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

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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

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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

question asked them to rate their confidence on a scale from 0 to 10. Following completion of this survey, an interactive teaching session on ascites was delivered.

This included information about the causes and pathogenesis, investigations necessary, practical information about how to perform a diagnostic paracentesis and interpret the results, and treatment strategies. Following the teaching session, the Foundation doctors completed the same survey again. A paired t-test compared the average score for each Foundation doctor pre-teaching and post-teaching.

Results An average pre-teaching and post-teaching confidence score was calculated for each Foundation doctor.

The mean average pre-teaching score was 2.77 (2.13 for F1, 4.57 for F2), and the mean average post-teaching score was 7.68 (7.24 for F1, 8.91 for F2).

The average post-teaching confidence score for each Foundation doctor was compared to the corresponding average pre-teaching confidence score using a paired t-test. There was a statistically significant improvement following the teaching session, with $p < 0.0001$. (See Figure 1.)

The questions receiving the lowest average pre-teaching confidence score were confidence in performing a diagnostic paracentesis (2), confidence in knowing what tests to order and bottles to use for an ascitic fluid sample (1.79), and confidence in management of hyponatraemia in ascites (2.05).

Conclusions A focused educational intervention improved Foundation doctors' confidence in the management of ascites. This will hopefully be reflected in an improvement in patient management and outcomes. Rapid detection and treatment of spontaneous bacterial peritonitis is crucial.

Future work could incorporate similar presentations into local trust induction for the Foundation doctors.

Abstract PWE-102 Figure 1

REFERENCES

- Moore KP, Aithal GP. Guidelines on the management of ascites in cirrhosis. *Gut*. 2006 Oct;**55** Suppl 6:vi-2.
- European Association for the Study of the Liver. *The Burden of Liver Disease in Europe*. 2013.
- Khan J, et al. Ascites: aetiology, mortality and the prevalence of spontaneous bacterial peritonitis. *Scand J Gastroenterol*. 2009;**44**(8):97-.

PWE-103 YOUTUBE FOR STOMA SURGERY INFORMATION FOR PATIENTS: ARE WE THERE YET?

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Introduction Patients are increasingly seeking health related guidance on social media. Providing reliable information on YouTube may improve anxiety and positively influence decision making for patients considering elective stoma formation. Our aim was to assess the quality and characteristics of YouTube videos related to elective stoma formation.

Methods YouTube was searched for stoma surgery and phrases relating to stomas. The 100 most viewed videos were identified and user interaction analyzed. Two authors independently used a novel 5 point critical appraisal tool, notably: adequate content; effective use of images; evidence based information; avoidance of medical jargon and support references, to assess the quality of patient information videos.

Results 52 videos were uploaded by patients, 9 by hospitals, 32 by HCPs and 7 by charity channels. 57 videos (57%) discussed life after surgery. 57% videos discussed life after surgery; 50 of these were uploaded by patients who had previously undergone stoma surgery, and of these 38% focused on changing a stoma bag. 81.2% of Health Care Practitioner (HCP) videos were educational films of live surgery. Other themes identified were: life with disease (29%) and stoma surgery complications (2%). Patient uploaded videos had significantly more comments ($P = 0.001$). No video obtained a perfect score on the critical appraisal tool.

Conclusions Understanding the sequelae of surgery and long term quality of life are important for preoperative patients (2). Given this, there is a clear lack of comprehensive and accurate stoma related videos easily identifiable by patients to address these topics on YouTube. The majority of videos were largely targeted at medical professionals; those that were patient directed lacked accuracy and were of limited use. Videos are a powerful medium of improving patient understanding and help in patient counselling. HCPs should consider the production of professional videos to use as an adjunct to clinical consultations to address common pre-operative concerns.

REFERENCES

- Zhao, Y & Zhang, J. (2017) Consumer health information seeking in social media: a literature review. *Health Info Libr J*. **34**(4), 26-83. Available from: doi:10.1111/hir.12192.
- Keulers, B. J., Scheltinga, M. R., Houterman, S., Van Der Wilt, G. J., & Spauwen, P. H. (2008). Surgeons underestimate their patients' desire for preoperative information. *World journal of surgery*, **32**(6), 96-70. Available from: doi:10.1007/s0026-0-58-.

PWE-104 EDUCATING THE ADMIN TEAM – EVALUATING THE IMPACT OF GASTROENTEROLOGY EDUCATION TO NON-CLINICAL STAFF

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Introduction Gastroenterology departments rely on a range of admin staff, including: secretaries, receptionists, scheduling staff and patient care co-ordinators. Anecdotally there can be difficulties retaining these team members.