

1496 Building Inclusivity and Diversity from our Foundations: A Cross-Sectional Study Identifying Barriers to Theatre Based Training for Foundation Doctors

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Aim: Theatre experience is a powerful factor enabling trainees to determine whether they possess the enthusiasm and aptitude to undertake a surgical career. Removing barriers to theatre learning should allow a more meritorious and diverse cohort of surgical trainees.

Method: An 18 -point open and closed question Likert scale survey was distributed to Foundation Doctors in three hospitals within the Northern Deanery. The survey was designed via focus group and literature review, ascertaining perceived levels of preparedness, acceptance, enjoyment, and barriers to theatre access.

Results: The survey dichotomized respondents (n = 54) into those who attended theatre (n = 40) and those who did not (n = 14). Of those attending 38% (n = 15) reported intimidation and 15% (n = 6) cited a cultural barrier to attendance. Of those who did not attend 79% (n = 11) were interested in surgery. These respondents predominantly reported concerns around prohibitive ward workload and unfamiliarity with protocols. Covid restricted surgical rotations for some. There was a statistically significant difference (p fishers exact test = 0.001) between 83% of respondents who felt welcomed by the surgeons compared to just 45% made to feel welcome by the wider theatre team. Only 20% (n = 11) of respondents felt prepared for theatre by medical school. 50% (n = 27) were confident with theatre protocols.

Conclusions: The study raises concerns around apprehension surrounding the theatre environment and ward workload which appear to impede access to theatre. Adequate undergraduate surgical teaching, appropriate induction and allocation of theatre time are crucial to improve safety, diversity of applicants, confidence for trainees and compliance within the team.