

## Session 4: free papers

OC-001

### INFLAMMATORY BOWEL DISEASE NURSING: RESULTS OF AN AUDIT EXPLORING THE ROLES, RESPONSIBILITIES AND ACTIVITY OF NURSES WITH SPECIALIST/ADVANCED ROLES WITHIN INFLAMMATORY BOWEL DISEASE

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**Introduction** The role of the nurse specialist in inflammatory bowel disease (IBD) in the UK has developed significantly. Audit work has illustrated the quality indicators provided by the role yet systematic review identified the need for clearer role definition and the completion of a scoping exercise of posts and models of practice. This abstract provides the results of the first UK national audit of IBD nursing.

**Methods** Each UK country was represented in the dataset, adults and paediatrics. Inclusion criteria: nurse with a specialist/advanced role caring for patients with IBD. Nurses were identified through the Royal College of Nursing IBD Network and advertising at meetings/nursing press. The audit was in three parts: demographic of the IBD nurse; demographic of IBD nurse service; prospective individual nurse activity over a 10-day period. An electronic reporting system was used to enter data and completed during a 10-day survey period May 2011.

**Results** Response rate was 82.5% (198/240). Numbers of IBD nurses are increasing but fall short of the recommended level set by the IBD Standards. Half of the nurses had been employed for <5 yrs (54%) and were in their first specialist nursing role. A quarter (25.8%) held no formal qualification at degree level. 55% make decisions to prescribe, drug type, dosage and treat. Over the 10-day audit period 6472 calls were taken through telephone advice lines, 3256 patients were seen in outpatient clinics, 112 in-patients with IBD were reviewed by the nurse specialists and 1203 patients attended to the nursing service for day case treatment. Services provided included education, telephone, inpatient/outpatient follow-up and management of biologic services. Advanced nursing practice, nurse led clinics and non-medical prescribing was identified. Two thirds of IBD nurse specialist services are suspended when the IBD nurse is away. Extrapolating daily over a 12 month period the data shows IBD nurses provide 28 980 patient episodes per year and work on average 33 min extra per day, equates to a minimum £347 200 per year.

**Conclusion** IBD nurses in the UK are carrying out significant levels of activity influencing the management of considerable numbers of patients and play a fundamental role in complex medicine management. Roles are exclusively based in acute care and have other GI nursing roles alongside IBD. Recommendations are a review of education and training needs and further national audit of the quality of patient experience in relation to IBD nursing services.

**Competing interests** None declared.

OC-002

### TEAM SIMULATION TRAINING FOR MEDICAL EMERGENCIES IN THE ENDOSCOPY UNIT

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**Introduction** Medical simulation is as an attractive way to practice clinical skills to improve confidence, teamwork and outcomes.<sup>1</sup> The endoscopy unit is an arena in which a heterogenous group of

patients present with complex medical comorbidities. While emergencies are uncommon, they require prompt & seamless management. Simulation is common in industries such as aeronautics to practice rare but predictable incidents. Simulation is also used for teaching endoscopy. We therefore piloted novel simulation training in medical emergencies for our own unit's endoscopy staff (ES) before rolling this out across our trust in East Kent.

**Methods** We conducted three half-day sessions in a dedicated simulation complex. ES were divided into teams of two nurses and a healthcare assistant rotating through scenarios such as anaphylaxis and angina followed by feedback, tutorials & literature. The scenario room was equipped with a sophisticated mannequin capable of speech & respiration attached to monitoring including pulse, oxygen saturations & blood pressure manipulated from a control room. The room was fitted with cameras and microphones to assist feedback. There was a viewing chamber in which ES could watch their colleagues. Written candidate feedback was obtained.

**Results** In April 2010, six of our ES completed the pilot session. In September 2010 & 2011, 12 ES from two hospitals in our trust completed the session. None of the ES had ever had specific training in this area and were not confident in their abilities prior to the session. The vast majority found the training to be enjoyable, useful and that it enhanced their confidence.

**Conclusion** Simulation is becoming recognised as an important training tool in rehearsing responses to a variety of clinical settings. Our experience demonstrates that our ES did not feel confident in recognising and managing medical emergencies perhaps as they do not encounter them as frequently as ward nurses. The absence of such training is an omission in improving patient safety. The use of training in teams which work together on a daily basis helped reduce anxiety and improved confidence and the overall realism of the simulation. The staff strongly felt that this training was realistic and targeted to their learning needs and experience. While the use of our sophisticated simulation facility was advantageous in running our programme this is not critical to propagating this to other trusts. The mannequin and much of the equipment is portable and our next aim is to bring the simulation inside the endoscopy room to enhance realism and facilitate transfer to any endoscopy unit.

**Competing interests** None declared.

## REFERENCE

1. Ruessler M, Weinlich M, Müller MP, *et al.* Simulation training improves ability to manage medical emergencies. *Emerg Med J* 2010;**27**:734–8.

OC-003

### NURSE VS DOCTOR CONSENT WITHIN ENDOSCOPY: ARE THEY EQUAL?

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**Introduction** This study compared the effectiveness of nurse led consent vs doctor led consent for patients undergoing day case diagnostic endoscopy. There have been no previous studies that have directly compared nurse to doctor consent within endoscopy. Ten years ago, it was suggested that consent at that time was mostly a doctor's task, but it might be beneficial to involve a nurse in the consent process.<sup>1</sup> There is a need to determine whether nurse consent is as effective as doctor consent, as nurse consent could lead to a more streamlined patient service, improve unit efficiency and increase job satisfaction.

**Methods** The study assessed patient knowledge, understanding and experience of an endoscopic procedure after being consented by either a nurse or a doctor. Patients who had a diagnostic gastroscopy