

Method: First on-call doctors covering ENT in hospitals in Oxford and Wessex deaneries were contacted by telephone on a weekend in January 2013. Information on stage of training, primary specialty, ENT experience, senior support and confidence in managing emergencies was obtained.

Results: 14 doctors from 9 hospitals participated in the survey. Their grades were FY1 (1), FY2 (7), CT1 (2), CT2 (2) and CT3 (2). Their experience in ENT varied from 0 to 16 months. 14% did not know how to do anterior nasal packing for epistaxis and had little confidence (score of less than 5 out of 10) in managing simple ENT emergencies. 29% had no specific ENT induction and were only given information on ENT emergencies as part of a generic induction handbook. They all had a middle grade as second on-call for support.

Conclusions: This regional snapshot analysis shows that ENT is still covered by trainees with little or no experience. It is important that proper ENT induction is given to cross-cover SHO's because of the implications on patient safety. A comprehensive regional analysis is recommended to ascertain the full extent of this problem.

1241: CLINICIAN AWARENESS OF TETANUS PROPHYLAXIS GUIDELINES IN TRAUMA WOUND MANAGEMENT

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Introduction: Tetanus is a potentially fatal disease that may result from minor wounds as well as from those caused by major trauma and burns. Tetanus immunization and prophylaxis in the acute injury setting is frequently misunderstood and subsequently misused with well-documented poor guideline compliance.

Methods: A questionnaire was compiled based on the Department of Health's Green Book of Immunisation to assess awareness of tetanus prophylaxis guidelines. Subjects were recruited from A&E and Plastic Surgery and following the first round of questionnaires a formal teaching session was delivered and guideline posters were displayed in clinical areas. A further round of questionnaires was then repeated.

Results: Round 1 of questionnaires showed an average score of 67.5% with both groups performing poorly in clinical scenario questions. Round 2 showed an average score of 75% - but despite this, tetanus vaccine was still given inappropriately in 33% of cases and inappropriately not given in 16% of cases.

Conclusions: This simple study has highlighted that clinician knowledge of tetanus prophylaxis guidelines is poor and we propose that this lack of knowledge as a possible reason for poor compliance. It also illustrates that formal clinician education and posters can help improve underlying knowledge.

1247: A TRAINEE-LED PROCEDURAL SKILLS TEACHING PROGRAMME FOR CORE SURGICAL TRAINEES: EXPERIENCES AND OUTCOMES

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Aims: Having developed a higher trainee-led procedural skills programme for core surgical trainees, we aimed to assess feasibility and outcomes of this novel programme.

Methods: Competencies, learning outcomes and appropriate simulators were identified or devised. A pool of trainers, mainly HSTs, was identified and a website was created including a sign-up mechanism and access to learning resources. Written feedback was obtained for each session and an electronic survey used to explore experiences of simulation and outcomes.

Results: 6 half-day practical wet and dry lab sessions were run, including comprehensive basic surgical skills, laparoscopy, general, orthopaedic and vascular skills. Trainees completed simulated workplace assessments (sWPAs) encouraging individualised structured feedback from trainers. Feedback revealed median overall satisfaction was 90%, including: opportunity to practice 92%, level of pitch 90%, realism of models 88% and trainer knowledge 90%. 32 electronic survey responses (59%) found 81% of CSTs agree that simulation benefits their training and 81% agreed that it improves confidence. 69% of CSTs found sWPAs to be beneficial.

Conclusions: CST satisfaction of the trainee-led procedural skills programme was high. This pilot supports the cascade model of teaching and

engaged senior trainees with simulation and teaching. The majority of CSTs valued the use of sWPAs.

1256: THE E-CRABEL SCORE: AN UPDATED METHOD FOR AUDITING MEDICAL RECORDS

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Aim: In 2001 the CRABEL score was devised in order to obtain a numerical score of the standard of medical note keeping. With the advent of electronic discharge letters, many areas of the CRABEL score are now obsolete as computers automatically include some documentation.

Method: The CRABEL score was modified to form the e-CRABEL score. "Patient details on discharge letter" and "Admission and discharge dates on discharge letter" were replaced with "Summary of investigations on discharge letter" and "Documentation of VTE prophylaxis on the drug chart". The e-CRABEL score was used to assess case notes on a busy surgical unit and compared to the CRABEL score.

Results: The modification in criteria making the new e-CRABEL score resulted in differences of scores of up to 8% between the two scoring tools. Furthermore the assessment of VTE documentation revealed 21% of case notes reviewed did not have VTE assessment signed on the drug chart. The CRABEL score would not have detected this.

Conclusions: Tools used for audit need to be continually assessed and improved themselves in order to accurately monitor quality. Preliminary acquisition and presentation of data using the e-CRABEL score has shown promise in improving the quality of medical record keeping.

1261: THE REPORTING QUALITY OF RANDOMISED CONTROLLED TRIALS IN OPHTHALMIC SURGERY IN 2011: A SYSTEMATIC REVIEW

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Introduction: Randomised controlled trials (RCTs) represent a gold standard for evaluating therapeutic interventions. RCTs in ophthalmic surgery pose particular challenges in study design, therefore transparent reporting is essential. The CONSORT statement guides RCT reporting.

Purpose: To provide the first known assessment of RCT compliance in ophthalmic surgery to the CONSORT extension for trials involving Non-Pharmacological Intervention (CONSORT NPT).

Method: Medline was searched for RCTs in ophthalmic surgery from the year 2011. Results were searched, selected and scored independently by two authors against the 23-item CONSORT NPT checklist. Discrepancies were resolved by consensus. Surrogate markers of paper quality were compared against the CONSORT score using the Spearman rank correlation coefficient.

Results: 186 papers were retrieved. 65 papers, involving 5803 patients, met the inclusion criteria. The mean compliance was 8.9 (39%) out of 23 items (range 3.0-14.7, SD 2.49). The least reported items were title/abstract (1.6%), reporting intervention adherence (3.1%) and interpreting results (4.7%). There was no significant difference between compliance and journal impact factor ($R=0.14$, $p=0.29$), or number of authors ($R=0.14$, $p=0.93$).

Conclusions: The reporting of RCTs in ophthalmic surgery is suboptimal. There is a need to improve reporting quality by working with authors, journals, editors as well as guideline-developers.

1292: THE EMERGENCY APPENDICECTOMY – NO LONGER A TRAINING OPERATION FOR CORE TRAINEES

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Aim: Training of core surgical trainees (CT's) within the elective setting is extremely good at our hospital. However, as CT's, we have observed that it is often difficult to receive training in the emergency setting, due to the pressures of the acute surgical take. This study assessed a traditionally "SHO" procedure, emergency appendicectomy, to identify the proportion in which an F2/CT was the primary surgeon.