Inhalation of a foreign body is a rare but potentially fatal event. The use of animal models and high-fidelity simulation is described in the literature. This project sought to assess the suitability of simulation for trainee teaching and retrieval skills.

**Methodologies:** An e-mail questionnaire, exploring the reasons why ADs undertook such a role, was sent to the institutions that had ADs. Seven of these institutions agreed to send this short survey to their previous ADs who had worked there between 2005 and 2012. The responses were collated and analysed.

**Results:** 98% of the 50 ADs surveyed in this cross-sectional study recommended becoming an AD, citing improving their anatomy-knowledge and gaining teaching experience. After completing demonstrating, 62% commenced surgical training and 82% achieved their first choice job. Of those who applied for a registrar (middle-grade) post, 75% were successful.

**Conclusion:** Anatomy demonstrating still provides an invaluable opportunity for improving anatomical knowledge, enhances teaching and presentation skills, and is a positive factor in securing future surgical jobs.

**0332: DOCUMENTATION ON THE OPERATION NOTE: A PROSPECTIVE COMPLETED AUDIT CYCLE**

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Documentation on the operation note should be legible, complete, and should adhere to the Royal College of Surgeons (RCS) guidelines detailing specific information. This information not only facilitates post-operative management but has become an important medico-legal document. The aims of the study was to audit and subsequently improve documentation on the operation note in one district general hospital through education. We prospectively identified 73 general surgical, vascular and urology patients operated on between June and July in 2012. We audited operation note documentation against the RCS Eng guidelines in 13 domains and our findings were presented at the local surgical meeting. Areas with inadequate documentation were highlighted. After educating surgeons our practice was re-audited.

The first audit cycle revealed inadequate documentation of ‘complications faced’ (7%), ‘post-operative management’ (66%), ‘sutures used’ (83%) and ‘emergency/ elective procedure’ (85%). After educating surgeons, the results were re-audited with 69 patients. The Re-Audit demonstrated a clear improvement in nine domains (with compliance approaching 100%) and significant improvement in three of the four aforementioned domains.

The operation note is a crucial document both for medical and legal purposes. We have highlighted the importance of educating surgeons in improving documentation of the operation note in accordance with RCS guidelines. Further emphasis of this issue should occur at induction so trainees understand the importance of completing this document fully.

**0360: IMPROVING THE ACCESSIBILITY OF RIGID BRONCHOSCOPY SIMULATION — HOW IMPORTANT IS SIMULATION PLATFORM FIDELITY?**

Christopher Burgess 1, Colin Bicknell 1, 2. 1 John Radcliffe Hospital, Oxford, UK; 2 Imperial College, London, UK.

**Aim:** Inhalation of a foreign body is a rare but potentially fatal event. The use of animal models and high-fidelity simulation mannequins to enable trainee ENT surgeons to learn airway foreign body retrieval skills has been described in the literature. This project sought to assess the suitability of low-fidelity airway intubation trainers for airway foreign body simulation.

**Methods:** A rigid bronchoscopy training session utilising both airway intubation trainers and high-fidelity simulation mannequins was set up for ENT trainees in the Oxford deanery. The face and content validity of each simulation platform was assessed by means of a Likert scale questionnaire. A focus group feedback session was held to collect further qualitative data.

**Results:** No significant differences were recorded between the simulation platforms in any domains of face and content validity. The internal anatomy of the high-fidelity adult mannequin was found to be susceptible to disruption during bronchoscopy procedures performed by novice surgeons. Familiarisation with the assembly of the bronchoscopy equipment was highlighted as a key educational benefit.

**Conclusions:** Relatively inexpensive and readily available airway intubation trainers are likely to be as effective as high-fidelity simulation mannequins for the purposes of teaching and learning airway foreign body retrieval skills.

**0370: DEVELOPMENT OF A PAPER BASED TEACHING TOOL TO SUPPORT TEACHING OF FLEXIBLE NASENDOSCOPY EXAMINATION SKILLS**

Neil Killick 1, 2, 3. 1 Jayne Robinson 1, 2, 3. 1 ENT Department, Tameside General Hospital, Ashton-under-Lyne, UK; 2 University of Manchester, Manchester, UK; 3 University of Edinburgh, Edinburgh, UK.

**Aim:** Flexible nasendoscopy (FNE) is an essential skill for junior doctors within ENT departments. Teaching of this skill is often ad hoc and inconsistent between various rotations as staff pass through departments. The differing workload of ENT departments often means opportunities to acquire competence may be limited. A means of standardising the training of junior ENT staff would be beneficial, increasing confidence of juniors and ensuring consistency in the skills of those acting as first on-call.

**Method:** An optimal method for identification of anatomical structures of the upper aerodigestive tract using a flexible nasendoscope has been described (Williams et al). The design of our teaching tool sought to create a sequence combining techniques to provide the optimal examination (References 2-6). The tool utilises serial images taken using a Xenon microchip nasendoscope. Specific still images from a volunteer will be saved at appropriate points to create the tool. Alongside the images sagittal views of the volunteer gives the trainee an appreciation of the distance advanced by scope.

**Results & Conclusions:** The teaching aid represents a novel means of teaching a valuable clinical skill. We believe the format of could be adapted to teach other endoscopic techniques in other specialties.
1. Maintenance of the ISCP online portfolio and targeting this to the domains of revalidation, which we have explored and summarised in detail.
2. Completion of an Enhanced Form R
3. Regular educational and clinical supervisor meetings
4. Employer exception reports addressing any unresolved issues
5. A closer look to the ARCP interview addressing the components of the Form R. The ARCP panel makes a recommendation to the Responsible Officer who in turn reports to the GMC.

Conclusions: Certain components of revalidation occur automatically thanks to regular ARCP interviews, work-based assessments and meetings. However, trainees will need to prepare for the other aspects, which are currently poorly understood. We have clarified and helped prepare trainees for this novel process.

0459: THEATRE WEEKS FOR FY1S – A PRODUCTIVE USE OF TIME?
Samantha Henley1, Ian Thomas2, Morag Hogg1,2. 1 University of Aberdeen, Aberdeen, UK; 2 NHS Highland, Scotland, UK.

Aim: Taster weeks are recommended in the Foundation Year 1 (FY1) programme. In our district general hospital, FY1s in surgery have an opportunity to spend a week in theatre. We wanted to know if this is a productive use of time; informing career choice, enhancing practical experience and developing a better understanding of the FY1 role in the system.

Method: A detailed questionnaire using Likert scales and free text was emailed to FY1/2s, asking about theatre week experiences.

Results: 16 people responded. Time spent between surgery and anaesthetics varied greatly, the majority of time being in surgery. A variety of procedures were observed, with participants performing many under supervision. There were issues regarding theatre attendance due to service commitments, but the majority of feedback was positive, with confirmed interest in these specialities and an increase in confidence with practical skills. The majority of participants recommend that this experience should be mandatory.

Conclusions: A few barriers to these theatre weeks need to be addressed and more protected or scheduled theatre time should be introduced, perhaps also with greater sub-speciality exposure. Overall, the theatre weeks look to be a successful educational opportunity that should be encouraged to continue.

0466: APPENDICECTOMY: STILL A CORE PROCEDURE FOR CORE TRAINEES?
Andrea Sheel, Ryan Baron, Emily Robinson, Sharmaine Thiru, Mark Hartley, Nathan Howes. Royal Liverpool University Hospital, Liverpool, Merseyside, UK.

Aims: Core trainees (CT’s) must demonstrate level three competence in appendicectomy. Cumulation of the EWTD, laparoscopy and the perception of less experienced registrars has led to concerns over achievability. We reviewed CT exposure to appendicectomy in a regional teaching centre. CTs/Registrars were also surveyed on their operative experience and views on influencing factors.

Methods: Retrospective trust approved audit of 243 consecutive appendicectomies.

Results: 73 appendicectomies were performed laparoscopically, 152 open and 17 laparotomies. ST3–5’s performed half of all open appendicectomies and laparoscopic cases were generally performed by ST6’s and above. CT’s were involved in 31% of laparoscopic appendicectomies, 61% open and primary operator in 10%.

CT involvement had no impact on median operative time (P = 0.299), peri-operative complications (P = 0.181), length of stay (P = 0.423) or 30-day readmission rates (P = 0.538).

Surveyed CT’s performed 1.3 cases/month. Current registrars performed 1.0 cases/month at the equivalent level. Low numbers were accredited to; service provision (60%), EWTD (48%), less experienced registrars (40%) and Laparoscopy (36%).

Conclusion: Under senior supervision CT’s safely perform appendicectomies with equivalent outcomes to senior colleagues. CT’s perform similar numbers of procedures to the current registrar cohort when at an equivalent training grade. The current curriculum competence level for appendicectomy is both realistic and being achieved.

0493: TRAINING IN ENDOSCOPY: THE NORTHERN DEANERY HIGHER SURGICAL TRAINEES PERSPECTIVE
Khalid Osman1, Simon Wakefield2, 1 University Hospital of North Tees, Stockton on Tees, UK; 2 The James Cook University Hospital, Middlesbrough, UK.

Introduction: Surgical trainees face challenges in training and achieving the required competencies for JAG (Joint Advisory Group in GI Endoscopy) certification.

Aims & Methods: To assess the availability of training opportunities in endoscopy for surgical trainees within the Northern Deanery in order to achieve the required competencies set for the award of CCT and the JAG certification. 20 item questionnaire was sent to all higher surgical trainees in the Northern Deanery.

Results: 50 out of 70 trainees responded (71%). The majority 40/50 (80%) were GI trainees. 38/50 (76%) were registered with the JAG. 7/50 (14%) gained full JAG certification in Endoscopy. 31/50 (62%) had no designated training lists and 22/50 (47%) had a weekly service list. Difficulties in accessing training list were recorded by 30 (61%) trainees. Reasons given were elective/on call commitments (62%), competition from gastroenterology trainees (57%), lack of training lists (51%) and being enrolled in a non GI post within their rotation (46%). Most, 70% of the respondents would consider 3 month period of dedicated endoscopy training if offered. Conclusion: Surgical trainees face considerable difficulties with endoscopy training and achieving JAG accreditation. There is no reason why our regional findings should not reflect a national trend.

0520: AST-EUDSURG SURGICAL EDUCATION POSTER PRIZE WINNER:
MALPRACTICE FEAR AND DEFENSIVE PRACTICE AMONGST UK SURGICAL TRAINEES
Frances Yarlett1, Adam Hague2, J.E.F. Fitzgerald3, Goldie Khera3, Jonathan Wild1, 1 Cardiff University, Cardiff, UK; 2 Sheffield Medical School, Sheffield, UK; 3 Association of Surgeons in Training, London, UK.

Aims: This study assesses defensive practice and malpractice fear amongst UK surgical trainees.

Methods: A questionnaire was distributed amongst the 2012 ASIT conference delegates and via its membership e-mail list.

Results: 581 completed surveys (381 male [66%]; 160 Foundation [28%], 170 Core [29%] and 251 [43%] higher surgical trainees). 63% of trainees agree that defensive medicine is restrictive to clinical practice. Over 6 months trainees requested 1662 tests they would not usually perform (58% non-invasive, 33% invasive) for fear of litigation. 87% and 78% performed more detailed note keeping and explanation of treatment options respectively, especially males (P = 0.048). 90% of trainees requested a senior review despite confidence in their own decision. 98% observe their current consultant practising defensively with 59%, especially males (P = 0.001), report being denied an operative training opportunity as a result. 52% agreed they fear being sued and in the event only 29% would feel supported by their NHS Trust. Males (P = 0.036) and trainees that reported higher rates of defensive practice (P < 0.0001) expected to be sued more often over their careers.

Conclusions: There is a high prevalence of defensive practice amongst UK surgical trainees. A higher expectation of being sued and male gender appears to influence clinical practice.

0523: NEAR PEER-LED ANATOMY TEACHING IN UNDERGRADUATE MEDICAL EDUCATION
Rele Ologunde1, Hasan Asif2, Khizir Nawab1, Claudia Craven2, Priya Shah1, Denise Osei-Kuffour1, Don Koh1, Alex Yao2, Rasheed Rabiu1, Amit Chawla1, Jong Ahn1, Victoria Gibbs1, Usama Asif1, Basel Chamali1, D. Ceri Davies1, 1 Imperial College London, London, UK; 2 The Queen Elizabeth Hospital NHS Foundation Trust, King’s Lynn, UK.

Aim: To assess the perceived value of near peer-led anatomy tutorials during undergraduate medical education as a teaching method.

Methods: Sixty-one first and second year medical undergraduates participated in an optional near peer-led anatomy teaching course. This consisted of weekly interactive tutorials led by a more senior student. All participants were invited to independently complete an anonymous 10-question survey (1-5 Likert-type items) using an online survey engine.

Results: Twenty-six undergraduates (42.6%) completed the survey. Of these, 10 were male (38.5%) and 16 were female (61.5%). Eighteen (69.2%)