model and many believe that women do not have the same chance to succeed as men. Continued engagement with trainees is needed to improve perceptions of the quality of life in surgical careers to attract the best candidates.

0225: A SIMPLE, LOW COST, PRACTICAL SKILLS COURSE IMPROVES JUNIOR DOCTORS’ CONFIDENCE AT MANAGING SIMPLE SKIN WOUNDS

R. Aggarwal1, A. Brown, C. Borg. University Hospital Lewisham, UK

Aim: Foundation year doctors are required to rotate round different specialties that require basic surgical skills, in particular in the emergency department. Many junior doctors feel that they have insufficient experience or confidence in these skills. We devised a short basic surgical skills course with the aim of improving participants’ confidence at managing and closing simple wounds.

Methods: A program was devised incorporating key competencies required for effective and safe wound management and closure. Two courses were run at our hospital. Using questionnaires, we asked participants to rate their confidence in basic surgical skills and competencies before and after the course. A paired t-test was used to compare these.

Results: 34 people attended over two dates (13 male, 21 female); 53% had worked in surgical specialty previously. There was a statistically significant increase in confidence after the course in naming instruments (p = < 0.0001), handling instruments (p = < 0.0001), injecting local anaesthetic (p = < 0.0001), suturing (p = < 0.0001), knot tying (p = < 0.0001) and managing lacerations (p = < 0.0001) compared to before the course.

Conclusion: Improving Junior Doctors’ skills through a simple, low cost, practical course, could improve their confidence and ability to deal with simple wounds in the Emergency Department, reducing the workload of their much overworked senior colleagues.

0251: POST-OPERATIVE FLUID PRESCRIBING: IS TEACHING ADEQUATE IN THE UNDERGRADUATE CURRICULUM?

B. Dreyer1, S. Dreyer, G. Grif. University of Dundee, UK

Aim: The aim of this study was to determine whether post-operative fluid prescribing is adequately taught at undergraduate level.

Methods: A prospective, qualitative survey of year 3 medical students performed at a single Scottish medical school. A questionnaire assessed each year group’s confidence in fluid prescribing ability, opinion on teaching adequacy, knowledge of applied basic science and approach to clinical applications.

Results: 41 participants completed the questionnaire. Confidence in fluid prescribing ability and knowledge improved significantly in the more senior years of study (p = 0.002, p = 0.006 respectively). Nevertheless, the mean knowledge score of final year students was only 52% and there was poor correlation between confidence levels and knowledge in fluid prescribing (R² = 0.11). Senior students rated the adequacy of fluid prescribing teaching more highly (p = 0.006).

Conclusion: This is, to our knowledge, the first study to suggest that student knowledge of fluid prescribing improves during undergraduate training. While views on the quality of teaching, knowledge and confidence increased with seniority, these did not correlate with each other and did not translate into good prescribing practice. This suggests a need to improve undergraduate teaching to reduce post-operative fluid prescribing errors.

0253: PURSUING A CAREER IN SURGERY: WHAT IS HOLDING MEDICAL STUDENTS BACK?

M. Bath1, L. Jones 1, R. Harries 3, V. Gokani 3, 1Leicester Medical School, UK; 2University of Leicester, UK; 3Cardiff University, UK

Aim: In recent years there has been a decline in junior doctors opting for a surgical career. We aimed to ascertain the main factors influencing pre-clinical medical students’ career choice.

Methods: An online questionnaire was distributed to 122 pre-clinical medical students. Students were asked to rate separately the importance of commonly viewed limitations towards and possible attractants to a career in surgery.

Results: There was a 97.5% (119) response rate. The most important factor limiting a surgical career was strong competition ratios. Female students placed greater importance towards family implications (p = 0.0003); students affiliated to a surgical society placed greater importance on career guidance (p = 0.001) and mentorship (p = 0.0004). More males were considering a career in surgery than females (47.2% vs 18.6%). Earlier exposure to a surgical environment and better career guidance were the highest ranked aspects to encourage this career choice.

Conclusion: Strong competition ratios remain an important consideration for medical students pursuing a surgical career. Female students view family commitments as a more important issue for a future career, which must be addressed. Increased availability of competition ratios, mentoring, less than-full time training opportunities, and role models at all levels should be priorities to attract more students to surgery.

0260: ELASTICATED RETRACTION METHODS IN OPEN HEAD AND NECK SURGERY: EXPOSING A BENEFIT TO SURGICAL TRAINING

R. Gohil1, C. Kennedy, R. Mountain. Ninewells Hospital and Medical School, UK

Aim: The development of sufficient surgical skills for a trainee to be deemed competent at CCT requires effective tutelage by their trainer during a limited time in theatre. Additionally, in limited-access surgery, the ability of the trainer to effectively guide the trainee will be affected by surgical exposure and the view from the assistant’s side. In our experience, traditional retraction methods serve a significant limiting factor. Therefore it takes longer to gain confidence from both sides of the trainee/trainer dynamic and thus can limit the trainees’ progress.

Methods: We have effectively utilised elasticated surgical retractors in open head and neck surgery to aid training. Acting as a static assistant, the trainer can work on the same side as the trainee, both achieving the same view. The circumferential exposure as well as elevation of deep structures makes guiding surgery easier.

Conclusion: Employing elasticated retraction in surgery is an effective means of increasing confidence in the trainee/trainer dynamic. It allows for faster progression in surgical skills and allows the trainee to satisfy operative numbers, mandatory for CCT, more easily.

0364: REDISTRIBUTION OF FOUNDATION PROGRAMME TRAINING POSTS FROM SURGERY TO COMMUNITY PLACEMENTS: FOUNDATION YEAR DOCTORS’ VIEWS

V. Kit1, V. Sivarajah, J. Tan, S. Sarin. Watford General Hospital, UK

Aim: The Broadening the Foundation Programme report (February 2014) has sanctioned the redistribution of traditional training posts particularly in surgery to community placements. These include general practice, palliative care, community paediatrics and psychiatry. This study evaluates Foundation Year 1 (FY1) doctors’ opinions on these changes.

Methods: All FY1s at a District General Hospital were asked to complete a questionnaire detailing their opinions on the proposed changes and its impact on training.

Results: The questionnaire was completed by 51/55 (93%) of trainees. Only 9 (18%) were interested in a surgical career; yet 47 (92%) felt that a surgical placement during Foundation training was important irrespective of their chosen speciality. Many felt it would broaden their knowledge (26, 51%) and help them diagnose (16, 31%) and manage (16, 31%) common surgical diseases. Although 35 (69%) felt a surgical placement was more important than a community placement, 27 (53%) still recognised its value. The main concerns with community placements were related to inadequate training opportunities (13, 25%).

Conclusion: Most FY1s felt that surgical placements were important for their training irrespective of their career plans. Many felt it was more important than community placements. Training opportunities were central to these views.