

**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; Typed 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 typed 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?

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**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 review 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?

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**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 Stufflebeam's context, input, process, product (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 ( $p = 0.013$ ).

**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

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**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 Stufflebeam'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 trainers 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 trainers. Consideration for face-to-face ARCP should be more widespread.

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

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**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

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**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 be highly challenging for students. Additionally, practising surgeons 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