weekly feedback and support via WhatsApp. Trainees were required to perform procedures with all 3 present: one carrying out the OGD, the 2nd supporting with vocal prompts and the 3rd recording the procedure via mobile technology. DOPS feedback took place on each case locally and supplementary feedback was delivered by UK faculty following video review. In 2017 the UK team revisited Freetown and provided further training on live cases. Each trainee underwent an oral viva examination and were assessed by 2 trainers over an OGD case by summative DOPS. In 2018 at the time of a third visit, the 3 trainees were again assessed with a focus on report writing and pathology recognition.

Results To date 290 OGDs have been performed by Freetown doctors without complication. At the time of the second visit in 2017, all trainees satisfied DOPS criteria demonstrating competent, safe practice and were awarded “provisional certification” and continued to practice in pairs. In 2018, all trainees demonstrated additional periprocedural competence and knowledge and were granted “full certification” to practice alone, with the proviso that they continued to provide videos of pathology as part of ongoing remote support. 250 procedures had been performed by the team at this point in time with high quality KPIs of D2 intubation and retroflexion occurring in >90% of cases. Train the Trainer training was delivered to Freetown endoscopists in 2018 and utilised in training 3 new trainees.

Conclusion A sustainable OGD service can be developed using intermittent direct supervision and remote mentoring. The use of intense procedural visualisation, trainee to trainee feedback and highly supportive trainers are identified as critical elements to achieve this. Similar models could be applied in other developing countries.

PWE-101 AN INNOVATIVE MODEL OF INTERPROFESSIONAL EDUCATION TO IMPROVE STAFF CONFIDENCE, COMPETENCE, AND MULTIDISCIPLINARY COMMUNICATION

Sundas Hasan*, Ms Jocelyn Hewitt, Ms Nkechi Anakwue, Ms Anh Hui, Eleanor Wood.
Homerton University Hospital, London, UK

10.1136/gutjnl-2019-BSGAbstracts.472

Introduction We have introduced an innovative model of interprofessional education on the gastroenterology ward at Homerton University Hospital NHS Foundation Trust, United Kingdom (UK). The purpose of this model is to improve self-reported confidence and clinical competence of staff and to promote multidisciplinary communication.

Methodology There are five phases of the education model.

In phase one (1), reflective sessions were conducted for all ward nurses with an aim to develop a better understanding of the concept and to incorporate reflection into everyday clinical practice. Questionnaires pre and post-session were distributed.

In phase two (2), once-monthly medical teaching sessions were organised for junior doctors and nurses over a one-year period (December 2017- November 2018).

In phase three (3), a staff survey was conducted (June 2018), mid-way through the medical teachings to assess confidence in skills gained through attendance at these sessions.

In phase four (4), five-minute poster reading sessions were introduced for nurses. These sessions were conducted once weekly over a five-month period (August 2018- December 2018). The poster was generated from preceding month's medical teaching session.

Qualitative semi-structured interviews were conducted to assess the quality of these sessions in phase five (5).

Results

1. Reflective sessions were arranged for 85% of the ward nurses (n=14 nurses). Pre and post-session questionnaires demonstrated good understanding of reflection and all nurses agreed that it enhanced thinking and analytical skills.
2. Eleven medical teaching sessions were conducted over a one-year period (December 2017- November 2018). The total number of attendees was 79, 42% were doctors and 38% were nurses. All staff agreed that the sessions made them more confident in the management of particular cases. The majority also agreed that these sessions would change their practice.
3. Staff survey results at six months (mid-way) were gathered from 36% of staff that had attended one or more of the teaching sessions. All agreed that they have been more confident in applying the skills taught and that the sessions promoted multidisciplinary communication.
4. The total number of Poster reading sessions was 18 over the five-month period (August 2018- December 2018).
5. Semi-structured interviews were conducted after five months of running the Poster reading sessions. All nurses agreed that the sessions enhanced confidence and clinical skills.

Conclusions Implementing an interprofessional education model within a clinical area was challenging due to busy clinical commitments. However, these sessions have provided staff with an efficient way of learning within a clinical environment. These sessions have improved self-reported confidence and clinical skills, and promoted multi-disciplinary communication.

PWE-102 AN EDUCATIONAL INTERVENTION IMPROVES FOUNDATION DOCTORS' CONFIDENCE IN THE MANAGEMENT OF PATIENTS WITH ASCITES

David Johnston*. Causeway Hospital, Coleraine, UK

10.1136/gutjnl-2019-BSGAbstracts.473

Introduction Cirrhosis is the most common cause of ascites, with ascites occurring in 50% of patients with cirrhosis over 10 years of follow-up¹. Cirrhosis is responsible for ~% of all deaths in most European countries, and is increasing in incidence in the UK and Ireland².

Ascites has a mortality rate of 48% at one year, and can have acutely life-threatening complications such as spontaneous bacterial peritonitis³.

Direct observation in our unit suggested that Foundation doctors were often not confident in the management of patients with ascites.

Methods 19 Foundation doctors (14 Foundation year one (F1), and 5 Foundation year two (F2)) in a district general hospital completed a 13-question survey to assess their confidence in the management of patients with ascites. Each