0610: DO TRAINEE SURGEONS REALLY TAKE THAT MUCH LONGER WHEN OPERATING IN DAY-CASE SURGERY?
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Aim: Theatre time pressures may prevent trainees from taking the lead when operating and this can impact on their training. We aim to assess the operating time taken by trainee surgeons in the Day-Case Surgical Unit (DSU).
Method: Operative Room Management Information System records for DSU were reviewed between December 2007–2008 and 2010–2011 at the Royal Derby Hospital. Data was collected on operating times for general surgical cases and compared between consultants, associate specialists (AS) and trainees.
Results: The total number of open hernia procedures performed was 772 by consultants, 398 by AS and 97 by trainees. The mean time for all open hernia surgery in minutes was 38.8 for consultants, 34.2 for AS and 41.2 for trainees. Sub-group analysis demonstrated similar trends. Furthermore, operative time in minutes for excision of benign lesions was 18.5 for consultants, 13.5 for AS and 21.5 for trainees. Similar results were demonstrated when comparing other day-case procedures including laparoscopic cholecystectomy.
Conclusions: The results show that there are little differences in operating times, particularly when trainees perform appropriately selected cases. DSU provides the perfect setting for trainees to perform appropriately selected procedures on relatively uncomplicated patients in order to develop and practice their operative skills.

0616: THE IMPORTANCE OF CONSULTANT-LED SUPERVISION AND TRAINING IN EMERGENCY COLOSTOMY FORMATION
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Aim: We performed an audit systematically analysing the early incidence of problematic stomas at our district general hospital. The aim of the audit was to quantify our incidence of problematic stomas, attribute causative factors, highlight awareness and implement change.
Method: The standard showed 66% of stomas were healthy and 34% were problematic nationwide. A problematic stoma was defined by complications within 3 weeks of surgery, requiring one or more accessories. Retrospective evaluation of 41 patients’ notes over a six month period yielded the following data: the type of operation; elective or emergency; consultant or trainee performed; and stoma-related outcome.
Results: Of the 16 end colostomies produced: 25% were healthy and 75% were problematic. Retraction compromised 75% of problematic end colostomies; problematic stomas were noted in trainee (79%) versus consultant (30%) constructions, emergency (65%) versus elective (29%) constructions, with Hartmann’s procedures (50%) in the presence of diverticular disease (80%).
Conclusion: In conclusion, a higher incidence of end colostomy retraction following Hartmann’s procedures performed by unsupervised trainees in the emergency setting exists. Consultant supervision in such settings is vital, providing additional experience in tension-free stoma formations. *Standard from National Audit of Stoma Complications within 3 weeks of Surgery, (Cottam and Richards 2006)

0619: ARE MEDICAL TRAINEES FOLLOWING BEST PRACTICE GUIDELINES WHEN PERFORMING ARTERIAL BLOOD GAS SAMPLING ON ACUTE SURGICAL PATIENTS? MATHURI SAKTHITHASAN, MICHAEL MAGRO, AKLAK CHODHURY, ROBERT FOWLER, QUEENS HOSPITAL, BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST, ROMFORD, UNITED KINGDOM
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Aim: British Thoracic Society (BTS) guidelines for emergency oxygen use in adult patients recommend that local anaesthesia (L.A.) should be used for all arterial blood gas (ABG) specimens except in emergencies or if the patient is unconscious or anaesthetised. Our aim was to determine if our current practice is following national guidelines.
Methods: Questionnaires were distributed to junior doctors. Data was collected on current ABG technique, patients’ perception of pain, knowledge of the BTS guideline and what individual and organisational factors influenced guideline implementation.
Results: 23(82%) believed that patients find ABGs painful. 19(70%) have had patients complain due to pain. Only 4(15%) used L.A. regularly. Of the 9(32%) who were aware of the guidelines, none used L.A. The main reasons being; responders believed two needles were more painful than one(n=4), L.A. administration is as painful as arterial puncture(n=3), it is time consuming(n=2) and there is a risk of injecting L.A. intravenously(n=1).
Conclusion: In our hospital, although ABGs are known to be painful, only a small number of doctors use L.A. regularly and of those familiar with the BTS guideline none are following it. This may be detrimental to our patients, causing more pain than is acceptable.

0620: THE MULTI-DISCIPLINARY TEAM (MDT) FROM THE COORDINATORS’ PROSPECTIVE. REPORT OF THE MDT-COORDINATORS’ SURVEY
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Introduction: The MDT-Coordinators’ role is relatively new, and as such it is evolving. What is apparent is that the coordinator’s work is pivotal to the effectiveness and efficiency of an MDT. This study aimed to assess the views and needs of MDT-coordinators.
Methods: Views of MDT-coordinators were evaluated through an online survey that covered their current practice and role, MDT chairing, opinions on how to improve MDT meetings, and coordinators’ educational/training needs.
Results: 265 coordinators responded to the survey. 80% of the respondents reported that the MDTs are chaired by Surgeons. Whereas 68% of respondents thought that MDT chairmanship could rotate, only 24% reported that it does in their own MDTs. Majority reported having training on data management and IT skills while more than 50% reported that further training is needed in areas of Oncology, Anatomy and physiology, audit and research, peer-review, and leadership skills.
Conclusions: MDT-Coordinators’ role is central to the care of cancer patients. The study reveals areas of training requirements that remain unmet. Improving the resources and training available to MDT-coordinators can give them an opportunity to develop the required additional skills and contribute to improved MDT performance and ultimately cancer care.

0629: TRAINING IN DAY-CASE SURGERY – A MISSED OPPORTUNITY
Elena Theophilidou, Ahmed El-Sharkawy, J.W. Quarmby. Royal Derby Hospital, Derby, UK
Aim: Surgical training needs to evolve to ensure that surgeons receive adequate training. Dedicated training lists have been suggested; this however is costly and therefore unlikely given the current financial climate.
We aim to identify training opportunities in Day-Case Surgical Units (DSU) that may be missed therefore highlighting feasible options accessible to most trainees.
Method: Operative Room Management Information System records for DSU were reviewed between December 2010–2011 at the Royal Derby Hospital. Data collected included procedures performed as well as lead and assistant surgeons.
Results: There were a total of 395 general surgical operating lists. Trainees attended 161(40.8%) of these lists. A total of 1796 cases were performed; 124 (6.9%) were non-surgical procedures and therefore excluded. Trainees attended 434 (26%) of the remaining 1672 cases. Further analysis revealed that of the 434 cases attended, trainees were the lead surgeon in only 47 cases (10.8%).
Conclusion: The results show that trainees assisted in a minority of DSU operations and even fewer had the opportunity of being the lead surgeon. Given the difficulties surgical trainees face due to limited training time, DSU could provide the perfect setting for surgical trainees to assist and perform common procedures on relatively uncomplicated patients.

0648: SINGLE PORT/INCISION LAPAROSCOPIC SURGERY: A NATIONAL SURVEY OF AWARENESS, EXPERIENCE AND OPINIONS
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Aims: Single port / incision laparoscopic surgery (SPILS) is a recent innovation in minimal invasive surgery which is increasingly being used across the world. This study analyses the awareness, experience and opinions of British surgeons.

Methods: Electronic, 13-item, self-administered, anonymous questionnaire survey distributed via national / regional surgical mailing lists and websites. Results were analysed with SPSS v17.0 for Windows (SPSS, Inc, Chicago, IL).

Results: 342 fully completed responses received: 72 (21%) Consultants and 189 (55%) higher surgical trainees. Overall 330 (96.5%) were aware of SPILS. Only 37% had assisted or performed SPILS procedures; more consultants than trainees (56.3 vs 32.0%, p<0.05). Operative experience was limited: 6% performed ≥25 procedures, and 60% performed <5. 61.4% believed SPILS takes longer, and 32.8% believed it has higher complication rates. Factors cited as limiting uptake included: lack of evidence (70%), insufficient training (78%), incorrect instrumentation (70%), increased cost (62%), and hospital policy (44.5%). A greater proportion of trainees (94.6% vs 78.9%) felt there were insufficient SPILS training opportunities (p=0.001).

Conclusions: Although awareness of SPILS is high, operative experience is limited and negative perceptions regarding operating time and complications remain. Future uptake relies strongly on the availability of evidence, training, instrumentation and reduced costs.

0656: IS AN INDUCTION PROGRAMME IN ENT FOR JUNIOR TRAINEES IMPORTANT TO ENSURE PATIENT CARE AND SAFETY?

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Aim: To devise and carry out an ENT induction programme for trainees working in ENT, A&E and general surgical trainees cross-covering ENT and evaluate the impact the teaching has had on their knowledge and competence in managing ENT patients.

Method: A questionnaire and MCQ paper, comprising 40 questions, was used before and following a teaching programme of lectures and practical ENT workshops to assess trainee improvement in knowledge and competence and confidence in performing simple ENT procedures.

Results: Ten F2 to CT2 grade trainees took part in the project. None of the trainees felt that they had received an adequate induction in managing ENT patients. Four of the trainees had previous ENT experience of 4 or 6 months. Two of the trainees were scored zero on the MCQ paper and the average mark was 65%. Following the teaching session the MCQ score increased to 90% and trainees reported they felt more confident in managing ENT patients and knowing when to call for senior help.

Conclusion: An induction teaching programme for trainees working with ENT patients ensures that patient care and safety is not compromised. This project has confirmed the need for formal induction of all junior trainees starting ENT.

0675: DEVELOPMENT OF A NOVEL SURGICAL SELECTION TEST BASED ON THE ROYAL AIR FORCE FLYING APTITUDE ASSESSMENT THAT HAS PROVEN TO POSITIVELY CORRELATE WITH LAPAROSCOPIC AND OPEN SIMULATION TESTS

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Aims: Identify a test based on the Royal Air Force pilot selection assessment, which can be tailored to select those candidates who possess the technical abilities necessary for successful postgraduate surgical training.

Methods: Medical Students, FY, medical and surgical Core trainees have undertaken: 1. RAF Flying Aptitude Test (FAT) RAF Cranwell (identify those with Spatial & Verbal Reasoning, Attentional Capability, Work Rate & Psychomotor Ability). 2. Simulated validated laparoscopic (Lap Sim) box-trainer tests (bean move, block move, common bile duct cannulation & appendicectomy). 3. Open Basic Surgical skills (BSS) simulation tests (knife & instrument tie, suturing, skin lesion excision).

Results: FAT n=230, Lap Sim n=159 (Mean age 24 (19-39), 118 male & 112 females. FAT mean 51.76% (16-96%) BSS = 21. FAT + Lap Sim tests + BSS n=13 to date. Fig1 (n=159) FAT index score (%) with Total Lap Sim time (seconds) Spearman Rho 0.302 (p<0.01). Fig2 (n=13) BSS score with FAT index (Rho = 0.888; p=0.01).

Conclusions: The Flying aptitude test correlates significantly with both laparoscopic and open surgical skills simulation tests. It could be used as an adjunct to the current surgical selection process to confirm that individuals have the necessary technical skills required.

0677: IMPACT OF TRAINEE PERFORMED RESECTIONS ON POSTOPERATIVE COMPLICATIONS, LOCAL RECURRENCE AND 5-YEAR SURVIVAL FOLLOWING CURATIVE COLORECTAL SURGERY ON ELDERLY PATIENTS

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Introduction: Age of the patients and variability in surgical technique could influence the clinical outcome following Colorectal Cancers (CRC) surgery. This study aimed to compare whether trainee-performed curative CRC resections in elderly patients were associated with adverse clinical outcome compared to consultants.

Methods: Retrospective data of all CRC patients aged 75 and over, who underwent curative surgical resection over two years was collected. Based on grade of primary operating surgeon, patients were stratified into trainee performed or consultant performed groups. Outcomes of interest were surgical technique-related complications (bleeding, anastomotic leak and local abscess), local recurrence and 5-year survival. Statistical analysis was performed using SPSS 11.0.

Results: Among 101 undertow curative resections, trainees and consultants performed 68%(36% right & 33 left colonic) and 32%(11 right & 21 left colonic) resections respectively. Trainees were supervised for 47% of right sided and 70% of left sided colonic resections. There was no difference observed between groups in surgical technique-related complications (P=0.36), local recurrence rate (P=0.40) and 5-year survival rate (P=0.5).

Conclusion: This study demonstrated no significant difference in technical complications, local recurrence and 5-year survival rate between trainee and consultant performed CRC resection on elderly patients.

0679: LAPAROSCOPIC VS OPEN APPENDECTOMY PERFORMED BY SIMULATOR TRAINED SURGICAL TRAINEES; A FIVE YEARS OUTCOME STUDY

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Aim: Advances in computing have led to the establishment of simulators for the acquisition of surgical skills within a wider educational framework. This study compares the outcomes of LA and OA performed by simulator trained surgical trainees.

Methods: An observational analysis of (1349) patients undergoing appendectomies over 5 years (2006-10) performed by 30 surgical trainees having simulator base training as part of their core curriculum.

Results: A total of (1349) pts of which 731 (54.18%) had OA, 618 (45.81%) patients had LA. Mean age for OA (21.31±2.1), LA group (26.17±0.29). Male: female was (1: 1.8) for LA, while for OA was (1.6: 1). Trend analysis showed increase in LA from (23.93% to 66.85%), while OA decreased (70.76% to 33.14%). The time to perform LA was (47±6.76 min’s) and for OA (39±5.43 min’s). Conversion rate reduced from (8.92 to 5.98) with an increase of (43%) in LA. Length of stay for OA was (4.24±.56) and for LA (3.77±.61). 30 days complication rate for OA was (2.3%) and (7.52%); RR 2.47; p=0.0001) for LA group.

Conclusion: Simulators can provide safe, realistic learning environments and with their use one can improve the outcomes of common emergency procedures.

0686: SURGICAL TRAINEE SATISFACTION WITH THE INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP) REVISITED: A LARGE INDEPENDENT NATIONAL SURVEY

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Aim: ISCP (www.iscp.ac.uk) became mandatory for British surgical trainees in 2007. We previously demonstrated widespread dissatisfaction with its 2008 version 5.1. We evaluated version 8 for improvement.