establish if they can be used effectively to utilise these skills in the delivery of bad news.

Methods A literature review of the current research into reflection and breaking bad news was undertaken; from this a number of consultation frameworks were selected, namely:

Models of Communication
SPIKES (Breaking bad news)
The MacMaster Technique
Reflective Practice and the use of Gibbs reflective cycle

Key themes were identified in terms of professional and personal responsibility, particularly around communication, during the process of breaking bad news. These were adopted into clinical practice. Using Gibbs reflective cycle, personal reflection was undertaken during this transition phase and results noted.

Results Effective communication in breaking bad news demonstrating empathy and respect is vitally important, and one could argue as significant as treating the person who has a cancer diagnosis. The manner in which the information is imparted to the participant and their family can have serious consequences on their psychological morbidity and their ability to engage with the decision making processes in regard to their healthcare management.

Application of the structure from the Calgary Cambridge Consultation Framework, supported by the SPIKES communication model and the MacMaster Technique, provides the necessary tools to support the participant through potentially difficult clinical consultations. Likewise, practitioners are able to manage the consultation and have a clear process to follow, allowing for respect, empathy and support for the participants; thus augmenting the quality of service provided.

Conclusion It is essential that SSPs have the knowledge and skills to furnish them for effective communication skills to break bad news and to support participants and their families. Implementation of these frameworks has been found to provide the tool with which the SSP can be supported in their clinical practice and also sustain their participants when communicating a life altering diagnosis.

REFERENCES
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Disclosure of Interest None Declared.

PTU-006 GASTROENTEROLOGY TRAINEES EXPRESS AN INTEREST TO LEARN TO PERFORM ULTRASOUND-ASSISTED LIVER BIOPSIES: RESULTS OF A NATIONAL SURVEY (UK)

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Introduction Liver biopsy for the assessment of parenchymal liver disease is increasingly performed under direct ultrasound guidance by radiologists. As such, it is no longer a mandatory requirement for hepatology trainees in the UK to achieve competence in this procedure.

Methods We aimed to determine whether trainees are receiving training to perform ultrasound-assisted liver biopsies; and whether they would be interested in doing so if not. Trainees anonymously responded to a 10 question, web based survey using a combination of pre-defined answers in drop down boxes and free text answers.

Results Surveys were sent to approximately 800 trainees. 226 surveys were returned. Respondents represented all training
DEVELOPMENT OF A SMARTPHONE APP TO AID THE GUT

We set out to develop these into “guidelines for the management of inherited polyposis syndromes. Effective in providing guidelines accessible from a smartphone by health care professionals (HCPs) as a quick and easy guide form.

They are becoming increasingly used by health care professionals (HCPs) as a quick and easy guide for delivering evidence-based medicine. “Apps” are particularly effective in providing guidelines accessible from a smartphone with contents that can be updated frequently. The Polyposis Registry at our institution has spearheaded the formulation of guidelines for the management of inherited polyposis syndromes. We set out to develop these into “app” form.

Methods Essential content of our institution’s guidelines (based on published guidelines) was selected by a multidisciplinary team and edited to suitable format for the “app” programmers, and a trial version was produced. This was tested by a group of HCPs (colorectal surgeons, gastroenterologists, nurse specialists). A questionnaire was sent out after the trial to determine the usefulness and effectiveness of the “app”.

Results Eighteen HCPs trialled the “app”. 89% found it relevant and useful in their clinical practice, and would use it at least once a month. 83% said that it provided the information they required, and all would recommend it to a colleague. None considered it hard to use. Some improvements were suggested, which will be implemented in the final version offered externally.

Conclusion We present an “app” which provides our evidence-based guidelines for the management of polyposis syndromes in an easily accessible and updatable form, and describes its development.

Disclosure of Interest None Declared.

PTU-007 DEVELOPMENT OF A SMARTPHONE APP TO AID THE CLINICAL MANAGEMENT OF POLYPOSIS SYNDROMES

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10.1136/gutjnl-2014-307263.81

Introduction Smartphone “apps” are becoming increasingly used by health care professionals (HCPs) as a quick and easy guide for delivering evidence-based medicine. “Apps” are particularly effective in providing guidelines accessible from a smartphone with contents that can be updated frequently. The Polyposis Registry at our institution has spearheaded the formulation of guidelines for the management of inherited polyposis syndromes. We set out to develop these into “app” form.

Methods Essential content of our institution’s guidelines (based on published guidelines) was selected by a multidisciplinary team and edited to suitable format for the “app” programmers, and a trial version was produced. This was tested by a group of HCPs (colorectal surgeons, gastroenterologists, nurse specialists). A questionnaire was sent out after the trial to determine the usefulness and effectiveness of the “app”.

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Conclusion We present an “app” which provides our evidence-based guidelines for the management of polyposis syndromes in an easily accessible and updatable form, and describes its development.

Disclosure of Interest None Declared.

PTU-008 DEDICATED COLONOSCOPY TRAINING LISTS IMPROVE TRAINEE COMPLETION RATES TO MATCH A CONSULTANT BENCHMARK

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10.1136/gutjnl-2014-307263.82

Introduction Colonoscopy is the gold standard modality for investigation of colonic disease. The procedure can be challenging to perform. Complete colonoscopy, defined as intubation of the terminal ileum, neo-terminal ileum, or caecum, should be achieved in greater than 90% of cases on an intention to complete basis. Historically trainees have performed colonoscopy on service lists, and ad hoc training lists and may have had incomplete access to training. Trainees currently working in our unit perform colonoscopy on dedicated training lists prior to JAG certification of independence. We performed a large retrospective study of colonoscopy completion rate, comparing two groups of gastroenterology trainees with consultant gastroenterologists.

Methods 5307 consecutive colonoscopies, from a five-year period in a single centre, were triaged by first endoscopist. Groups identified were 1) consultant gastroenterologists 2) previous trainees (individuals who trained in the unit in the past, performing colonoscopy on service, ad hoc training, and dedicated training lists) 3) Current trainees (employed in the unit at time of study, performing colonoscopy on dedicated training lists). Colonoscopy completion rate, as defined above, was determined for each group. Odds ratios and 95% confidence intervals were calculated to compare the completion rate between groups.

Results Results are summarised in the table.

Conclusion Consultants were more likely to achieve complete colonoscopy than previous trainees, who did not achieve >90%

PTU-008 Table 1

<table>
<thead>
<tr>
<th>Group</th>
<th>Total colonoscopies</th>
<th>Complete procedures</th>
<th>Probability of completion</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>4439</td>
<td>4104</td>
<td>0.92</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Previous trainees</td>
<td>646</td>
<td>561</td>
<td>0.87</td>
<td>1.72</td>
<td>1.44-2.39</td>
</tr>
<tr>
<td>Current trainees</td>
<td>222</td>
<td>206</td>
<td>0.93</td>
<td>0.95</td>
<td>0.57-1.60</td>
</tr>
</tbody>
</table>