patient was a similar age to them and was local to the area. Students fed back in post-session evaluation that it had changed their perception of those with alcohol and drug problems.

Conclusion Some students did state a desire to still see patients for themselves; seeing patients personally will always remain important but we describe the use of a digistory as a powerful teaching tool to generate dialogue amongst learners, enhance knowledge exchange and address possibly misplaced attitudes to a vulnerable patient group. We recommend the use of digistories as a novel and effective teaching method to enable patients to tell very personal storeys whilst still protecting their anonymity.

Disclosure of Interest None Declared

PTU-007 EVALUATING ENDOSCOPY TRAINERS; HOW RELIABLE ARE PEER EVALUATORS?

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Introduction The training of future endoscopists is important to ensure the ongoing provision of a safe endoscopy service within the UK; however endoscopy training is of a variable standard. Peer evaluation can be used to improve teaching but this does not currently routinely occur in local endoscopy units. We therefore wanted to assess the reliability of peer evaluations using an evaluation tool currently being developed to gain both trainee and peer evaluations.

Methods The DOTS tool has been developed using the list of attributes described by Wells¹. In order to gain an assessment of reliability the tool was trialled on JAG approved Training the Trainer courses. Courses from November to March 2012 were contacted and asked to participate. Each course attendant was then sent an information letter and consent form. On day two of the course participants were asked to complete a copy of the DOTS for each of the training episodes they observed.

Data was analysed using SPSS 14; mean score and Cronbach alpha were calculated. Reliability was calculated using Generalisability theory; an initial analysis was performed using only trainers, peers and trainer: peer interaction as facets. A further analysis was then conducted including all possible sources of variance.

Results Eight of the ten courses contacted agreed to participate; all course participants consented to the study. 189 evaluations were collected; these were completed by 58 different peers; 45 trainers were evaluated receiving from one to ten evaluations each. Mean total evaluation score was 63.3 (out of 85); standard deviation 8.6. The tool showed a high level of internal consistency with a Cronbach alpha of 0.895. In the initial analysis 44% of the variance of scores was explained by the difference in trainers' ability to teach, 35% due to peer variance and 21% by peer:trainer interaction. The G-coefficient for one rater was 0.44 and three raters were required for a G-coefficient of 0.7. When the analysis was repeated the effect of course accounted for 20% of the variance in scores. Reliability was much lower with a G coefficient of 0.28 for one rater.

Conclusion The DOTS tool showed a high level of internal consistency. On initial analysis only three peer reviewers were required to gain acceptable levels of reliability. However on reanalysis the effect of course was responsible for the 20% of the variance and if results were generalised across course then the tool showed poor reliability. The effect of course was unexpected and needs to be investigated further; the tool also needs to be trialled within local units.

Disclosure of Interest None Declared

REFERENCE

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PTU-008 SIMULATED ENDOSCOPIC TRAINING: HOW JUNIOR DOCTORS UTILISE THIS RESOURCE

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Introduction Simulation is increasingly being recognised as an attractive tool to support endoscopic training. Standard training has been associated with certain limitations; longer procedural times, cost, unpredictable pathology and occasionally patient dissatisfaction. Use of endoscopic simulators, has been suggested as alternative training method. Although advocated by national and international endoscopy societies (BSG, ASGE), when and how it should be incorporated into endoscopic training is still debated. A recent Cochrane review, suggested it was of most benefit to novice endoscopists.

An endoscopic simulation programme has been established at the Royal Free simulation centre since 2009. Completion of the course is not a formal speciality training programme requirement. Enrolled trainees progress through a staged curriculum with frequent assessment of their endoscopic competencies. How junior trainees use this resource was explored in this study.

Methods All trainees that have undertaken endoscopic training at the simulation centre between 2009 and 2012 were invited to complete an anonymous online questionnaire. Subsequently a targeted focus group was conducted; participants included trainees and simulation centre trainers.

Results 62 trainees were invited to complete the survey, with a response rate of 48% (30/62). The majority of trainees (93%; 28/30) completed the course during evenings or at weekends. 77% self-funded the course and just 7% obtaining study leave. Trainees enrolled on the course for a median of 2 months. 52% (15/29) were studying for a postgraduate exam while completing this course and 1 in 5 trainees commuted from outside the M25 to attend the course. A third of trainees were undertaking a rotation in Gastroenterology when they enrolled on the course and 82% (22/27) wanted to pursue a career in Gastroenterology. 68% (17/25) reported they were actively applying for Gastroenterology or Surgical registrar training posts in the next 12 months. Frequently cited course outcomes by trainees included; greater familiarity with endoscopic equipment and technique, an opportunity to gain basic endoscopic skill training as a foundation doctor or SHO, improved individual time management skills and was an opportunity for trainees to demonstrate a relevant example of commitment to speciality.

Conclusion Trainees completing this course cited a broad range of perceived learning outcomes. In addition to gaining endoscopic skill training, completing the course enabled trainees to develop their interpersonal skills and demonstrate commitment to speciality. This study supports junior doctors undertaking simulated endoscopic training.

Disclosure of Interest None Declared

PTU-009 FROM ABSTRACT TO FULL PUBLICATION: A 15-YEAR REVIEW OF BRITISH SOCIETY OF GASTROENTEROLOGY (BSG) CONFERENCE OUTCOMES

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Introduction Abstract presentations at scientific meetings allow rapid dissemination of novel research and enables peer review before submission for publication. Not all abstracts are subsequently published in peer reviewed journals. The likelihood of subsequent full publication of abstracts from other medical speciality meetings has

been reported to range widely from 11–78%. Full publication is important and for the aspiring trainee enhances their CV. However it may be difficult to publish a negative study, with service review papers also suggested to be less likely to achieve full publication. This study evaluates the rate of BSG abstracts subsequently published in full over a 15-year period and the time duration between meeting and full publication.

Methods All abstracts presented at the BSG between 1994 and 2008 were assessed in Nov 2012. This ensured a 4 year period had elapsed since the last meeting included this study, a previously reported upper limit timescale of full publication of an abstract after a meeting. PUBMED and EMBASE databases were reviewed using cross-referencing of first author, senior author and at least one key word from the abstract title. Abstracts and possible full publications were then examined in tandem to ensure they represented the same study. Full publication rates and lag time were then compared between meetings, with an unpaired t test used to compare means and categorical data compared using a χ^2 test.

Results In order to provide comparable year on year data, outcomes of abstracts presented in the spring and autumn meetings of 1994 and 1995 were combined. Over the 15-year period the number of abstracts presented ranged from 578–330 but this did not vary significantly between years. However, the number ($n = 323 - n = 91$) and percentage (55.9%–20.4%) of abstracts presented that went on to full publication fell year on year ($r = -0.74$; $p = 0.002$ and $r = -0.83$; $p < 0.001$ respectively). Comparing lag times between meeting and full publication at the start of the study period in 1994 (mean 23.0 months: SD 15.04) and at the end in 2008 (mean 19.6 months: SD 9.2), this was significantly longer ($p = 0.014$ unpaired t test). Service development abstracts had a conversion rate to full publication of 6.9% (8/116) between 2004–2008, which was significantly lower than the 23.1% (525/2268) conversion rate identified for all abstracts submitted to the BSG during the same period ($p < 0.0001$).

Conclusion This study demonstrates that the number of abstracts that go on to achieve full publication at the BSG has fallen with a significant trend. Whilst improvements are identified in the time to full publication, the decline in BSG abstract output to full publication may reflect declining research activity within the UK gastroenterology community.

Disclosure of Interest None Declared

PTU-010 PERFORATION OR MUCOSAL TEAR- A CLASSICAL PRESENTATION OF COLLAGENOUS COLITIS WITH MUCOSAL TEAR

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Introduction In general, the colonic mucosa is macroscopically normal in collagenous colitis, although minor, non-specific abnormalities may be found. Significant endoscopic abnormalities, «mucosal tears» representing longitudinal mucosal lacerations, have been reported in a few patients with collagenous colitis (1). The colonoscopist should be aware that the risk of perforation is likely to be increased when mucosal tears are present. A 56-year-old female patient was referred to the outpatient clinic with 6 weeks history of profuse watery diarrhoea. Her significant past medical history includes colonic polyps and polypectomy in 2000 and her last colonoscopy in 2003 was normal. Her drug history includes alendronic acid 70 mg once a week, hormone replacement therapy patches, solifenacin 5 mg once a day and loperamide 2 mg as required. Her initial blood investigations including FBC, Urea & electrolytes, LFT, TFT, inflammatory markers, coeliac serology

& stool cultures were normal. Her colonoscopy revealed a mucosal tear at the splenic flexure and the biopsies confirmed collagenous colitis.

Methods N/A

Results N/A

Abstract PTU-010 Figure

Conclusion The colonoscopy usually reveals a normal mucosa or mild mucosal edema & usually biopsies required to confirm the diagnosis. The mucosal tears on endoscopic insufflation are not uncommon with collagenous colitis. A postulated mechanism for the mucosal lacerations in collagenous colitis might be the rigid character of the collagen containing subepithelium, possibly in combination with endoscopic insufflation, leading to stretching of the mucosa and subsequent tearing (2).

Disclosure of Interest None Declared

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PTU-011 A SURVEY ON PROVISION OF TEACHING FOR NASOGASTRIC TUBE PLACEMENT AS PART OF THE CURRICULA OF UK MEDICAL SCHOOLS

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Introduction Nasogastric tube (NGT) insertion for enteral feeding is common practice, but is associated with the risk of tube misplacement or malposition in both the immediate and subsequent time points.¹ Between 2005 to 2010, 21 deaths and 79 other cases of harm have been reported on the updated National Patient Safety Agency (NPSA) Alert (2011), «Reducing harm caused by nasogastric feeding tubes». In 45% of cases, misinterpretation of the chest X-ray was directly responsible for the harm inflicted.

The General Medical Council's (GMC) guidance for undergraduate education, «Tomorrow's Doctors (2009)» does not specify NGT placement as a core competency for a graduate or Foundation Trainee.²

The purpose of this survey was to ascertain the number of medical schools in the United Kingdom (UK) which provide specific teaching on NGT placement and correct identification of tube position (using either pH method or clinical interpretation of a plain