

Results: 28 candidates completed the questionnaire. All trainees thought the FRCS exam covered topics useful for consultant practice. The majority felt comfortable dealing with emergencies, general urological procedures and research/audit (85%, 96%, 90% respectively). However, a number felt unprepared for educational and leadership/management roles (30%, 40%). Further 55% felt unprepared to achieve a good work/life balance. Overall, 93% felt training prepared them for consultancy.

Conclusion: The survey has highlighted that most trainees feel confident in dealing with clinical and academic urology. However, there is less confidence in dealing with educational, management/leadership roles and achieving a good work/life balance. With an increasing emphasis on consultants to adopt managerial roles and increasing pressures on personal time, it highlights the need for training to address these issues.

0126: ORTHOPAEDIC FOUNDATION JOBS IMPROVE ANATOMY KNOWLEDGE IN JUNIOR DOCTORS

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Aim: A poor understanding of basic anatomy amongst junior doctors often causes frustration to surgeons. We sought to determine if knowledge of basic anatomy improves during a four-month placement in trauma and orthopaedic surgery (T&O).

Methods: Junior doctors (FY1-GPST2) from four consecutive rotations took an anatomy picture test on their first and last weeks of placement. The test demonstrated 6 plain radiographs of upper and lower limbs with 50 basic structures marked for identification.

Results: A paired t-test was conducted to evaluate the results of junior doctors who took both tests (n = 23). There was a significant difference in scores at the start of the placement (M = 64%, SD = 11%, Range 45% – 87%) and at the end of the placement (M = 80%, SD = 7%, Range 68% – 98%); p < 0.001.

Conclusion: Knowledge of upper and lower limb anatomy is essential in T&O and many other specialties including general practice and emergency medicine. Our study demonstrated that initial basic anatomy knowledge amongst our junior doctors was suboptimal. This may raise concerns regarding their competency to act as the on-call doctor at the start of their placement. Reassuringly, our results suggest that anatomy knowledge improves amongst junior doctors following appropriate training and education.

0144: PEER-ASSISTED ANATOMY TEACHING TO PROMOTE SURGICAL EDUCATION AND INTEREST AMONG MEDICAL STUDENTS

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Aim: Formal undergraduate anatomy teaching has declined in recent years. We aimed to determine how a peer-assisted learning anatomy lecture series might improve anatomy knowledge among medical students and inspire them towards a career in surgery.

Methods: Eleven 2nd and 3rd year students delivered anatomy revision lectures to 1st year medical students who had completed their formal anatomy teaching. Afterwards, we distributed an 8-item questionnaire to assess the teaching's impact on their anatomical knowledge and on their interest in undertaking a surgical career.

Results: We analysed the data from 114 students. Two-thirds felt they had received insufficient formal anatomy teaching at medical school. Before the session, 37% were considering a career in surgery; 59% of all students felt that learning anatomy in this format increased their interest in a surgical career. All agreed or strongly agreed that peer-assisted learning was useful for anatomy revision. 99% agreed they were taught in a relaxed learning environment. 44% rated the overall quality of the lectures as 'very good'; 56% rated them as 'good'.

Conclusion: A peer-assisted learning anatomy lecture series is valuable as a revision aid and is effective in increasing medical student interest in a surgical career.

0148: THE EXTENT OF TEACHING EXPERIENCE AND SKILLS IN FOUNDATION YEAR 1 DOCTORS IN THE SEVERN DEANERY

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Aim: Foundation year one (FY1) doctors working in deaneries across the UK are required to provide teaching to medical students. We aimed to ascertain the extent to which this occurs in our deanery and how much formal training they have had.

Methods: An online survey was distributed electronically amongst all FY1 doctors in the Severn Deanery. The survey assessed how much teaching FY1s performed, whether they had received any formal training and whether formal training would be beneficial to them.

Results: Fifty-six FY1 doctors undertook our survey. 60% had never received any prior training. A majority (80%), of our cohort regularly taught undergraduate medical students. Ninety-six percent of respondents would have liked a training course prior to teaching. Ninety percent would like specific training on session planning, giving a lecture and teaching a skill. 78% felt they would be more likely to deliver teaching if they had the sufficient training first.

Conclusion: Our survey demonstrates that FY1s regularly provide undergraduate teaching with a majority never having received formal training. This highlights the need for FY1 doctors to receive training on formal teaching methodology which they feel would improve their confidence and delivery prior to conducting any teaching.

0199: HAS THE BACHELOR OF SURGERY LEFT MEDICAL SCHOOL?

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Aim: Undergraduate medical education in the UK has recently shifted away from traditional specialities, largely influenced by the GMC's Tomorrow's Doctors. Changes in the UK curricula, are not adequately preparing students for clinical practice. Approximately 80% of FY doctors undertake a job within a surgical specialities. This study sought to identify whether surgery is adequately taught within UK medical schools.

Methods: All 33 UK Medical schools and final year medical undergraduates were surveyed as to their curriculum content and perceived preparedness respectively using Likert items.

Results: A total of 303 final-year medical students responded from 29 medical schools, 89.1% agreed medical school prepared them for practise within medical specialties, contrasted with 68% for surgery. Only 48.5% said they would be confident managing the acute surgical patient. One third of students said they had received adequate surgical teaching whilst at medical school. Furthermore, not all medical schools provided training in clinical skills mandated by GMC regulations. Students also felt unprepared to perform basic skills such as suturing.

Conclusion: UK undergraduates do not receive adequate surgical training. Most medical schools appear not to place much emphasis on surgery. In order to maintain safe practice, medical schools must increase surgical teaching within undergraduate curricula.

0221: ATTITUDES TOWARDS A CAREER IN SURGERY AMONGST STUDENTS AND TRAINEES

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Aim: Understand the perceived work/life balance of a surgeon.

Methods: An anonymous questionnaire was distributed at a surgical conference. Data was then compiled and analysis completed using Excel 2011.

Results: 52 responses were collected from medical/dental students and trainee doctors.

93% of participants declared an interest in a surgical career.

7% perceived their work/life priorities matched those of a successful surgeon. Majority of participants declared they would prioritise family life whilst they perceived a successful surgeon must prioritize research, teaching and work colleagues.

Only 26% of participants have a career role model. ¼ of these participants believed their role model has a balanced work/life. Participants were asked if women have the same chance to succeed in surgery as men. 44% agreed with the statement and 30% were uncertain.

Conclusion: Participants perceived that successful surgeons sacrifice family life for teaching, research and work colleagues. This is the opposite of most participant's personal priorities. Most participants lacked a role