**Introduction**

In the UK the Global Rating Scale (GRS) has been adopted as QA tool to improve the standards of endoscopic practice and of the patient experience. Endoscopy in Iraq is provided by a number of training and regional centres but without the level of integration seen in the NHS. We sought to benchmark practice against UK quality standards by surveying the main training centres and service providers of endoscopy in Iraq.

**Methods**

A Survey Monkey questionnaire with 40 questions relating to local endoscopic practice and based on defined areas of the GRS was sent to departmental leads in all regional centres in Iraq performing GI endoscopy by the President of the Iraqi Medical Society International. 24/35 responses (69%) were received (all 12 major institutions responded).

**Results**

67% of respondents were from University Teaching Hospitals, others worked in Regional Public or Private Hospitals. Population served ranged from 100,000 to 10 million; reflected in lists performed per week (range 3 to 20+). All Units perform diagnostic upper and lower GI endoscopy. Whilst 90% perform some ERCP only half perform >250 per year. Figures for EUS were similar (83% some EUS, 53% >250 cases per year). Enteroscopy is only performed in small numbers. No agreed performance standards exist on a national level.

Access to modern endoscopes, accessories and diathermy was acceptable. Survey data aligned to the patient experience, quality of procedure, workforce and training highlighted resource and training gaps: only 70% of respondents use a structured referral form with stratification of urgent cases, 54% are able to complete referral within 1-month. Written information about procedures is limited and the practice of informed consent fails short of UK standards. Numbers of recovery beds and staffing levels varied widely. Patient monitoring equipment was not universally available. 47% have an ERS, 47% paper-based records and 16% no reporting system. Morbidity and mortality, sedation practice and patient experience were recorded in less than half of responding institutions. Centres with a large number of trainee tend to have experienced trainers but assessment tools and training goals varied across institutions. Data on workforce was inconsistent, with conflicting reports from respondents working in the same institution.

**Conclusion**

Web-based surveys provide a means of investigating and benchmarking endoscopic practice, via non-UK national societies, against the quality standards integral to the GRS. Resource and training gaps have been identified using this method and will inform a planned BSG sponsored visit to Iraq to deliver targeted training on quality assurance, safety and training for endoscopy.

**Disclosure of Interest** None Declared.

---

**REFERENCES**


**Disclosure of Interest** None Declared.
This study aimed to assess ICU nurses’ perception of their ability to assess critically ill patients’ nutritional status using the evidence-based guidelines.

**Methods** A cross sectional descriptive design was employed. A total of 190 ICU nurses from two health care sectors in Jordan participated in the study and completed a structured questionnaire prepared to assess nurses’ perception of patients’ nutritional status.

**Results** Nurses showed greater levels of responsibility for ‘preventing complications’ and ‘evaluation’ than ‘assessment’ and ‘identifying goals’. Tube position is still confirmed via unreliable measures such as air bubbling technique (mean 4.00, SD 1.14). The mean for measuring Gastric Residual Volume was above the mid-point (3.70, SD 1.33). However, there was inconsistency in recognising the limit, threshold and frequency of measuring this volume. Diarrhoea is the most frequent complication of enteral nutrition (mean 3.36, SD 1.34) followed by abdominal pain, tube dislodgment, weight loss and uncontrolled blood sugar. Nurses perceived that the incidences of complications are less likely to occur in the presence of evidence-based guidelines than absence (rho= 0.73, df= 251, p < 0.001).

**Conclusion** Nurses show more concerns about the outcomes of enteral feeding instead of the preliminary assessment. Measuring GRV and confirming tube placement are still deficient and require further attention. EBP is acknowledged by nurses where undertaking such protocols is emphasised.

**REFERENCES**
Adam S, Batson S. A study of problems associated with the delivery of enteral feed in critically ill patients in five ICUs in the UK. Intensive Care Med 1997;23:261–266

**Disclosure of Interest** None Declared.