of these. Therefore considering both these pre-operative markers together is beneficial in identifying CBD stones.

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**Result:** The pig’s-ear model allows trainees to safely practise key steps of a common procedure and is a low-cost, effective and reliable alternative to cadaveric or on-table training.

**Conclusion:** We demonstrate a simulation training tool that allows surgeons to practise cartilage graft preparation techniques away from the patient; subsequently this step of cartilage tympanoplasty can be performed in theatre in a faster, more proficient and well-rehearsed manner. This method also allows the trainee to continue to gain experience without exceeding the EWTD

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**Aim:** Tracheostomies are common procedures in head and neck surgery and critical care practice. Fifty percent of airway related deaths are attributed to tracheostomy complications. Despite recommendations from The National Confidential Enquiry into Patient Outcome and Death (NCEPOD), effective training in emergency management of neck stoma patients is lacking.

**Method:** We developed and evaluated a pilot one-day workshop for postgraduate healthcare professionals. The workshop consisted of interactive lectures and high-fidelity simulation scenarios in a purpose-built clinical simulation center. Participants completed a pre- and post-workshop Multiple-Choice-Questions (MCQ) quiz, and a 16-point workshop evaluation questionnaire.

**Result:** A total of 14 participants attended the pilot workshop. The MCQ mean score improved from 53% (range 50-70%) to 63.8% (range 60-80%) after the workshop. All participants reported increased confidence in assessing and managing patients with neck stomas. They all felt the workshop was a valuable learning experience. Participants felt that training on neck stoma emergencies should be provided regularly in the postgraduate curriculum.

**Conclusion:** The simulation workshop provided postgraduate clinical staff with safe and effective interprofessional training on management of neck stoma emergencies. The participants gained knowledge, and increased confidence in the early recognition, assessment and management of airway emergencies in this patient group.

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**Aim:** To evaluate Less than Full Time training (LTFT) on a national level within surgical specialties in Wales.

**Method:** Information was collected from Wales Deanery relating to LTFT training and analysed. Demographic data as well as grade, specialty, post-type and percentage whole-time equivalent was obtained. Data between 2011 and 2015 was compared to identify trends and future projections.

**Result:** 197 LTFT trainees were registered in the Wales deanery in 2015. 95% (187) of these were female. Only 5.1% (n=10) were from surgical specialties including Plastic Surgery (1.0%), Trauma and Orthopaedic Surgery (0.5%), ENT (1.5%), General Surgery (1.0%), Urology (0.5%) and Maxillofacial Surgery (0.5%). Half of surgical LTFT trainees were at ST5 level (n=5) and the majority were female (n=9). Over the last 4 years surgical LTFT trainees have increased by 66% and represent more specialties.

**Conclusion:** LTFT trainees in surgery have increased over the last 5 years, reflecting the changing workforce and more varied lifestyles of current Doctors. Flexible training enables many Doctors to continue their training where in other circumstances this would not be possible. It is essential for...