

0313: ADVANCES IN TRAINING: A HIGH FIDELITY PRACTICAL COURSE ON CADAVERS FOR COMPLEX CARDIAC PROCEDURES

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Introduction: Surgical education is changing owing to implementation of European Working time Directive. Cadaveric-based educational programs have had positive feedback from surgical trainees. Our training centre allows trainees to gain experience in complex cardiac procedures in a safe, non-time pressurised environment. We look at how trainees benefit from a high fidelity course-training surgeons to perform two complex cardiac procedures.

Methods: Cadavers had been prepared through a midline sternotomy, pericardium opened with heart and great vessels exposed. Trainees performed a stentless aortic valve replacement and an aortic root replacement. Faculty surgeons facilitated learning as required.

Results: There was a 100% response for a post course feedback form. Knowledge survey revealed an increase in perception of knowledge. There was an increase in trainees' confidence to assist these procedures in future. 100% of attendees would recommend it to their peers. Trainees stated that they felt more comfortable assisting and performing the procedures having practiced on cadavers.

Conclusions: Simulated training using fresh frozen human cadavers can be incorporated into surgical training of cardiothoracic trainees. Such a course can have high face validity and significantly improve trainees' perception of technical knowledge as well as increasing confidence to assist and perform complex cardiac procedures.

0320: THE LESSER-SPOTTED MEDICAL STUDENT: UNDERSTANDING AND FACILITATING STUDENT PRESENCE ON WARDS

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Introduction: To understand factors affecting medical student ward activity and how increased activity might be incentivised.

Methods: Medical students in their clinical attachments were emailed a link to an online survey containing ten questions relating to ward activity. Participants were asked about the duration and nature of ward activity, their motivating and limiting factors and what would encourage them to increase their activity level.

Results: A total of 122 students responded. A majority (38%) stated that they had completed 1-5 hours of ward work in the past week. The most cited motivators were OSCE-related skills practice (74%) and the attainment of F1-level occupational skills (70%). Participants identified feeling unwelcome (55%), not feeling part of the team (55%), exam pressure (57%) and staff busyness (50%) as limiting factors. The most popular incentives were scheduled ward time with a teaching-fellow (71%), an assigned ward contact/mentor (67%) and assigned patients/responsibilities (60%).

Conclusions: Medical students have specific, skills-related objectives for their limited ward time and welcome modifications which better structure this time. This study has identified several simple interventions to encourage activity. Medical students may need support to develop their independence as activity is reportedly dependent on the perceived attitudes of other staff members.

0330: PEER INDUCTION FILM IN SURGERY – A CONFIDENCE BOOST FOR FINAL YEAR MEDICAL STUDENTS

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Introduction: To standardise the induction of final year medical students' prior to their 8- week surgical attachment.

Methods: A series of interviews with medical students during their surgical attachments was conducted and an induction video (<https://vimeo.com/75825389>) was created. This contained guidance on optimising learning, navigating the surgical wards and theatre etiquette. It was shown to 36 students. Pre and post-video questionnaires were conducted using a Likert Scale which examined the confidence levels of the students.

Results: 36 students were questioned. Only 3% felt confident about their forthcoming surgical placement pre video, 61% were neutral, 31% were unconfident. However, after watching the video 39% felt confident about the surgical placement whilst 53% were neutral and a further 8% were not confident. More than half (56%) of students reported feeling better

prepared for the placement as a result of watching the video. In addition, the proportion of students stating that they were confident about their placement increased from 3% prior to watching the video to 39% afterwards. The change was found to be significant, $p=0.004$.

Conclusions: Many medical students lack confidence prior to surgical attachments. The utilisation of a standardised, peer induction video improves student confidence and preparation levels.

0334: WARD ROUND NOTECH SCORE – NON-TECHNICAL SKILLS ON A WARD ROUND

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Introduction: The NOTECH (Oxford non-technical skills) score was used to formally assess the non-technical ward round skills of final year medical students.

Methods: A simulated ward round for final year medical students during their surgical placement was used as the method for assessment of their non-technical skills. A total of 63 final year medical students were observed. The NOTECH score with its constituent elements: leadership, teamwork and situation awareness was assessed for each student. The score was modified for the assessment of ward round non-technical skills instead of its usual purpose, theatre team-work.

Results: The average NOTECH score of the students was 7.37 ($n=63$). The inter-rater reliability of the tool was high at 0.7. Of the 63 medical students assessed, 14 performed the ward round on two occasions. The average NOTECH score of these students increased from 6.71 to 8.57 ($n=14$). The increase in the NOTECH score is statistically significant, $p<0.005$.

Conclusions: Students' non-technical ward round skills are significantly improved by conducting an additional simulated ward round with structured feedback. The NOTECH score has been validated as a tool for the assessment of non-technical skills on a ward round and is appropriate for the formal assessment of these skills.

0338: PREPARING FOUNDATION TRAINEES FOR CORE SURGICAL TRAINING APPLICATIONS: A TRAINEE LED APPROACH

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Introduction: Little is known about how well Foundation Programmes prepare Foundation Trainees (FT) for Core Surgical Training (CST). We aim to evaluate FTs understanding of key CST topics. Then deliver and evaluate the effectiveness of national trainee led teaching addressing these topics.

Methods: Learning objectives were identified from the CST person specification, ISCP curriculum, and experience of surgical trainers, programme leads and trainees. The resulting curriculum was delivered on a single day, ten weeks before CST interviews, to 18 FTs applying for CST from across the UK. Participants self-assessed their retrospective and real-time awareness and knowledge of key topics on a Likert scale prior to and after the study day.

Results: In all areas 100% of participants demonstrated significantly higher self-assessment scores following the study day ($p<0.05$ ordinal regression, OR). When asked to retrospectively re-assess pre-course ability after completing the study day, all participants considered themselves significantly less able prior to the teaching than they originally thought ($p<0.05$ OR).

Conclusions: Foundation Training aims to form a bridge between medical school and specialty training. However, it may not address specific skills and knowledge beneficial to FTs preparing for CST. We demonstrate that specialty-specific trainee-led national teaching can help FTs prepare for CST.

0359: NATIONAL SURGICAL AUDIT RECRUITMENT AND ENGAGEMENT: PROOF OF CONCEPT UTILISING NOVEL SOCIAL MEDIA PARADIGMS

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Introduction: Recruitment is one substantial challenge facing multicentre, collaborative surgical. Cost-effective plans are required and social media has previously been identified as a potential conduit for this. We evaluated the effectiveness of a novel multi-format social media strategy in recruitment to a national study.

Methods: Interventions took place over a 3-month period, including an active Twitter and Facebook page, online YouTube presentations and an