PTU-128

GENERIC MEDICAL AND SURGICAL ENDOSCOPY TRAINING LISTS CAN IMPROVE THE NUMBER OF OPPORTUNITIES FOR TRAINING IN COLONOSCOPY

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Introduction The Joint Advisory Group on GI endoscopy (JAG), advise that endoscopy units provide one training list per week per trainee. In late 2009 it was observed that insufficient opportunities for training were available in our unit to meet this criteria. This was thought to be as a result of trainees being attached to a single trainer, with subsequent cancellation of training lists due to on call commitments, annual leave and study leave. As a response, in early 2010 we introduced generic training lists where medical and surgical consultants would identify a defined number of endoscopy training lists they could offer each month. Trainees would then allocate themselves to lists according to their timetable, and as a consequence receive training and feedback from a variety of medical and surgical trainers. The aim of this study was to analyse the outcomes of this new training system.

Table 1 PTU-128 Mean number of training lists attended per trainee and performance data before and after introduction of generic training lists

	4th quarter 2009 mean (95% CI)	2nd quarter 2010 mean (95% CI)
Number of training lists attended	**7.8** (0.98, 14.62)	**13.6** (4.66, 22.54)
Caecal intubation rate	**68.4%** (24.6, 112.3)	**90.4%** (77.62, 103.18)
Number of colonoscopies performed	**12** (0.45, 23.55)	**39** (2.1, 75.9)
Number of DOPS forms completed	**2.4** (-0.84, 5.64)	**7** (1.45, 12.55)

Methods An audit of the JETS eportfolio for the 5 colonoscopy trainees (3 medical and 2 surgical) within our unit, was undertaken to determine the number of training lists attended in the 4th quarter of 2009 prior to introducing generic training lists, and to compare this to the 2nd quarter of 2010 following commencement of the new system. Trainees were also asked to comment on their experience of the generic training lists.

Results The results of the audit are summarised in table 1. There was an increase in the mean number of training lists from 7.8 per quarter to 13.6 per quarter per trainee as a result of the new system. This was associated with a mean increase in caecal intubation rate, number of procedures performed, and the number of Direct Observation of Procedural Skills (DOPS) forms completed for each trainee. Four of the five trainees felt that the variety of trainers in the new system was an advantage over being taught by one trainer.

Conclusion The introduction of generic medical and surgical endoscopy training lists can improve the number of training lists available to trainees in accordance with JAG guidance. This may lead to improvement in trainee caecal intubation rates, and an increase in the amount of formal feedback provided by trainers.

Competing interests None.

Keywords endoscopy training, JETS.