0785: INADEQUATE FLUID RESUSCITATION OF THE SURGICAL PATIENT WITH SEVERE SEPSIS – A SURVEY OF JUNIOR DOCTORS
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Aim: The initial management of unwell surgical patients is commonly performed by junior doctors. Guidelines for severe sepsis recommend a minimum fluid challenge of 20ml/kg. This study aims to evaluate the volume of fluid challenge that junior doctors would give a severely septic surgical patient.
Method: 3 scenarios were created involving a surgical patient with severe sepsis; weight differed in each (75kg, 100kg and 50kg), none had comorbidities, and the fluid was crystalloid. A questionnaire was produced asking the volume of fluid challenge that the doctor would give each patient, with multiple-choice answers of 250ml-2000ml. The questionnaire was distributed to junior doctors in a district general hospital for anonymous completion.
Results: 77 questionnaires were completed, 40 by F1s, and 37 by SHOs (F2, CT/Trust grade). All respondents are involved in management of surgical patients during their rotations. Of 231 answers, 12 were 20ml/kg. The median chosen volume in every scenario was 500ml, equating to 6.7ml/kg, 5.0ml/kg, and 10ml/kg respectively.
Conclusions: Junior doctors give inadequate fluid challenges to severely septic surgical patients. They do not adjust the fluid volume according to body mass, and consequently heavier patients are more affected. More teaching/training, along with re-audit, is required to ensure improved patient care.

0787: DOES BELONGING TO AN UNDERGRADUATE SURGICAL SOCIETY REALLY IMPROVE STUDENTS’ SURGICAL SKILLS?
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Aim: Undergraduate surgical societies provide an excellent opportunity to develop the surgical skills required of graduating doctors. However, the extent of this benefit is difficult to ascertain. Our project aimed to investigate the confidence of active surgical society members in performing basic surgical skills in comparison to a group of students only undergoing compulsory skills session during the undergraduate curriculum.
Method: Surgical society members (n = 82) and medical students in compulsory teaching (control, n = 32) completed an anonymous questionnaire assessing their confidence in performing suturing, knot-tying, handwashing, gowning and assisting during laparoscopy. Student suturing and knot-tying ability was objectively assessed by a surgical registrar and scored on a five-point-scale.
Results: The results of the questionnaire demonstrated that active surgical society members felt more confident performing the range of assessed surgical skills than the control group. Furthermore, surgical society members had significantly higher suturing and knot-tying scores than the control group (3 versus 2.6, respectively; p = 0.0305).
Conclusion: Our results suggest that active surgical society participation increases student confidence in performing basic surgical skills that are often neglected by official undergraduate medical curricula.

0822: APPENDICECTOMY: IS IT STILL AN SHO PROCEDURE?
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Aims: Appendicectomy has traditionally been a procedure for junior trainees. However, changes in working hours and surgical techniques (especially laparoscopic surgery) has lead to more senior surgeons performing this procedure. We assessed whether this is apparent in a district general hospital, where two CT2 trainees form part of a 1-in-8 middle grade on call rota with 2 SpRs and 4 Associate Specialist/Staff Grade (SAS) surgeons.
Method: Patients undergoing emergency appendicectomy between 1/11/10 and 31/10/11 were identified. Operation notes were reviewed retrospectively. Categorical data were analysed using Fisher’s Exact Test.
Results: 209 patients were included. 104 underwent laparoscopic appendicectomy including 7 conversions (6.7%). 30(28%) laparoscopic procedures were performed by consultants compared to 11(10%) of open procedures (P = 0.0009). Specialist Registrars (ST3 – ST8) performed 38(36.5%) laparoscopic and 20(19%) open operations (P = 0.0055). CT2 trainees performed 10(9.6%) laparoscopic and 18(17.1%) open procedures (P=0.1544). The rest were performed by SAS surgeons. Foundation 2 doctors performed one open appendicectomy.
Conclusion: A higher proportion of laparoscopic procedures were performed by Consultants and Specialist Registrars. SAS surgeons performed most open procedures. Few cases were done by CT2s. Wider adoption of laparoscopic appendicectomy potentially reduces opportunities for SHO grade doctors to perform this operation.

0831: ATTENDING ‘SURGICAL SKILLS COURSE’ IMPROVES THE SUTURING SKILL AND CONFIDENCE LEVEL OF 4TH YEAR MEDICAL STUDENTS
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Aims: To check whether ‘Core Surgical Skills’ course improves the technical skill and the confidence level of Year-4 medical students.
Methods: The students performed 3 interrupted sutures on a foam model before and after the course. The technical skills assessed by two assessors using a valid and reliable OSATS (Objective Structured Assessment of Technical Skill) global rating scale and the students’ perceived confidence levels assessed with a structured questionnaire.
Results: Eighteen students participated. There is good correlation (Interclass correlation coefficient of 0.902, CI 95%) between the two assessors. The mean pre-course OSATS score of 30(range 18-49.5), improved significantly after the course to 66.5(range 49-72.5)(p=0.007). Mean duration for suturing of 9.13(range 4.14-16.21) minutes significantly reduced to 4.69(range 2.35-7.35) minutes after the course(p=0.267). There is no significant correlation between OSATS score and duration of suturing both pre(Spearman’s rank; r= - 0.18, p=0.49) and post(Spearman’s rank; r= - 0.06, p=0.80). Mean student perceived confidence levels significantly improved from 38(range 24 – 54) to 68 (54 – 74)(p=0.202).
Conclusion: Surgical skills course significantly improves the suturing skill and OSATS score of the 4th year medical students. OSATS score is not influenced by suturing speed. The confidence of students also improves with the course.

0844: HOW DO SURGICAL TRAINEES ENGAGE IN SELF-DIRECTED LEARNING IN THE WORKPLACE?
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Aim: This exploratory study aims to generate a deeper understanding about learning strategies employed by surgical trainees, their engagement in self-directed learning and perceptions about self-assessment.
Methods: A qualitative study based on grounded theory using digitally recorded in-depth semi-structured interviews with nine surgical trainees (ST3-8) within the Yorkshire rotation.
Results: The emerging themes reached saturation; trainees were motivated to learn for extrinsically set milestones (exams), intrinsically to feel competent and most importantly for problem solving. Most trainees emphasised ‘learning by doing’, although acquisition of theoretical knowledge was considered important. Trainees planned their route towards a consultant position in collaboration with their mentor and deanery. Trainees found work-based assessments cumbersome and rating scales of little value. They prefer timely face-to-face feedback from trainers trained to provide constructive feedback. Most people are reflective learners but prefer private reflection to formal reflective writing; they equated self-assessment to reflection-on-action, using peer performance as a yard-stick to measure their own ability.
Conclusions: Central themes emerging from this pilot study, including learning by doing, self and peer assessment and feedback will be explored further with a larger sample, using a questionnaire. This may generate data to inform improved implementation of the current assessment system.