Conclusion: Simulation training can improve both the technical and non-technical skills needed to manage laryngeotomy and tracheostomy patients, in an environment in which patient safety is not compromised. Multidisciplinary simulation training may also make scenarios more realistic, and improve team working skills essential for optimal patient care.

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0336: INADEQUACY OF UNDERGRADUATE EDUCATION AND TRAINING IN TRAUMA AND ORTHOPAEDICS IN UK MEDICAL SCHOOLS – RESULTS OF A NATIONAL SURVEY

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Aim: To evaluate the undergraduate experience of trauma and orthopaedics (T&O) training in UK medical schools and assess final-year students’ self-perceived level of competence.

Method: CollabORTHO, a collaboration of orthopaedic consultants and trainees, aims to improve undergraduate training in T&O by providing free courses for final-year medical students across the UK. A questionnaire was distributed to all course attendees.

Result: 147 students from 10 UK medical schools completed the questionnaire. 16% (23/147) of students had never undertaken a T&O rotation, with majority (60%, 88/147) spending < 3 weeks in T&O placements. Only 50% (74/147) and 23% (34/147) attended > 3 orthopaedic clinics and trauma meetings respectively. 69% (102/147) felt that learning objectives of previous teaching sessions were unclear. 41% (60/147) rated undergraduate T&O training as “poor”, while 37% (54/147) and 22% (33/147) reported it as “adequate” and “good” respectively. On average, students rated their confidence and knowledge in key T&O topics as 4.9/10 and 5.4/10 respectively (1=very poor confidence/knowledge, 10=very good confidence/knowledge).

Conclusion: Our study suggests that despite high prevalence of musculoskeletal conditions, current T&O training in UK medical schools is inadequate. Implementation of a nationally-commissioned strategy could play a vital role in improving the quality of undergraduate T&O training in the UK.

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0356: JCT (JOINT COMMITTEE ON SURGICAL TRAINING) QUALITY INDICATORS FOR CORE SURGICAL TRAINING IN PLASTIC SURGERY: ARE PLASTIC CT TRAINEES GETTING TO THEATRE AND CLINICS?

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Introduction: The JCT (Joint Committee on Surgical Training) Quality Indicators for Surgical Training advise that Plastic Surgery CTs (Core Trainees) should attend three theatre sessions (one an emergency session) and one outpatient clinic per week. Retrospective audit was performed to determine compliance for Plastic Surgery CTs at a regional plastic surgery unit.

Method: For each Junior Grade, the average numbers of different sessions/week were calculated using rota for August 2013 to August 2014. Following the results, ward cover sessions for CTs were minimised. The average session/week from August 2014 to February 2015 were then reaudited.

Result: For CTs, the average outpatient clinic sessions improved (from 0.3 to 0.8), as well as elective theatre sessions (from 1.1 to 1.6) and emergency theatre sessions (from 0.5 to 1.1) per week. Over four sessions were missed per week due to leave, EWTD and nights, which leaves CTs < 3 days/week to attend theatre and clinics as well as attending teaching and being on call.

Conclusion: By formally allocating CTs less daytime ward cover; clinic and theatre sessions increased. Changes in rota working patterns may be required to do this. Future re-audits will include review of educational quality of the consultant supervised sessions.

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0375: A SURVEY OF CONTINUING MEDICAL EDUCATION AMONGST OTO-LARYNGOLOGISTS IN THE UK

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Objectives: In order to keep up to date it is imperative that medical professionals partake in continuing medical education (CME). This study aims to assess the current activity relating to CME amongst trainees and Consultants.

Method: Electronic survey distributed to ENT UK members of continuing medical education activity.

Result: There were 152 respondents of 1634 invited to participate, giving a response rate of 9.3%. Seventy-six percent were Consultants. Paper journals were the most popular method of CME with a mean of 12.6 papers being read per annum and an average of 6.8 conferences a year. Seventy-seven percent (n=85) used e-journals. Twelve percent of respondents used podcasting. Twenty-one percent of respondents had attended an online conference.

Conclusion: There was no demonstrable difference in the results between this survey and a similar survey performed in 1994. Revalidation has not had an impact in the number of meetings attended, publications achieved or new skills learnt. There has been an increase in the available modalities to access CME.

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0445: EVALUATION OF HIGH-FIDELITY SCENARIO SIMULATIONS USING OBSERVED STUDENT PERFORMANCE DURING A REGIONAL SURGICAL WORKSHOP; “RECOGNISING THE ILL SURGICAL PATIENT”

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Aim: Recognising and managing the ill surgical patient is a key role of surgical junior doctors, yet medical students have little training in this aspect. Previous studies have shown that confidence scores improve by undertaking workshops designed to improve acute surgical care however the true value of simulation is undefined. Our observational study aims to identify if there is any improvement in performance between simulated scenarios.

Method: A voluntary one-day course was structured so that students attended a lecture series prior to active participation in four high-fidelity scenario stations. The facilitators (surgical trainees) on each station assessed individual performance, according to six areas of competency, and progress throughout the scenarios was analysed.

Result: A total of eighteen students actively participated in four scenarios. Fifteen students (83.3%) demonstrated an improvement in overall performance over the course of four scenario stations. The largest progression was seen amongst second year students whose mean progression was 4.43 grade points. All competency areas developed throughout the scenarios with ‘Team-working’ and ‘Clinical Skills’ showing most improvement; 12 and 9 grade points respectively.

Conclusion: The ability of medical students to recognise and manage the acutely unwell surgical patient can be demonstrably improved through simulated scenario practice.

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0525: THE NEED FOR ROUTINE ON-TABLE CHOLANGIOGRAM (OTC) FOR LAPAROSCOPIC CHOLECYSTECTOMY AND IDENTIFYING PRE-OPERATIVE MARKERS FOR OTC

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