

information page on the Association of Surgeons in Training (ASiT) website. Descriptive analysis undertaken using Google Analytics, and correlated to registrations. Social influence score calculated using Klout®.

Results: Registration page traffic analysis showed 1586 unique views resulting in 641 individuals registering (46% conversion rate). 285 views were from social media sources, resulting in an additional 131 collaborators recruited (20% of total). Traffic source analysis identified a separate ASiT webpage as resulting in the majority of registration views (15.8%), followed by Facebook (8%), Twitter (4.8%) and YouTube (1.5%). A Twitter 'social influence' (Klout®) score of 42/100 was obtained during this period.

Conclusions: Use of free social media substantially aided dissemination and collaborator recruitment by 20% in a short time period. We recommend Facebook, Twitter and targeted websites as effective forms of communication for study recruitment.

0399: RAISING CONCERNS OVER PATIENT SAFETY – THE EXPERIENCE AND ATTITUDES OF SURGICAL TRAINEES

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Introduction: We aimed to assess the experience of surgical trainees in raising concerns over patient safety and their attitudes towards whistleblowing.

Methods: A questionnaire was distributed amongst delegates at the 2013 ASiT conference.

Results: 479 fully completed responses analysed; response rate = 73%, with 141 [29.4%] HSTs. 60% of trainees reported previous concerns over the practices and behaviour of colleagues that might pose risk to patient care however 53% did not escalate these concerns. 37% of trainees also reported concerns over hospital policies, protocols or systems that might pose risk to patient care, with 46% not escalating such concerns. HSTs were more likely to raise concerns than more junior grades ($P=0.05$). Respondents highlighted fear of personal vilification (47%), fear of impact on career (43%) and a lack of confidence in the process (35%) that may prevent them from whistleblowing. Only 20% felt confident that when an incident form was completed the issue raised would be adequately investigated.

Conclusions: The majority of trainees have had concerns over patient safety yet a significant number did not feel able to raise these concerns due to perceived barriers and a lack of confidence in the process. A culture where trainees can raise concerns openly should be promoted.

0404: VIEWS OF THE THEATRE TEAM ON THE ASSESSMENT OF NON-TECHNICAL SKILLS OF SURGICAL TRAINEES (NOTSS) IN THE THEATRE ENVIRONMENT

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Introduction: To explore the views of the theatre team regarding the need to introduce an assessment tool of non-technical skills of surgical trainees (NOTSS).

Methods: A survey of the theatre team was piloted at four hospitals in South Yorkshire.

Results: 103 respondents (response rate = 98%) including consultant surgeons [18%], trainees [19%], anaesthetists [18%] and scrub nurses/sisters [46%]. The majority (75%) were not aware of the NOTSS assessment tool however 82% stated that assessing NOTSS was as important as assessing technical skills. 80% and 75% agreed that anaesthetists and nurses who scrub in cases should take part in NOTSS assessment, respectively. No significant differences were found between the four groups. Opinion appears divided as to whether the presence of a consultant surgeon in theatre could make it difficult to assess a trainee's leadership skills and decision making capabilities. 68% agreed that NOTSS assessment should be introduced to assess the non-technical skills of trainees in theatre.

Conclusions: Our survey demonstrates acceptability amongst the theatre team for the introduction of NOTSS tool into the surgical curriculum. This

survey is currently extended to other centres through other research collaboratives and will inform a planned pilot study to assess the utility of NOTSS instrument via the ISCP website.

0412: DID YOU SEE THE RECEIPT? ARE DOCTORS AWARE OF THE COST OF THE TESTS THEY REQUEST?

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Introduction: Despite an annual budget of £109 billion, the NHS is unable to meet its financial demands. A substantial proportion of the budget is used on diagnostic tests. Basic blood tests and radiological investigations contribute to this cost, and are often ordered by junior doctors with little or no thought as to their cost. This audit aims to assess the knowledge of junior doctors on the costs of routinely requested diagnostic investigations.

Methods: A multi-choice questionnaire was sent to doctors working in the Severn Deanery. Responders were asked to estimate the cost of routine blood tests and radiological interventions.

Results: 138 doctors responded. The cost of radiological investigations was generally underestimated.

Conclusions: Doctors are not aware of the costs of routine investigations, generally underestimating the financial burden of radiological investigations even considering that porter, IT and reporting services were omitted. In this era of financial overburden, doctors must participate in the identification and elimination of unnecessary expenditure. Junior doctors are unable to contribute to this if they have no knowledge of the cost of different services. It may be prudent to educate doctors regarding the cost of basic diagnostic investigations, to enable them to evaluate their need.

0419: DOCUMENTATION OF POST-OPERATIVE INCISIONAL HERNIA ON CONSENT FORMS FOR LAPAROTOMY

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Introduction: To assess the documentation of post-operative incisional hernia as a potential complication for patients undergoing laparotomy.

Methods: Retrospective study of hospital notes of 53 patients that underwent laparotomy via a standard mid-line incision or transverse incision over the years 2011–2013.

Results: A total of 53 patients were studied. Three of the patients had previous laparotomies. Consequently, a total of 57 consent forms were reviewed: Consultant surgeons consented for 17 procedures (30%) while 30 (53%) and 10 (17%) procedures were consented by middle-grades and senior house officers, respectively. Incisional hernia was only documented as a post-operative risk on 18 consent forms (32%). Of these, seven forms (39%) were consented by consultants; eight (44%) and three (17%) forms were consented by middle-grades and senior house officers, respectively.

Conclusions: According to the Association of Surgeons of Great Britain and Ireland, legal precedence has identified that any post-operative risk with a 1–2% occurrence should be included on the consent form. A high risk of incisional hernia is associated with laparotomies: 10.5% risk for midline incision and 7.5% for transverse incision. The results suggest that most patients were not informed of this common post-operative complication and this may have risk management and medico-legal implications.

0426: VIDEO FEEDBACK IN UNDERGRADUATE PRACTICAL SKILLS LEARNING – A SURROGATE FOR THE TRAINEE SURGEON?

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Introduction: There is a lack of curricular time for under- and post-graduates to learn and practise new skills. This study aims to compare skill retention in medical students performing wound suturing with, and without, the use of video feedback.

Methods: In this cross-over study (powered to 32 students), video feedback was given via an Apple iPad with Studiocode software, giving a quantitative score (max 70). Forty students were recruited; randomly allocated into verbal or video feedback groups. Students attended three sessions. At the first session, one group received video feedback, and the other received verbal feedback. Students were crossed-over, the skill repeated and scored, receiving video or verbal feedback. All completed a third session where the skill was repeated and scored.