The Association of Surgeons in Training Conference
Abstracts

0049: LOCAL ANAESTHETIC TOXICITY: FOCUSED TEACHING IMPROVES SURGEONS’ KNOWLEDGE
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Aim: Local anaesthetic (LA) is routinely used by Plastic Surgeons. Toxicity can lead to potentially fatal complications. The aim of this audit was to determine the current awareness of LA toxicity amongst a cohort of Plastic Surgeons, and whether focused teaching is capable of improving their knowledge.

Methods: All Plastic Surgical staff (5 Consultants, 5 SpR’s and 5 core trainees) at a District General Hospital completed a questionnaire based on the AAGBI guidelines for LA toxicity. A focused teaching session on dosage calculations, toxicity recognition and the management of complications was delivered. The cohort was invited to complete an identical questionnaire after a period of 6 weeks.

Results: 14 pre-teaching questionnaires were completed. 70% of respondents knew the LA safe doses, whilst only 50% knew the signs & symptoms of LA toxicity, 60% knew the immediate management steps and only 28% knew about additional measures such as lipid therapy. 11 post-teaching questionnaires were returned. There was a marked improvement in knowledge with 80% of respondents obtaining the correct answers to all questions.

Conclusion: Plastic Surgeons’ theoretical knowledge of the use of LA is sub-optimal. Focused teaching can help to improve this. We recommend regular teaching sessions for continued reinforcement.

0080: PERCEIVED EFFECTS OF EVOLVING TEAM STRUCTURES ON LEARNING AMONGST SURGICAL TRAINEES

This study explores how surgical trainees perceive the way in which the evolution of the surgical firm has affected their learning experience. It is proposed that the surgical firm is therefore a Community of Practice (CoP) in which the trainee surgeon learns through a gradual process of increasing participation within the firm, directed by a dedicated educational supervisor and which requires active participation by both. A modern emphasis on service delivery as well as changes in working patterns brought about, in part, by the European Working Time Directive (EWTD) mean that surgical trainees spend less time on their firms than in bygone days, and that the structure of surgical firms has changed.

In this qualitative, interview-based study, nine senior surgical trainees consider how changes in firm structures have come about, the extent to which they have done so and make comparisons to bygone days. The themes generated are discussed in the context of educational theory and group dynamics, with the conclusion that, while learning and service delivery on a firm need not be mutually exclusive, the benefits of situated learning can only come about when education is actively considered and when the learning environment is nurtured; it cannot be assumed.

0081: THE EVOLUTION OF HEAD AND NECK TRAINING
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Aim: Elucidate trainees’ perspectives on combining parallel aspects of Otolaryngology and Oral & Maxillofacial training into a generic Head & Neck Surgery (H&NS) training and emergency service provision pathway in response to evolving financial pressures.

Method: Postal questionnaires circulated to UK Otolaryngology registrars (ENT) and a web-based survey for Oral & Maxillofacial trainees (OMFS), asking their opinion on current H&NS training.

Results: 133 ENT and 30 OMFS responded. 67% ENT and 68% OMFS preferred Otolaryngology/Maxillofacial Higher Surgical Training (HST) with the potential for sub-speciality fellowships. The remaining trainees preferred generic H&NS HST. 57% think Emergency H&NS on-calls should be provided by parallel teams. 47% think a H&NS team with dual seniority training is more cost effective.

Conclusion: Financial constraints would influence trainees from both specialties to reconsider aspects of their training. No consensus was reached on the role of a generic H&NS pathway, however there is potential for further debate.

0084: SYNCHRONOUS SURGICAL TRAINING AND ACADEMIC PROFILE DEVELOPMENT IN CURRENT ATMOSPHERE: IMPRACTICAL OR PLAUSIBLE?
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Aim: We are in a world of competition and it is imperative that every surgical trainee is duty bound to get the best of the training under the
0094: PATIENT PERCEPTIONS OF COMPUTER ASSISTED SURGERY
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Introduction: The advantage of computer-assisted surgery (CAS) is “real time” navigation. We assessed patients’ perceptions of CAS in orthopaedic surgery.

Method: A questionnaire asking demographic and CAS specific questions was completed anonymously by orthopaedic patients.

Results: 122 questionnaires analysed. Demographics: Mean age: 58 years. 51.7% female. 43.3% retired and 83.3% had previous surgery. 78% owned a computer, 72.4% rated themselves computer literate. CAS utilisation: 59.3% thought CAS was used in at least 50% of operations. 94.9% would support the involvement of CAS in more procedures. CAS complications: 66.1% felt short-term complications of surgery utilising CAS would decrease, 30.5% felt it would not change, 3.4% felt it would increase.

Outcomes: 81.4% felt CAS operations would fare better, 16.9% felt they would be the same and no respondents felt long-term outcomes would be worse. 100% felt that the surgeons’ decision should be final in event of a conflict with CAS recommendations.

Conclusion: The majority of patients are accepting of computer technology in orthopaedic surgery.

0137: A PILOT STUDY ON THE POSSIBLE REASONS WHY PATIENTS REFUSED MEDICAL STUDENTS FROM OBSERVING OR PERFORMING INTIMATE MEDICAL EXAMINATIONS
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Aim: Due to the intimate nature of certain medical examinations, female patients are more likely to refuse students from observing or performing those examinations. This study was conducted to identify students’ views on the possible reasons why patients refused them so that recommendations can be suggested to improve the quality of patients’ care without minimizing the learning opportunities of medical students.

Method: A semi-structured interview-based qualitative pilot study was conducted. Twelve students were recruited via convenience sampling method. The interview was audio taped and subsequently analysed using inductive content analysis.

Results: The majority of the participants agreed that young age, being a male medical student and the presence of other parties were factors contributing to the patients’ refusal. Obstetrics and Gynaecology, and also general practice were the specialties the students most frequently experienced refusals. Besides, they also had the least opportunities to perform bimanual vaginal examination.

Conclusions: Most of the findings are consistent with the previous studies although factor like the presence of other parties can be researched on in the near future. Prior notices about the possibility of the presence of medical students and the importance of clinical exposure of students should be sent to patients in advance.

0152: INTRAOPERATIVE LOSS OF A SURGICAL NEEDLE: A LAPAROSCOPIC DILEMMA
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Background: Increasing awareness around patient safety and efforts to reduce medical errors has become a priority in the modern healthcare system. Losing needles during laparoscopic procedures is an uncommon occurrence; however, it poses a significant dilemma for the operating surgeon as retrieval can be a major challenge even for highly skilled and experienced operators.

Aim: The objective of this paper was to review the current literature and highlight this potentially serious issue and suggest a way of trying to deal with this uncommon occurrence.

Methods: A comprehensive literature search was conducted using a number of internet search engines including Pubmed, Google Scholar, and Science Direct.

Conclusions: The risks associated with retained small foreign bodies remains unknown and there are few reports and little consensus on how surgeons should manage retained needles or other small foreign bodies during laparoscopic surgery. We propose an algorithm that may be implemented as a standard operating procedure in theatres when a surgeon is faced with such a dilemma.

0154: TRAUMATUTOR: PERCEPTIONS OF A SMARTPHONE APPLICATION AS A LEARNING RESOURCE FOR TRAUMA MANAGEMENT
James Wigley 1, Saran Shantikumar 2, David Scullion 1,2, Stuart Blagg 2, 1 University Hospital Southampton, Southampton, UK; 2 Stoke Mandeville Hospital, Buckinghamshire, UK.

Aim: We investigated perceptions of a new smartphone application (app) as a learning resource.

Method: We developed TraumaTutor, an iPhone™ app consisting of 150 questions and explanatory answers on trauma management. This was used by 20 hospital staff that either had a special interest in managing trauma or who were studying for relevant exams, such as ATLS™. A subsequent questionnaire assessed users’ experience of smartphone applications and their perceptions of TraumaTutor.

Results: Of those surveyed, 85% had a device capable of running app software, and 94% of these had used apps for medical education. Specific to TraumaTutor, 85% agreed that it was pitched at the right level, 85% felt that the explanations improved understanding of trauma management, and