Method & Subjects: All ST’s, ST3 and above, in the West Midlands Deanery were sent an anonymous on-line questionnaire.

Results: Two-thirds of ST’s provide out-of-hours urology cover, 60% of these have received formal training in urology. Many ST’s are confident in independently managing: testicular torsion (97%), suprapubic catheterisation (88%), and paraphimosis (84%). Fewer can manage Fournier’s gangrene (50%) and priapism (9.4%). Most ST’s (89%) want the management of these emergencies to form part of their training curriculum.

Conclusion: A high-proportion of ST’s provide emergency urology cover. However, many of these trainee’s have not received any formal training in urology, and prior urological exposure does not appear to be a prerequisite for providing out-of-hours urology cover. Many ST’s are confident in managing the more common urological emergencies. However, we suggest core surgical training should include at least one urology placement.

0564: PERCEIVED RELEVANCE OF MODERN GAMING SOFTWARE TO CAREER CHOICE, SELECTION AND PROGRESSION BY UK MEDICAL STUDENTS

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Aim: Competency in simulation techniques will soon be a necessary requirement for surgical trainees.

We aim to investigate students’ exposure to games consoles and attitudes towards incorporating gaming ability into training selection.

Method: A questionnaire was distributed to medical students. Opinion questions used a 7 point Likert style rating scale.

Results: 123 students responded (62% response rate, 60% female). 36 students (29%) were surgically oriented (61% female). 74% of males were familiar with games consoles compared with 30% of females. Males preferred first person shooter games (59%), with females preferring puzzle games (57%). 58% of surgically oriented students think games consoles should be incorporated into surgical education, compared with 19% of others (P<0.0001). 61% of surgically oriented students think that gaming experience is relevant to a surgical career compared with 26% of others (P<0.0001).

Conclusion: The majority of male students have experience with games consoles and prefer games with a strong visuo-spatial aspect which may have greater similarity to surgical simulators.

Students feel that skills gained in gaming are relevant to a surgical career and could be used in selection. If simulation is used care should be taken to avoid bias by gender as a result of previous gaming experience.

0565: THE USE OF SOCIAL NETWORKS IN SURGICAL EDUCATION: ‘THE SCHOOL OF SURGERY’ EXPERIENCE

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Aims: Social media platforms, such as Facebook and Twitter have become an essential part of life. Such technology can be a powerful method to deliver information quickly to networks of people. We hypothesised that social media platforms can be used to deliver knowledge to trainees.

Methods: We developed a continually up-dated website (www.schoolsofsurgery.org). Peer-reviewed journal articles, seminal papers, podcasts and videos were identified and uploaded by our Editorial team. RSS (really simple syndication) feeds were used to transfer data from the website to live feeds available to followers on Facebook and Twitter. Demographic data was analysed.

Results: The website, Facebook and Twitter sites have 10,000 monthly users and during the study period (01/06/2011-31/12/2011) the sites were viewed over 1 million times. There was a near equal split between males and females (49% vs. 46%; 5% undefined) and 63% of users were <35 years old. Peer-reviewed articles were viewed most frequently (58.2%), followed by videos (30.4%), news, seminal papers and podcasts. Ninety-five percent of all articles were viewed within the first 24 hours following their post.

Conclusions: Social media platforms provide a novel and efficient platform for delivering knowledge to trainees and potentially may augment surgical training.

0569: VIRTUAL REALITY TRAINING IN LAPAROSCOPY: A UK-WIDE SURVEY OF POSTGRADUATE SCHOOLS OF SURGERY

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Aim: Virtual reality (VR) laparoscopic skills training has been demonstrated to improve laparoscopic psychomotor skills and performance in the operating theatre. This survey aimed to elucidate the current use of VR laparoscopic training curricula and the perceived barriers in postgraduate schools of surgery.

Method: 15 postgraduate schools of surgery were emailed and asked to complete a structured online questionnaire.

Results: 6 of 15 questionnaires were completed (40%). Of these, 4 schools of surgery (67%) do not incorporate mandatory training on VR laparoscopy simulators into their curricula. Of 4 that ranked 7 potential barriers to this, all identified “financial, e.g. too expensive or lack of funding” as the most important. “Physical infrastructure” and “insufficient staffing” were also ranked highly. One school ranked “insufficient evidence to support it” as the second most important barrier. Open text response identified “unreliable equipment” and “lack of haptics” as further obstacles to incorporating VR laparoscopy training.

Conclusions: Involvement of VR laparoscopy training in modern surgical curricula is variable, and not all schools of surgery believe there is evidence to support it. This survey suggests that VR training is perceived to be too expensive, requiring dedicated staff to manage unreliable equipment.

0576: A PILOT STUDY OF CBD USE IN PERCEIVED ERRORS AND VARIATIONS BY TRAINEE GRADE

Luke Arwynck, James Read, Hayley Allan, Stella Vig. Croydon University Hospital, London, UK

Aim: To facilitate education junior doctors should initiate supervised reflection on perceived errors using Case Based Discussion (CBD). We completed a pilot study to analyse perceived errors recalled by trainees and the proportion of CBDs completed.

Method: A paper questionnaire distributed to surgical juniors at the trust requesting information on up to three errors and whether or not a CBD was completed.

Results: 25 respondents (74% FY1s, 15% SHOs, 11% SpRs). 46 errors recalled (median of 2 incidents per respondent). CBDs were used for 28% of errors and reported useful in 100% of those errors. 92% of CBDs were done by FY1s and 8% by SHOs. Prescription errors and inadequate history or examination accounted for 46% of errors reported and failure to seek senior advice accounted for 15%. CBDs were used most commonly in relation to history or examination and failure to escalate (34% and 33% respectively).

Conclusions: Trainees find CBDs useful in learning from perceived process errors. Supervised reflection facilitates turning perceived errors into a change in practice and it is disappointing that SpRs citing complex errors are underusing this resource. This specific data will allow us to structure education and quality improvement projects at our trust.

0609: THE IMPACT OF THE EUROPEAN WORKING TIME DIRECTIVE ON DAY-CASE SURGICAL TRAINING

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Aim: The implementation of the European Working Time Directive (EWTD) in 2000 was viewed by some as a positive step in improving the work-life balance. Most surgeons however, believe that it compromises surgical training. We aim to evaluate the impact of the EWTD on day-case training opportunities.

Methods: Operative Room Management Information System records for the Day-Case Surgical Unit (DSU) were reviewed between December 2007-2008 and 2010-2011 at the Royal Derby Hospital. Data relating to procedures performed, lead and assistant surgeons was collected.

Results: Between December 2007-2008, a total of 2201 cases were performed. Trainees attended 425 (19.3%) of cases and of these 173 (40.1%) were the lead surgeon. Between December 2010-2011, a total of 1672 surgical cases were performed. Trainees attended 434 (26%) and of these 47 (10.8%) were the lead surgeon.

Conclusion: The results show that the introduction of the EWTD has had no negative impact on DSU training opportunities, with trainees consistently attending a minority of cases. However, trainees took the lead in fewer procedures after the EWTD was implemented. The reasons behind these findings are multifactorial, but emphasises that surgical training needs to evolve to ensure that surgeons receive adequate experience.