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

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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”.

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 describe its development.

Disclosure of Interest None Declared.

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

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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%

Abstract 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>