0761: INSPIRING SCHOOL STUDENTS TO BECOME SURGEONS – A SOLUTION TO AN IMMINENT RECRUITMENT CRISIS?

Aim: The NHS faces unprecedented challenges and an uncertain future, which may soon deter high school graduates from applying to medical school. The Royal College of Surgeons has developed the ‘Surgery in Schools’ initiative - facilitating university surgical societies to work with local schools. However, there is currently no evidence to validate such programmes. Our aim was to pilot a novel protocol for a large educational event that could be replicated throughout the country, and assess whether these events can successfully encourage students to pursue careers in medicine and surgery.

Method: Lectures and practical workshops were delivered to 49 students, aged 16-18, all of whom were interested in careers in the medical profession. Outcomes were assessed on Likert scale responses using questionnaires pre- and post-event.

Result: A statistically significant (p<0.001) gain of knowledge on attributes and tasks of a surgeon, and how the application process to medical school works, was discovered. 98% of attendees agreed or strongly agreed to ‘this event has encouraged me to pursue a career in medicine/surgery’.

Conclusion: This event was perceived to be informative and to positively influence decision-making. Nationwide propagation using this RCS ‘bottom-up’ approach may be one method of averting an imminent recruitment crisis.

http://dx.doi.org/10.1016/j.ijsu.2016.08.353

0787: COLLECTING EVIDENCE FOR “GMC RECOGNITION AND APPROVAL OF TRAINERS”: HOW DO SURGICAL TRAINEES AND SURGICAL CONSULTANTS COMPARE?

Aim: The GMC have mandated Local Education and Training Boards and medical schools to collect evidence on how trainers meet specified “trainer criteria.” Trainees are accustomed to collating such evidence using online logbooks. The aim was to compare consultant and trainee uptake of an online logbook to provide this GMC evidence.

Method: Anonymous data from 2 regions was requested from T-Log.co.uk, an online teaching feedback request system. Data was dichotomised into 2 groups (consultants and junior doctors) for surgical and non-surgical specialties. Volume of data entry, teaching session type and whether the user opted to collect feedback were compared between groups. Chi-squared, Mann-Whitney and Student t-tests were used as appropriate.

Result: 4,123 teaching episodes were recorded from September 2014 to January 2016. Doctors in surgical specialties delivered 257.3 sessions in 52 (15-131) cases, LC L4C at 72 (40-197) cases, and IH L4C at 64 (17-132) cases (p = 0.009 vs. EL), APX L4C at 107 (20-206) cases, SC L4C at 17 (7-27) cases (p = 0.009 vs. EL), APX L4C at 107 (20-206) cases, SC L4C at 52 (15-131) cases, LC L4C at 72 (40-197) cases, and IH L4C at 64 (17-132) cases.

Conclusion: Trainees have successfully adopted the use of an online teaching logbook. There remains scope for consultants to use it to provide evidence for GMC trainer accreditation.

http://dx.doi.org/10.1016/j.ijsu.2016.08.354

0789: DEVELOPING A PROTOCOL TO CONDUCT A STUDENT-DRIVEN STUDY ACROSS EUROPE: THE EUROSURG-1 STUDY


Aim: The Student Audit and Research in Surgery (STARSurg) group engages UK students in high quality research, enthusing and equipping them with the skills to become research active surgeons in the future. Our aim is to replicate the STARSurg model across Europe.

Method: A meeting of medical students was convened at the European Society of Coloproctology in Dublin in September 2015. The students agreed to set up a new network (EuroSurg) and decided that their first study (EuroSurg-1) would investigate the relationship between body mass index and postoperative complications following major gastrointestinal surgery. EuroSurg-1 is being disseminated through national surgical associations, medical school networks and social media. Using a collaborative authorship model, all collaborating students will be acknowledged as PubMed citable co-authors.

Result: An international management group runs EuroSurg, with a membership including students and trainees representing Ireland, Italy, Spain, Turkey, United Kingdom and the Netherlands. Over 700 students have registered to participate in EuroSurg, with students active at 104 universities. Over 2000 patients are expected to be enrolled in EuroSurg-1.

Conclusion: The rapid expansion of this first European student-driven network demonstrates the desire of medical students and surgical trainees across Europe to actively participate in high-quality clinical research.

http://dx.doi.org/10.1016/j.ijsu.2016.08.355

0839: OPERATIVE EXPERIENCE VERSUS COMPETENCE IN A SINGLE UK DEANERY: A CURRICULUM CONCORDANCE AND LEARNING CURVE ANALYSIS

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Background: Certification of Completion of Training (CCT) in General Surgery requires proof of competence of index operations by means of 3, level 4 consultant validated Procedural Based Assessments (PBAs). The aim of this study was to examine the relationship between index operative experience and competence.

Method: We assessed consecutive 69 Higher Surgical Trainees (HST) appointed to a single Deanery (Wales) 2007-2014. PBAs were compared with elogbooks to determine the relationship between index operative experience and achievement of a third level 4 competence (L4C) related to the indicative procedures of; Emergency Laparotomy (EL, target 100), Hartmann’s (HMN, 5), Appendicectomy (APX, 80), Segmental Colectomy (SC, 20), Laparoscopic Cholecystectomy (LC, 50) and Inguinal Hernia (IH, 80).

Result: EL L4C was achieved at a median of 76 (15-136) cases, HMN L4C at 17 (7-27) cases (p = 0.009 vs. EL), APX L4C at 107 (20-206) cases, SC L4C at 52 (15-131) cases, LC L4C at 72 (40-197) cases, and IH L4C at 64 (17-132) cases.

Conclusion: The learning curve and caseload required to demonstrate L4C related to specific procedure varied over 4-fold, from 0.76 to 3.4 times the indicative target number guidance. CCT logbook targets should be reconsidered to reflect the competencies demanded by the curriculum.

http://dx.doi.org/10.1016/j.ijsu.2016.08.356

0856: MODERN PARADIGMS IN SURGICAL TRAINING – AN INTERNATIONAL QUALITATIVE STUDY TO DETERMINE FACTORS AFFECTING THE IMPLEMENTATION OF SIMULATION-BASED TRAINING PROGRAMMES


Introduction: Despite evidence demonstrating the advantages of simulation training in general surgery, it is not integrated into surgical training programmes worldwide. The aim of this study is to identify barriers and facilitators to the implementation and uptake of surgical simulation training programmes.