1025: INSIGHT INTO PERFORMANCE ON VIRTUAL REALITY SIMULATION OF DYNAMIC HIP SCREW FIXATION
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Introduction: Orthopaedic training comprises of unstandardised subjective feedback and an objective and standardised means of measuring performance metrics to achieve competency is long overdue.
Methods: 52 medical students were randomised to two groups: Group 1 (training) performed 5 attempts whilst Group 2 (control) performed only once on a virtual reality (VR) dynamic hip screw (DHS) simulator. Both cohorts also repeated the task after a week washout period. Real-time objective measurements were recorded. Participants subjectively rated how they performed using a seven-point Likert scale. The mean score (with standard deviation), Mann-Whitney U-test to determine significance (p<0.05) and Pearson correlation coefficient ($r^2$) were calculated between metrics.
Results: Group 1 significantly (p<0.001) outperformed Group 2 in total procedural time by 68%, reduced tip-apex distance (TAD) by 41% and substantial correlation was found between self-reported performance and total procedural time ($r^2=0.19$), TAD ($r^2=0.16$) and global score ($r^2=0.28$).
Conclusions: Although participants correctly recognised an improvement in self-performance, they could not do so accurately against objective metrics. The VR DHS simulator has demonstrated its significance in objectively measuring validated metrics as part of formal assessment.

1053: TRAIN HARD, GO PRO – USE OF PERSONALISED VIDEO TRAINING IN ORTHOPAEDIC SURGERY
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Introduction: With the advancement of technology, reduced working hours and time pressures, the idea of utilising technology to create novel ways of learning and training is exciting and necessary.
Methods: We used a lightweight, high definition head mounted video camera to record trainees performing operations. The operations were reviewed by a senior clinician for training and assessment of the trainee. Explicit consent was obtained from all patients involved and data was securely stored.
Results: Video recordings impart the following advantages: 1. Re-evaluation of one’s performance. 2. A revision aid to a particular multi-step operation. 3. Targeted technical feedback and training - specific parts of the operation may be revisited by the trainer to demonstrate and emphasise specific learning points. 4. Web-based training - videos may be uploaded for training and education via narrated video libraries and web-based learning. 5. Video log of operations - to monitor progress and allow continued evaluation.
Conclusions: With the increasing prevalence of web based training and work based assessments, video training is a novel concept of training and assessment, and may be used as an adjunct to work based assessments. Footage may also allow trainees to reflect back on performance and demonstrate progression.

1064: UROLOGY INDICATIVE NUMBERS – IS IT AN ACHIEVABLE OBJECTIVE?
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Introduction: To assess whether the Joint Committee on Surgical Training (J CST) Urology indicative numbers are feasible within a 5-year training programme?
Methods: We identified, the total number of J CST recommended urological procedures essential for awarding CCT (Certificate for Completion of Training) at Lancashire Teaching Hospital NHS Foundation Trust and the number of procedures performed, or had involvement by urological Specialty Registrar (StR) trainees, non-trainee middle grades and consultants alone.
Results: 4,454 J CST recommended urological procedures were available at Lancashire Teaching Hospital NHS Foundation Trust between 2012-13. Consultants performed 1415 (31.8%) of these without registrar involvement. The two trainee registrars performed or were involved in 1,007 (22.6%) of procedures, equating to 503.5 (11.3%) procedures per trainee.

The four non-trainee middle grade doctors performed or were involved in 1,896 (42.5%) of procedures, equating to 474 (10.6%) procedures per non-trainee. Nurses performed 136 (0.08%) procedures.
Conclusions: The J CST recommended urology operative experience indicative numbers should be achievable during a 5 year training programme as there is sufficient operative activity taking place. However, trainee exposure to certain index procedures is not as available as others, and to fulfil the J CST requirements, trainees would require a more flexible timetable and targeted training to ensure opportunities are not missed.

1104: A SURGICAL TRAINEE’S EXPOSURE TO BREAST DISEASE AT A ONE-STOP SELF-REFERRAL CLINIC IN NAI’AWKAW, GHANA
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Introduction: Breast cancer is a common malignancy amongst Ghanaian women. It often has a delayed and advanced presentation. Breast screening and access to specialist care are not widely available. On a recent charity visit, we conducted a one-stop self-referral clinic, aiming to manage breast disease within the population.
Methods: Patients seen from 14-15th October 2013 were included. History, clinical examination and observations were conducted on each patient. Investigations and surgical intervention were carried out where feasible.
Results: 57 patients (mean age 40) were included (56 female, 1 male). The median duration of symptoms was 6 months. Clinical presentations included: pain in 61% (35/57 patients), a lump in 47%, skin changes in 10% and nipple symptoms in 7%. Symptoms were unilateral in 68% of patients. Likely diagnoses included: mastalgia in 43.8% (P1), a benign breast lesion (cyst/fibroadenoma) in 15.7% (P2), infiltrative/inflammatory cancers 7% (P5). The mean size of all palpable lumps was 35mm. 10 patients were referred for further imaging and 3 underwent excision biopsy.
Conclusions: Presentation of breast disease in West Africa is delayed and severe (see photos). This philanthropic venture has been an important training experience, with exposure to a wealth of pathology not frequently encountered in the UK.

1115: LAPAROSCOPIC ADRENALECTOMY: A SUITABLE OPPORTUNITY FOR SURGICAL TRAINEES?
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Introduction: As laparoscopic adrenalectomy becomes increasingly used for the resection of adrenal lesions, we sought to assess the safety and efficacy of this procedure in the hands of trainee laparoscopic surgeons.
Methods: Retrospective analysis of a prospectively collected database for all laparoscopic adrenalectomies performed at a single institution.
Results: Fourteen adrenalectomies were performed between October 2010 and December 2013 (5 right-sided, 9 left-sided). Seven were by a single consultant (P) and 7 by Specialist Registrars (ST3-6) under supervision. There were 4 male and 10 female patients. Mean age and BMI was 65yrs and 28.4 respectively. Mean operative time was 99 minutes, length of stay 2 days, and reduction in Hb 0.83 g/dl, with no transfusions required. One patient from a consultant-led procedure was re-admitted with lower respiratory tract infection, and developed a port-site infection. Two patients with previous contralateral nephrectomy+adrenalectomy required medical management for adrenal insufficiency. Comparing trainee with consultant procedures showed no significant increase in operative time, hospital stay, variations in Hb, or complications.
Conclusions: Despite the technical considerations associated with laparoscopic adrenalectomy, we believe it can be considered as an appropriate procedure for surgical trainees to add to their repertoire without any increase in morbidity or effects on theatre efficiency.

1158: AN 8-YEAR LONGITUDINAL COHORT STUDY INTO THE IMPACT OF MODERNISING MEDICAL CAREERS ON SURGICAL TRAINING
Introduction: In 2005 a novel schema for postgraduate medical training (Modernising Medical Careers (MMC)) was introduced in the UK. This longitudinal study aimed to study the impact of MMC on the careers of