chest X-ray film). Furthermore, the authors sought to identify whether these medical schools included formative or summative assessment of the respective methods.

Methods All 30 GMC recognised Medical Schools within the UK were invited to participate by means of a standardised survey proforma. This proforma was emailed to relevant staff members who were either responsible for course development or were personnel within the clinical skills faculty.

Results To date, there has been a 57% (17/30) response rate (*Table 1*).

Abstract PTU-011 Table 1

	Number of Medical Schools
Formal teaching on NG tube insertion provided	10
Methods employed in assessing appropriate tube position:	
pH Testing	10
CXR interpretation	6

Of the 10 medical schools that provide formal teaching on NGT insertion, 8 of them required formative assessment for both the practical technique and the interpretation of correct tube position.

Of the 7 medical schools that do not to provide formal teaching of NGT insertion, 6 of them stated that this was due to the GMC's "Tomorrow's Doctors" guidance not including NGT placement as a mandatory proficiency for a graduate.

Conclusion This survey found that 59% (10/17) of the participating UK medical schools provide formal teaching on NGT placement and correct identification of tube position. There is variable emphasis on NGT procedure proficiency in undergraduate medical education. Given the risks highlighted by the 2011 NPSA report, we would suggest that NGT placement instruction and training should be facilitated at the undergraduate level.

Disclosure of Interest None Declared

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PTU-012 ENDOSCOPY TRAINING USING SIMULATORS: WHAT FACTORS AFFECT TRAINEE MOTIVATION TO LEARN?

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Introduction Simulation is increasingly being advocated to enhance training in complex technical skills such as endoscopy. While a growing body of evidence suggests simulation use within a study context can improve technical and non-technical skills [1], little attention has been paid to the learning experiences of trainee doctors using simulators to learn such skills.

Motivation is an important component of effective learning but anecdotal evidence suggests some trainees may be less motivated to learn in a simulated environment than in traditional training.

Aim To determine which factors trainee doctors identified as positively and negatively affecting levels of motivation during endoscopy training using a simulator.

Methods We invited a cohort of surgical and medical gastroenterology trainees to participate in semi-structured interviews. 6 trainees who had used an endoscopy simulator as part of their regular training were purposively selected to include a range of stages of training. We analysed the recorded interviews in an inductive fashion from an interpretivist perspective concentrating on key themes, outlying cases and use of language to develop insight into factors affecting motivation.

Results Major emergent themes specific to simulator use included:

- Context of simulator use including: Physical environment, professional and educational
- Positive impact of intermittent rather than continuous supervisor presence and feedback
- Recognising limitations of utility

Differences in individual preferences relating to the above issues was also emphasised suggesting, where possible, a tailored approach would maximise motivation. The limitations of simulator based learning was repeatedly mentioned by senior trainees, with a suggestion that being forced to learn on simulators beyond a point where they were perceived useful could have a detrimental impact on motivation. However, several trainees identified alternative uses such as team training exercises which could provide motivating simulator based learning at more senior levels.

Conclusion The above issues should be considered in all units using simulators in training for endoscopy or similar complex technical skills. The impact of the physical environment, altered role of the supervisor and optimum methods of delivering feedback in simulator based endoscopy training merit further exploration.

As simulator based learning becomes more widely available, careful consideration of how it is used at different stages of the endoscopy curriculum is required.

Disclosure of Interest None Declared

REFERENCE

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PTU-013 THE IMPACT OF EDUCATION ON FLUID PRESCRIBING AMONGST JUNIOR DOCTORS

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Introduction Gastroenterology patients frequently require intravenous fluids but inappropriate prescription is associated with poorer outcomes (1). Educational initiatives can improve fluid prescription (2) and this study examines knowledge of electrolyte requirements and post-operative fluid prescription amongst final year medical students and junior doctors, ten years on from the paper by Lobo *et al* (3).

Methods 56 junior doctors and final year medical students in a large UK teaching hospital answered a questionnaire on fluid prescribing practise before attending a formal teaching session on the topic where they also received a pocket handbook on Trust prescribing guidelines. Six months later they were asked to repeat the questionnaire. There were 36 respondents after the teaching session.

Results Prior to the teaching 25% did not feel confident with fluid prescribing and 34% felt they had unsatisfactory or poor teaching at medical school. 18% stated that fluid balance charts were not checked regularly. Only 10% of respondents were aware of the sodium content of normal saline and 9% would prescribe two or more litres of normal saline per day in a post-operative patient.

After the teaching session 94% felt confident with fluid prescribing and 64% knew the sodium content of normal saline. 5% would prescribe two or more litres of normal saline per day in a post-operative patient.

Conclusion Knowledge of electrolyte requirements and fluid prescribing is still inadequate, but a teaching session with a handout significantly improved knowledge and confidence in prescribing. The six months of experience gained in this time may be a confounding factor, but as the questionnaires indicated lack of fluid