accurately. This study aims to determine the impact of a temporal stressor on surgeons’ technical performance during a laparoscopic suturing task. **Methods:** 27 higher surgical trainees were asked to laparoscopically suture a defect in a Penrose drain under two conditions: (1) “self-paced” and (2) “time pressure”. The Surgical Task Load Index and continuous heart rate monitoring were used to measure subjective workload and the physiological stress response respectively. Technical skill was assessed by measuring a task progression score, an accuracy score (distance between needle entry/exit points and pre-marked points on the drain), leak volume, and tensile strength of the knots. **Results:** Each trainee created five knots in each condition, producing a total of 270 knots for analysis. Time-pressure led to an increase in subjective workload (p < 0.001) and heart rate (stress) (p < 0.05), coupled with a deterioration in performance [inferior task progression (p < 0.001), greater leak volumes (p < 0.05), and lower tensile strengths of knots (p < 0.01)]. **Conclusions:** Temporal demands increase trainees’ subjective workload and impair technical skills. Future work will focus on developing strategies to help trainees cope with excessive cognitive load in the operating theatre.

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**0413: ENDOSCOPIC TRAINING OF SURGEONS**


**Aims:** During higher surgical training, all GI surgeons are expected to reach accreditation in endoscopic procedures. With the European Working Time Directive and competition for time other commitments this is becoming increasingly difficult. This study looks at data collected from all endoscopic trainees and compares the number of procedures attained by each and access to dedicated training lists.

**Methods:** JETS [Joint Advisory Group endoscopy training system] data was collected from self reported trainee experiences. A total of 1153 trainees were included. Of these, 590 were gastroenterology trainees, 435 GI surgical trainees and 128 nurse endoscopist trainees. Data was collected on procedures performed and access to training lists.

**Results:** Compared to the other two groups, surgeons performed fewer procedures. Gastroenterology trainees did more OGDs (mean: 128.6 vs 30.8), more sigmoidoscopies (mean: 23.1 vs 14.1) and more colonoscopies (mean: 65.1 vs 23.5). They attended more dedicated training lists (mean: 20.4 vs 6.8). Nurse endoscopists also performed more procedures and had more access to training lists.

**Conclusions:** There is a marked disparity between surgical and other trainees in endoscopic experience and training. A formal integration into the surgical training programme may become necessary to ensure high rates of accreditation at completion of training.

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**0378: THE IMPACT OF IMPROVING TEAMWORK ON PATIENT OUTCOMES IN SURGERY: A SYSTEMATIC REVIEW**


1 University of Cambridge, Cambridge, UK; 2 Imperial College London, London, UK.

**Aim:** To systematically review available literature assessing the effect of surgical teamwork on post-operative patient outcomes across a variety of surgical specialties.

**Methods:** Two independent researchers systematically searched Medline and EMBASE in accordance with PRISMA guidelines. Studies were screened for relevance, then subjected to inclusion and exclusion criteria. Study characteristics and outcomes were reported and discussed qualitatively.

**Results:** Following PRISMA guidelines, our initial search identified 2519 articles. 105 articles remained after duplicate removal and screening. 11 articles were fully reviewed following addition of exclusion and inclusion

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