Conclusion: OT-based teaching is perceived as a valuable use of time during a surgical clerkship. The OT environment is complex and students' experiences are variable. The student-surgeon relationship is a strong determinant of desirable experiences.

0780: PATIENT SAFETY ATTITUDES IN CORE SURGICAL TRAINEES

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Aim: There is increased awareness of the role of human factors in safety. Problems in teamworking, leadership, stress & fatigue are easily identified from error literature. The Operating Room Management Attitudes Questionnaire (ORMAQ) is a validated tool for assessing patient safety attitudes.
Methods: ORMAQ was circulated to all Core Surgical trainees in Scotland via SurveyMonkey, Feb–April 2014.
Results: 37–43 (44–51%) of 84 trainees completed each of the questionnaire items.
Attitudes to teamworking and leadership were positive with 100% of trainees identifying the need to verbalise plans and ensure they are understood. There was strong endorsement (35, 94%) of briefing and debriefing. 100% of trainees felt they should be able to question senior decisions, although 20 (54%) felt uncomfortable if they were required to tell team members from other disciplines to take action. Attitudes to stress and fatigue were less positive. 7 trainees (18%) would not let team members know if workload was becoming excessive. Only 13 (35%) acknowledge that personal problems could aff5ct their performance. 9 (24%) stated they relied on seniors to tell them what to do in critical situations.
Conclusion: Core Surgical Trainees have good teamworking & leadership attitudes but are less aware of the effects of stress and fatigue on performance.

0797: MULTI-SPECIALTY SURGICAL GUIDELINES: DEVELOPMENT OF AN ELECTRONIC APP

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Aim: With the implementation of the European Working Time Directive, cross-cover between specialties has become the norm. As such, junior doctors require a wide breadth of knowledge and expertise in all specialties to maintain patient safety and quality of care.
We aimed to assess the need for and implement an electronic app allowing on-the-go access to trust surgical emergency guidelines with a view to standardise high quality of care and enhancing the efficiency of use of NHS resources.
Methods: Data was collected prospectively from doctors of all grades and surgical specialties using a standardised web-based questionnaire. A project for development of a multi-specialty evidence based surgical guideline app is ongoing to compliment the already existing local ENT Emergency Guidelines App.
Results: Data was collected from 46 doctors in surgery. 57% cross-cover specialties; 100% use Smartphones; and 93.33% use mobile medical apps. 96% desired an app with trust surgical guidelines.
Conclusion: Smartphones popularity and the use of medical apps are becoming commonplace. This single cycle audit highlights the need and desire for guidelines to be available to all staff in an easily accessible app format. Such an app can ensure up-to-date evidenced based guidelines are easily accessible and ensure standardised care.

0806: JUST WHOSE ETHICS ARE THESE? PATIENTS WANT PLACEBOS AND PROFESSIONALS, NOT META-PATERNALISM

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Aim: Current medical education emphasizes shared decision-making as a means of avoiding paternalism. But is this itself a form of meta-paternalism? Are surgeons paternalistically forcing patients to be involved when patients would rather just feel better and leave it to the professionals?
Methods: Two separate surveys were administered to a random cross-section of adult Americans.
Results: Among other intriguing results: Shared Decision-Making. Half (50%) of respondents do not want shared decision-making. Fewer than 20% stated that their friends and family would prefer a shared decision model. Over 75% say patients should have the choice to reject shared decision-making. The shared decision model is seen as prioritizing the rich over the poor. Over 70% stated that the rich would prefer shared decision making, while over 60% felt that the poor would prefer a traditional model where the doctor makes medical decisions. Placebos. Over 60% of respondents believe that doctors and patients should be able to agree ahead of time to the use of placebos. Over 40% believe that doctors should give out placebos without even discussing it with patients.
Conclusion: Dogma about shared decision-making deserves greater scrutiny and may reflect the biases of the healthcare elite, not patient desires.

0810: SIMULATION IN MAXILLOFACIAL TRAUMA – SHOULD THIS BE THE NEW WAY FORWARD?

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Aim: Simulation training is increasingly being used to augment clinical training in all disciplines following the implementation of the Junior Doctors New Deal and European Working Time Directive. Other surgical specialties have embraced this mode of training for their trainees and incorporated this into the annual assessment process to ensure trainees are competent to manage common surgical emergency scenarios which are cited as surgical drills.
Methods: We present the results of a web survey undertaken of current maxillofacial trainees at all levels. This was undertaken using a web based questionnaire and disseminated using the Junior Trainee Group (JTG) and Fellows in Training (FiT) mailing lists.
Results: The results of this show a strong feeling that their training would benefit from such simulation training and have suggestions for how trauma management in maxillofacial surgery might benefit from this additional mode of learning.
Conclusion: Simulation training is currently underused in maxillofacial surgery and this review should encourage a debate on the topic and suggest news way to embrace this potential learning resource, which trainees feel will supplement their clinical training in the management of maxillofacial trauma.

0823: UK SURGICAL TRAINEE PERSPECTIVES ON THE USE OF WORKPLACE BASED ASSESSMENTS

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Aim: To ascertain the views of UK surgical trainees regarding WBA use.
Methods: National online questionnaire conducted by ASiT. Mixed method evaluation of quantitative and qualitative data from 906 completed trainee responses across all specialties and training levels (CT1-ST8).
Results: Formative use was supported (72.5%), summative use rejected (66.3%). WBA use was perceived to deviate grossly JCST recommended use. Elements perceived as dishonest appear commonplace across all surgical specialties and training levels. 'Dishonest completion' was acknowledged by 89.6% of respondents, and trainers appear complicit, 147 individuals (16.2%) having reported this to trainers and 40.9% aware of 'unobserved sign-off' and 33.6% 'password disclosure' by trainers. Furthermore, a majority felt the ARCP respected WBA numbers over competence (55.4%) and a third felt pressure to overstate the number completed (32.0%). Reasons appeared largely centred upon time restraints, lack of engagement and a will to meet required targets for career progression.
Conclusion: Based on these worrying novel findings and insights from the wider literature, recommendations are made. These include minimum number reductions and caps, formal ARCP examination of content, simplification of assessments and ISCP user interface, improved assessor training, contractual recognition of active and effective training, and formal JCST consideration of additional assessment methods.