Abstract PTH-142 Table 1 TEAM BRIEF – ‘The Huddle’

CHALLENGES	ENABLERS
Complacency	Unit staff drivers for huddle
Distractions	Motivation of unit staff
Hierarchy	Equipment needed/problems identified
Lack of consistency	Introductions and roles identified
Non-compliance	Knowing what to expect from the list
Familiarity	
Lack of assertiveness	

Abstract PTH-142 Table 2 TIME OUT – ‘The Pause’

CHALLENGES	ENABLERS
Not everyone recognises the value of time out	Brings the team together
Becomes a ‘tick box’ exercise	Patients kept safe
Poor time management	Makes everyone aware of risks and to remind each other
Getting everyone together at the same time	When everyone participates risks are highlighted
Loss of focus during timeout, concentrating on other tasks	Identifies patient alerts, consent, medical conditions, allergies
Distractions	
Starting time out before all staff are in the room	
Sign out not signed	

Abstract PTH-142 Table 3 SIGN OUT – ‘Sign Off/Strike Off’

CHALLENGES	ENABLERS
Time constraints	Right patient, right report and right diagnosis
Entire team not always present for sign out	Two nurses checking reports and specimens before next patient arrives in the room

Abstract PTH-142 Table 4 DEBRIEF

CHALLENGES	ENABLERS
Debrief does not happen	Boosts morale
Endoscopists leaving department without checking patients	Identifies any issues

Conclusions Endoscopy staff report that human factors present barriers to the performance of checklist.

There is a need to further explore the relationship between direct observation of practice and non-technical skills and whether training in human factors for endoscopy teams can reduce adverse events and improve safety behaviour.

PTH-143 MEDICAL STUDENTS’ PERCEPTION OF UNDERGRADUATE HEPATOLOGY TEACHING IN THE UK – A NATIONAL SURVEY

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Introduction Exposure to and teaching of clinical Hepatology during training at UK medical schools is anecdotally limited. Due to rising mortality rates, addressing liver disease has been identified as a national clinical priority and raises the question of whether Hepatology teaching on undergraduate curriculums is adequate for the increasing demand. To date, there has been no evaluation of the undergraduate Hepatology curriculum.

The aim of this study was to assess final year UK medical students’ attitudes towards their current hepatology curriculum and their confidence of knowledge regarding hepatology-related clinical conditions.

Methods 31 UK medical schools were approached to partake in this study. 10 medical schools gave permission to distribute our 9-question online questionnaire to their students. Responses were collected over ten weeks following two rounds of local advertising. Ethical permission was obtained from the Medical Education Ethics Committee, Reference MEEC1617–45.

Results 123 responses were obtained from 10 UK based universities. The undergraduate medical education in Hepatology was rated as poor or unsatisfactory by 47.2% of respondents. 67.5% of participants strongly agreed or agreed that the inclusion of a Hepatology rotation would be useful to students and should be in the curriculum. Completing an additional component, such as student selected module, in hepatology was associated with higher confidence levels in key hepatology-related conditions.

Conclusions This is the first study to look at medical students’ perception of clinical Hepatology teaching in the undergraduate curriculum. High levels of inadequacy associated with the current teaching suggest the need for a revised curriculum. There is potential to increase Hepatology exposure to students through optional modules and a mandatory Hepatology rotation, to improve confidence levels and equip students for the future challenges with liver disease.

PTH-144 ALIGNING JETS SEDATION KEY PERFORMANCE INDICATOR MEASUREMENTS WITH CURRENT UK STANDARDS: IMPACT ON TRAINEE OUTCOME

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Background The measurement of sedation KPIs in colonoscopy varies between JETS certification criteria and recent UK standards. To align standards in preparation for the National Endoscopy Database (NED), changes were recently made on JETS: 1) measuring average sedation doses, when used, with mean vs. median, and 2) reducing the maximum recommended midazolam dose in patients aged 70+ from mean of 2.5 mg to median of 2 mg. We aimed to explore the impact of these changes on trainee outcomes of exceeding recommended average doses.

Methods Sedation KPIs for midazolam [M], fentanyl [F] and pethidine [P] were extracted from the JETS e-Portfolios of trainees awarded provisional colonoscopy certification (PCC) between June 2011–2016, and stratified by drug and age (<70 vs. 70+). Calculations were applied at trainee level in the 50 procedures pre-PCC. Unsedated procedures were excluded. Normality testing was performed using the Shapiro-Wilk method, with skewed data expressed in medians and

Abstract PTH-144 Figure 1 Scatterplot demonstrating differences between mean and median averages for each trainee's sedation KPIs. Thick line denotes median of differences and thin line denotes the mean of differences.

pairwise comparisons of KPI data made using Wilcoxon and McNemar's tests.

Results 733 trainees performed 36 650 procedures with M (75.6%), F (49.6%) and P (25.3%). Normality testing indicated the skewed distribution of sedation doses, which supported the use of medians. At trainee-level, changing mean to median resulted in smaller average doses of M, F and P for patients aged <70 and 70+ (figure 1), with lower estimates in 41.6%. Fewer trainees exceeded the 2.5 mg midazolam dose threshold in 70+ (table 1) when averaged with median (4.4%) vs. mean (8.1%) [$p<0.001$]. In this group, limiting the median M dose from 2.5 mg to 2 mg led to an increase in trainees failing to meet this standard (from 4.4% to 10.7%, $p<0.001$). Overall, the change of KPI measurement increased the proportion of trainees exceeding the new sedation threshold at PCC from 8.1% to 10.7% ($p=0.010$).

Conclusions The JETS sedation KPIs have aligned with UK standards. As this may affect trainee outcome, all colonoscopy

trainees and trainers should take note and exercise caution with sedation use, particularly in elderly patients.

Abstract PTH-144 Table 1 Impact of sedation KPI calculations/thresholds on competence metrics. *Recommended doses are age-stratified. <70: M≤5 mg, F≤100 mcg, P≤50 mg, >70: M≤2.5 mg, F≤50 mcg, P≤25 mg

Patient Age	M		F		P	
	< 70	70+	< 70	70+	< 70	70+
Trainees	732	729	607	579	392	346
Trainees>JETS* (mean)	0.1%	8.1%	0.2%	10.2%	0	0.9%
Trainees>JETS* (median)	0	4.4%	0	0	0	0.3%
Trainees>UK standards (median)	0	10.7%	0	0	0	0.3%