0533: FULLY FUNCTIONAL LAPAROSCOPIC SIMULATOR FOR UNDER 20 POUNDS
Adhip Mandal, Daren Francis. Chase Farm Hospital, Enfield, UK.

Introduction: Most, even basic, commercially available trainers on the market cost hundreds of pounds. Innovative shoe box trainers have been described before but they are not ergonomic and do not meet all the criteria for a fully functional laparoscopic trainer.

Method: Here we describe how a modern, ergonomic trainer can be easily built at home for less than £20. It consists of a collapsible toy crate, adaptable web camera and a glow light. The equipment was trialed by 30 trainees and surgeons, who gave a feedback to its functionality.

Results: The functionality was assessed for ease of use, adaptability and user comfort compared to a commercial simulator. 95% user felt that the trainer was equivalent to costlier trainers and some have also gone onto make similar trainers at home.

Discussion: The functionality of a trainer is based its ability to adapt to different laparoscopic tasks. The user has to feel comfortable with the simulated environment. The advantages of our trainer are that it is cheap, easily dismantled, and fully functional for all levels of laparoscopic training exercises from basic moving of objects to laparoscopic suturing. Most trainees could have such a device at home for laparoscopic practice.

0552: LAPAROSCOPIC SKILLS ACQUISITION: BOX TRAINER, VIRTUAL REALITY SIMULATOR OR MENTAL TRAINING?
Adrian Wei Ern Cheang, David Eldred-Evans, Davendra Sharma, Salma Ayyis, Philippe Grange, Kings College London School of Medicine, London, UK. 1 King’s Health Partners AHSC, Kings Learning Institute KCL, London, UK.

Aim: To optimise the role and place of Box Training (BT), Virtual Reality Simulation (VRS) and Mental Training (MT) in technology enhanced learning of laparoscopic skills.

Methodology: Medical students were trained in two randomized controlled studies on to determine which training models produced the best learning outcomes. The first study N=41 was carried out to identify the best initial method and the second study N=64 the best additional training method. Similar assessment on VRS and BT of time, precision, accuracy and overall performance was performed in both studies.

Results: In both studies VRS produced fast performers excelling at VRS assessment but fairly poor on BT assessment. MT outcomes were worst as a stand-alone but were the most effective when used as an adjunct to BT or VRS. Groups incorporating MT were the most homogenous, showing fewer inter-individual differences versus non-MT adjunct groups. Box free training: VTM were worse in all domains. VRS remains a convenient and reliable tool for assessment of physically and mentally acquired skills.

Conclusion: The most effective learning method for novices is by primary skill acquisition on the box trainer combined with additional skills enhancement by mental training.

0590: PERCEPTION OF NHS HOSPITAL SPENDING AND COSTS AMONGST NHS STAFF
Sian Abbott, Sarah Addison. Heartlands Hospital, Heart of England Foundation Trust, Birmingham, UK. 1 Walsall Manor Hospital, Walsall, UK.

Aim: To discover the perceived costs of hospital care and hospital budget expenditure, amongst NHS workers in a District General Hospital.

Method: Members of staff were invited to complete a questionnaire. This involved estimating the costs of routine elective and emergency procedures and ranking the areas of hospital expenditure. The results were analysed and compared to data supplied by the hospital finance team.

Results: 102/102 questionnaires were completed. Although the median values for the cost estimates are close to the actual charges, there is a huge variation in the results. The cost of nursing staff is the biggest expenditure, 20.5% of the budget, however only 5% of people ranked nurses first. 39% ranked operating theatre costs as the highest expenditure, but these accounts for around 5% of the budget, ranking 6th.

Conclusion: Managing resources is an integral part of being a good clinician but these skills are seldom taught in medical school, or included in postgraduate teaching. The NHS has been tasked with saving £20 billion by the year 2014. Surely, a greater awareness of treatment costs/expenditure and financial management for all clinical staff can only help with developing new innovative ways of saving money and reducing hospital expenditure.

0600: A FOCUSED TEACHING SESSION IMPROVES THE DOCUMENTATION OF SEPTAL HAEOMATOMA IN NASAL FRACTURES
Daniel Sibley, Robert Greenhalgh, Guy Mole. Royal Sussex County Hospital, Brighton, UK.

Aim: To assess the quality of documentation in nasal fracture patients after introduction of a focused teaching session.

Method: A retrospective audit evaluated documentation in patients with nasal fractures from January to October 2012. Data collected included age, sex, presence or absence of a sepal haematoma documented, grade of the clinician and any associated imaging requested. Our standard was 100% should have the presence or absence of a sepal haematoma documented. This was then re-audited prospectively with 25 patients following a focused teaching session to A&E Doctors.

Results: 67 patients were seen in the audit period, 42 in the initial audit and 25 in the re-audit. Mean age was 31.2 ±20.4 years (range 4-89) with a male predominance (58.7%, n=47). Patients were most likely to be seen by either Senior House Officers in A&E or referrals from GPs. Patients that didn’t have the presence or absence of septal haematoma documented dropped from 52.4% to 20%. The time patients were seen in ENT outpatients dropped from 9.9 ±15.5 days (range 0-90 days) to 6.8 ±3.6 days (range 0-14).

Conclusions: This audit highlights how the common condition of a fractured nose can be successfully managed by junior staff in A&E after a focused training exercise.

0615: A SURVEY TO DETERMINE THE POTENTIAL IMPACT OF FOUNDATION YEAR CAREER AIMS ON SURGICAL SPECIALTY TRAINING
Rikesh Patel, Adele Sayers, Jawaed Akbar, Iain Andrew Hunter. Castle Hill Hospital, Cottingham, UK.

Aims: The competition for Core Surgical Training (CST) positions and subsequent Surgical Speciality Training (ST3) posts is fierce. Our aim was to assess whether current foundation year doctors were considering a surgical career and potential effects on future competition ratios.

Methods: Questionnaires were completed by foundation doctors at a large, acute teaching trust. We looked at whether they had completed or were currently on a surgical placement; whether they had considered a surgical career; whether they would be applying for CST; and the reasons that guided their decision.

Results: Sixty-seven foundation doctors participated, of which 58 (87%) had experience within a surgical firm. Eighteen (27%) had considered a surgical career; however only 10 (15%) would be applying for CST. Reasons for considering a career in surgery included: job satisfaction (83%) and diversity of work (83%). Of the 49, who did not wish to pursue surgical career, reasons given included: working hours (76%) and work/life balance (57%).

Conclusions: Although only a small proportion of current foundation doctors were surveyed, only 15% were considering CST application. These figures are lower than suggested and indicate that there will be fewer applicants for CST. This may potentially reduce the number of ST3 applications.

0624: IMPROVING FLOW RATES FOR UROLOGICAL INPATIENTS
William Ball, Andrew Elves. Royal Shrewsbury Hospital, Shrewsbury, UK.

Aims: To establish whether two simple interventions (typed operation notes and early commencement of discharge summaries) improved patient flow.
Methods: Baseline data was collected for 2 groups of 25 consecutive urological inpatients (intervention and control groups). FY1 surgical doctors were asked for 5 reasons timely discharge was difficult. Two interventions were identified from Pareto analysis 1: Taped operation records including care pathway and criteria for discharge 2: Commencing discharge summaries at operation. Outcome measures were median discharge time and discharge time for 95% of patients. Process measure; that the 2 interventions were undertaken. Balancing measure: length of stay and re-admissions. The same data was collected following the interventions.

Results: Discharge time variability improved in the intervention group. 95% of patients were discharge by 15:38 (pre-intervention 16:58) versus 18:53 (pre-intervention 15:27) in the control group. The balancing measures were unaffected.

Conclusions: By adopting a taped operation record including care pathway and criteria for discharge and commencing discharge summaries at operation variability in discharge times was reduced with 95% of discharges occurring before 3:40 pm. This improved patient flow and facilitates maximal utilisation of limited inpatient bed resources.

0637: MANY HANDS OR TOO MANY CHEFS: HOW MANY AUTHORS SHOULD A CONFERENCE POSTER HAVE?

Katheryn Foster2, Richard Egan1, James Ansell1, Andrew J. Beamish1, Geoffrey W.B. Clark1, Wyn G. Lewis. 1University Hospital of Wales, Cardiff, UK; 2University of Southampton, Southampton, UK.

Aims: Poster presentations are considered important for academic work dissemination and contribute toward training applications and ARCP evidence. This study aimed to determine whether number of authors influenced compliance with presenter guidance.

Methods: Samples of consecutive posters at four international conferences in 2012 were assessed: ASGBI (UK surgical), DDW (US gastroenterological), ASME (UK medical education), ESSO (European surgical oncology). In total, 485 posters were assessed during the allocated poster view session.

Results: Significant variation existed between conferences in the median (range) number of authors: ASGBI 4 (1-9); DDW 6 (1-18); ESSO 5 (1-13); ASME 3 (1-8) (p<0.0001). Posters with fewer than the median (4) authors were less likely to be displayed (77% vs. 99%, p<0.0001), follow size regulations (85% vs. 95%, p<0.0001), cite references (37% vs. 47%, p=0.042) or use the aims, methods, results and conclusion format (84% vs. 95%, p<0.0001) and were more likely to be difficult to read (39% vs. 24%, p<0.001). Presenting author attendance was not influenced by the number of authors (42% vs. 45%, p=0.480).

Conclusions: Wide variation exists in poster presentation at conferences attended by surgical trainees. Posters with fewer authors than the median were less likely to be presented in accordance with conference guidance.

0638: HIGHER TRAINEE LED DEANERY CORE SURGICAL TRAINEE (CST) TEACHING: IS SATISFACTION MAINTAINED INTO THE SECOND YEAR?

Andrew J. Beamish1, Alexandra Karran1, Katheryn Foster2, Paul Blake1, Geoffrey W.B. Clark1, Wyn G. Lewis1. 1University Hospital of Wales, Cardiff, UK; 2University of Southampton, Southampton, UK.

Aims: The CST Teaching Programme in South Wales is organised principally by a surgical Fellow with an interest in medical education, delivered by Higher Surgical Trainees. This study aimed to determine whether satisfaction of CSTs has been sustained.

Methods: A feedback form, employing principles from Stufebleam’s Context, Input, Process, Feedback (CIPP) model of evaluation, used a 5-point Likert scale. Only the responses ‘good’ or ‘excellent’ were deemed to represent satisfaction. All attending CSTs were asked to provide feedback and results were compared with the previous year.

Results: 421 completed feedback forms were received from 24 sessions. Mean response rates were similarly high: 86% vs. 88%. Mean overall satisfaction increased from 90% (SD 6.9%) to 97% (SD 2.6%). Mean satisfaction increased across all domains: venue 81% to 96%; clarity/communication 94% to 99%; content 93% to 96%; interaction 94% to 100%; group size 86% to 97%; level of pitch 89% to 94%; opportunity for questions 91% to 99%. The improvement in the level of pitch was statistically significant (p<0.0013).

Conclusions: The trainee-led CST teaching programme continues to satisfy trainees. Previously high satisfaction levels improved further. Verbal feedback from faculty reiterated additional benefits as learning opportunities and CV development for tutors.

0640: FACE-TO-FACE OR FACEBOOK-STYLE? CORE SURGICAL TRAINEES PREFER A DIRECT CONTACT ARCP EXPERIENCE

Andrew J. Beamish, Charlotte E. Thomas, James Ansell, Geoffrey W.B. Clark, Wyn G. Lewis. University Hospital of Wales, Cardiff, UK.

Aims: No formal requirement exists for trainees to be invited to attend the ARCP review panel. However, many deaneries invite trainees to meet with the panel following discussion of their progress. This study aimed to compare trainee perceptions of face-to-face versus online ARCP.

Methods: All CSTs within a single deanery were offered a face-to-face ARCP, where previously all were performed online. A satisfaction survey, constructed applying principles from Stufebleam’s Context, Input, Process, Product (CIPP) evaluation model, was conducted in paper and online formats in the month following the ARCP process. Trainee satisfaction was assessed.

Results: Completed surveys were received from 64/91 (70.3%) CSTs. The face-to-face ARCP was rated significantly higher than the online process in terms of overall value (median 8 vs. 5, p<0.0001) and trainees’ experience (median 8 vs. 5, p<0.0001). The two main perceived benefits identified were the opportunity to receive feedback on progress (78%), and to talk to trainees directly (77%). Other benefits included being taken seriously as a trainee (47%), greater perceived value as a process (42%), and provision of incentive to update portfolio (31%).

Conclusions: Face-to-face ARCPs appear preferable to online processes, principally to engage with trainees. Consideration for face-to-face ARCP should be more widespread.

0641: POSTER EXHIBITIONS AT CONFERENCES: HOW DO DIFFERENT MEETINGS PERFORM?

Katheryn Foster2, Richard Egan1, James Ansell1, Andrew J. Beamish1.

1University of Southampton, Southampton, UK; 2University of Wales, Cardiff, UK.

Aims: Poster presentations are considered an important method of disseminating academic work and contribute toward a measure of academic activity in surgical training application processes and the annual review of competency progression (ARCP). However, literature on their educational value is scarce. This study aimed to identify variation in poster exhibitions across a spectrum of conferences.

Methods: Samples of consecutively posters at four 2012 international conferences in were assessed: ASGBI (UK surgical), DDW (US gastroenterological), ASME (UK medical education), ESSO (European surgical oncology). A total of 485 posters were assessed.

Results: Conferences poster exhibitions varied significantly: Poster absence 3% to 26% (p<0.0001); size guidance adherence 89% to 100% (p=0.002); reference citation 44% to 80% (p<0.0001); presenting author attendance 21% to 86% (p<0.0001). No significant variation was observed in poster format using aims, methods, results and conclusion sections (87% to 94%; p=0.485), or difficulty to read (24% to 28%, p=0.857).

Conclusions: Wide variation existed between poster exhibitions at conferences attended by surgical trainees, with room for improvement at all four exhibitions. Future work should explore the educational value of poster presentations and identify further measures to enthuse, engage and educate trainees at such exhibitions.

0667: MODERNISING ACCESS TO SURGICAL RESEARCH: THE WIN-WIN ANSWER FOR BOTH STUDENT AND CLINICIAN

Lyudmila Kishikova, Vitaliy Kishikov, Matthew Smith, Alex Cumberworth, David McGowan, Joseph Norris. Brighton and Sussex Medical School, Brighton, UK.

Aim: Research is an essential aspect of medical training and is crucial for improving surgical practice. Involvement with research should be actively encouraged during undergraduate training, but obtaining this crucial exposure can often struggle to find time for project completion alongside their clinical responsibilities. The aim of our project was to create a sophisticated web-based portal enabling students to access a database of research opportunities submitted by supervisors that required assistance with their projects.

Method: We developed a web-based service using HTML and CSS markup languages for the visual interface. PHP scripting language was utilised to...