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.