representation. Surgeons must continue to participate as FTPD’s to facilitate trainees choosing a surgical career.

0909: WORK-BASED ASSESSMENTS AMONGST SURGEONS: A COMPARISON IN PRACTICE BETWEEN THE UNITED KINGDOM AND NEW ZEALAND

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Aim: Work-based assessments (WBAs) including DOPs, CEX and CBD are considered the highest form of assessing clinical competence. However, trainees and trainers in the UK and NZ are often inadequately trained, complete WBAs without feedback and trainers fail to be present; mandatory requirements for validation.

Methods: Experiences of surgical first and second year trainees completing WBAs at London and NZ teaching hospitals were collated through a Likert-scale graded questionnaire.

Results: Response rate was 100% UK (FY1 = 11, FY2 = 16) and NZ (FY2 = 14). Most UK trainees; 72.5% (n = 19) have completed > 50% of DOPs with an assessor present, 77.1% (n = 19) have completed > 50% of CEX with an assessor present and 89.3% (n = 24) have filled in > 50% CBD with an assessor present compared with just 14.2% (n = 2), 28.6% (n = 4) and 14.2% (n = 2) of NZ trainees respectively.

73% UK trainees (n = 10) and 14.2% of NZ trainees (n = 2) have > 50% WBAs completed by non-assessor-trainers.

Conclusion: In both countries there is a need for improvement in current practice. Fewer WBAs are supervised by trainers in NZ compared with UK. Most NZ trainees have received formal training in providing feedback. These differences in practice need to be taken into account for UK surgical trainees wishing to train abroad.

0934: USING THE 5F’S AS A DIAGNOSTIC AID FOR GALLSTONE DISEASE

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Aim: Undergraduates use mnemonics. The 5Fs — female, fat, forty, fertile and fair, is used for predicting patients with gallstones. This project aims to elucidate the usefulness of the 5Fs to identify patients with gallstones.

Methods: Female patients presenting acutely to general surgery with right upper quadrant pain (n = 206) over a six month period were included. ‘Fertility’ was not attainable hence only 4 of the 5Fs were measured. Data were retrospectively collected from electronic records. Patients were considered to fit the 4F profile if: female, > 40 years old, Caucasian, BMI > 25.

Results: 122/206 had image-proven gallstones and were older than those without (56.4 years range vs 47.8 years range, p = 0.03). There was no significant difference in BMI between the 2 populations (p = 0.07). 96% with gallstones were Caucasian (80.2% of local population of this ethnicity). Application of the 4Fs in identifying patients with gallstone disease was calculated to have sensitivity of 0.54 and specificity of 0.55. The positive predictive value of the 4F tool was 0.71 and the negative predictive value was 0.38.

Conclusion: The application of the 4/5Fs is a poor method of identifying patients with gallstones. It should no longer be taught as an aid to diagnosis of gallstones.

0956: IMPROVING MEDICAL STUDENT EDUCATION IN THE OPERATING THEATRE THROUGH A NOVEL, MULTIDISCIPLINARY THEATRE INDUCTION COURSE

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Aim: Transitioning from pre-clinical studies to being a clinical medical student can be a challenging. Operating theatres present multiple learning opportunities beyond simply observing an operation, however students are often unaware of this. Moreover, patient safety risks exist if students are unclear on the behaviours and procedures expected in theatre. We introduced a multidisciplinary theatre induction course aiming to educate new third year medical students on the various learning opportunities available in the operating theatre environment.

Methods: A single day covering: behaviour in theatre; principles of anaesthesia; patient positioning and handling; suturing; gloving and gowning; airway skills; and a patient simulation, facilitated by surgical and anaesthetic trainees. Anonymous feedback forms were collected prospectively for analysis.

Results: 25 students to date have undertaken the course. 100% of students felt the course would make them more confident in theatre. All felt the course should become a mandatory part of the third year curriculum. 44% would consider a surgical career after attending the course.

Conclusion: An immersive theatre induction course improves medical student confidence, patient safety and awareness of learning opportunities available in the theatre environment. Students undertaking the course unanimously agree that it should be part of the third year curriculum.

1000: ESTABLISHING AN EFFECTIVE SURGICAL HANDBOOK PROCESS – SENIOR NURSE LED ENFORCEMENT USING A CHECKLIST OF STANDARDS WORK

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Aim: To measure proceedings at General Surgical handover meetings and improve the process for continuity of patient care and prevent adverse events RCS, BMA and RCP guidelines on handover were combined to establish comprehensive standards of practice.

Methods: A covert prospective audit was performed over a 2 week period of twice daily General Surgery handover meetings. Findings were presented following intervention of recruiting named senior nurses to enforce handover proceedings using a checklist of all standards.

Results: Eighty percent of handovers were multidisciplinary, 100% were in a timely manner in a suitable venue. Patients with anticipated problems and deteriorating early warning scores were mentioned at 25% of meetings during weekdays and 100% over weekends. Identifying and introducing new or unknown team members was done 0% of the time. Re-audit following implementation of checklist showed improved compliance in all domains.

Conclusion: Surgical Handovers are crucial to patient-care, particularly sick patients under the care of an out-of-hours team. Optimal environment, conduct and content of a handover meeting is multi-faceted and a checklist of standards is useful tool. In our experience a senior nursing staff member enforcing these standards was effective.