Methods In addition to using our "Moodle" page as a repository for training information, rotation and teaching event details and Journal club records we have also developed Endoscopy and Gastroradiology atlases.

Forums for Case, Endoscopy and Radiology Presentations have also been developed, and these are "Question and Answer" forums in which trainees post a short introduction and others reply with their thoughts. Other trainee's postings become visible once an individual has posted themselves, thus removing the chance that all replies will mirror that of the first reply. As the discussion progresses the case is updated by the original poster to mirror how the case developed in real life.

To augment the learning during regional teaching, quizzes are placed on the VLE following each session and immediate feedback is given. Teaching evaluation is also obtained through the VLE which simplifies the analysis of this feedback.

We have surveyed how the trainee's use the VLE and which areas they find most useful via a questionnaire in order to guide further development.

Results Pleasingly all trainees were aware of the existence of a VLE for Gastroenterology and have accessed it at some stage. The case discussion forums are used most and found useful by all trainees. All those who have used the Endoscopy and Radiology libraries find them useful, and all trainees report finding the Journal Club records and the single point of access for training information, e-learning resources and rotation details useful. The quizzes following teaching sessions were seen as less helpful, but two thirds still found them to be useful. The medical apps area is not used by any trainees and this may relate more to the ready access to medical apps available on smart phones.

Conclusion The interactive use of the VLE has been accepted by most trainees and has led to evidence based discussion around cases and consolidation of learning together with providing a repository for the storage of information and resources. The "moodle" platform requires only simple IT skills and material can be developed by anybody with basic word processor skills. Further development is planned that will include blueprinting of the curriculum to the rotation and learning material available, together with further interactive case discussions.

Disclosure of Interest None Declared

PTU-005 AGREEING ENDOSCOPY TRAINER ATTRIBUTES – A DELPHI STUDY TO DEVELOP A TRAINER EVALUATION TOOLKIT

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[1,*]L Macdougall, [1]S Corbett, [1]M Welfare, [2]C Wells, [1]J R Barton. *[1]Northumbria Healthcare Trust, Newcastle-upon-tyne; [2]North Tees Hospital, Stockton-upon-Tees, UK*

Introduction Recent advances have been made to improve the skills of the UK's endoscopists but currently endoscopy trainers have no validated method by which to receive formative feedback regarding their training. Previous research has developed a list of attributes that describe the high quality trainer and could be used to deliver frequent feedback[1]. This study uses the Delphi technique to select and refine attributes to be included in an evaluation toolkit. The Delphi technique is a group consensus technique that involves asking a panel to take part in a series of rounds to clarify, refine and finally gain consensus on an issue.

Methods Four sub-groups (experts, trainers, nurse endoscopists and trainees) reviewed the list of attributes that describe good endoscopy trainers derived from previous work[1]. Participants were asked to suggest additions or modifications and rate the suitability of each attribute for two types of evaluation instrument: a single session (DOTS: directly observed teaching skills) or a rotation (LETS: long-term evaluation of teaching skills). After round one free text comments were analysed, additional items added and suggested modifications were made; attributes which scored less than 77% agreement were excluded; those that scored above 77% and had significantly different scores for the LETS and DOTS were allocated to the appropriate instrument. The remaining attributes were resubmitted to the panel in round 2

Results 62 participants completed the process. Following free-text analysis it was apparent that the panel wanted tools that were as short as possible. The attributes were therefore re-grouped and similar attributes amalgamated. Remaining comments were reviewed and subsequent modifications made, 17 attributes were excluded in round 1; 8 were allocated to the DOTS and 9 to the LETS. In round 2 a further 12 attributes were allocated to the DOTS and 6 to the LETS and one new item added

Conclusion By conducting this study it has been possible to develop a usable evaluation toolkit by which trainers could gain formative feedback on their performance. The Delphi process has enabled us to reduce the number of attributes included in the toolkit and refine these attributes. It has also enabled us to gain and amalgamate the opinions of a large panel of experts. Due to suggestions made by the panel, the original wording of 13 of the attributes was refined. Five attributes have resulted from an amalgamation of attributes

Disclosure of Interest None Declared

REFERENCE

1. Wells, C., *The characteristics of an excellent endoscopy trainer.* Frontline Gastroenterology, 2010. **1**: p. 13–18.

PTU-006 USING DIGISTORIES TO CHALLENGE STUDENT ATTITTUDES TO ADDICTION

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[1,*]L Macdougall, [2]A Teodorczuk, [2]A Hearn. *[1]Northumbria Healthcare Trust; [2]Newcastle, tyne and Wear Mental health trust, Newcastle-upon-tyne, UK*

Introduction Addiction to both alcohol and other drugs creates a large health burden within the NHS. Undergraduate exposure to these patients tends to be opportunistic and sporadic; we wanted to create a learning experience for large groups of 30+ students using a real patient storey. Patients with drug and alcohol dependence can lead chaotic lives and may feel threatened by a large group teaching encounter, they may struggle to talk about their often highly personal experiences. Moreover patients with addictions may only volunteer for teaching once they are have been abstinent and consequently their storey whilst relevant is no longer current.

Methods A transdisciplinary group of Gastrointestinal and Mental Health teachers elected to produce a digital storey (digistory) of a patient currently dependent on both alcohol and opiates. A digistory is a personal narrative normally set to still images which change in reference to the person's storey. Typically it is recorded using a Dictaphone and embedded within a PowerPoint picture presentation. The advantage of a digistory over conventional video is that the patient's anonymity is preserved whilst the patient retains their own voice; the addition of appropriate images makes the storey more powerful and creates a focus whilst listening to the audio.

A patient known to a regional addictions service was approached, consented and recorded. The digistory was shown to the patient prior being shown to the students.

In groups students discussed their previous experiences of addiction and then watched the digistory. To enhance knowledge transfer they were asked to consider a biopsychosocial problem list for the patient. They then reflected on their own preconceived ideas about addictions, reaction to the storey and developed a patient problem list.

Students completed a written evaluation of the session.

Results There was consensus that the digistory was a powerful learning tool and that the session was thought provoking. Furthermore they stated that the storey's power arose from the fact the