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

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

¹Diya Kapila*, ²Mr Karan Rangarajan. ¹Kingston Hospital, Kingston, UK; ²Frimley Park Hospital, Surrey, UK

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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.

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

Simon Phillpotts*, Gareth Parkes. Royal London Hospital. Barts Health NHS Trust, London, UK

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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.