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?

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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

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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.

Abstract PWE-104 Figure 1

Departmental feedback identified a desire by these staff to have a better understanding of the specialty and tests they are involved in booking. Our belief was that through increasing staff's knowledge and understanding there would be a reciprocal improvement in job satisfaction, engagement and hopefully retention of these valued members of the team.

Method A monthly programme of gastroenterology teaching has been delivered by gastroenterology registrars and nurse endoscopists. Topics included basic physiology and anatomy; common gastroenterology conditions; co-morbidities; and practical sessions with equipment.

Qualitative feedback has been sought from all attendees to evaluate the impact of these sessions. This comprised of Likert scale responses to six questions.

Results 12 members of the admin team have attended the sessions, including: endoscopy schedulers (6), receptionists (2), patient care co-ordinators (2), administrative assistant (1), team leader (1). The median time in posts is 9.5 months (range – 4m).

Average responses to six questions, including ranges, are represented below.

Additional comments identified that the new knowledge had enabled staff to explain procedures and answer questions, as well as being able to give advice for medications pre-procedure.

Conclusion Formal and informal feedback for this teaching programme has been excellent. The sessions were unanimously viewed as useful and had improved staff knowledge, resulting in requests for further sessions. The majority of attendees agreed that they subsequently used this knowledge, making them more independent and improving their enjoyment of their post.

We conclude that this relatively simple intervention has had a positive impact on our admin staff, not only by improving knowledge but also making them feel more valued and respected members of the team.

PWE-105 CHEST X-RAY INTERPRETATION FOR NASOGASTRIC TUBE POSITION CONFIRMATION: A STANDARDISED TRAINING MODULE AND COMPETENCY ASSESSMENT

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Introduction A 2011 Patient Safety Alert for nasogastric tubes (NGT) highlighted only 31% of junior doctors had received formal guidance or training on the use of chest x-ray (CXR) for confirming NGT position¹. They recommended that all staff assessing NGT position on CXR should be assessed for competency². This lack of training is reflected in one study demonstrating 82.4% of 34 registrars completed inaccurate and unsafe documentation in regard to confirming NGT positioning⁴. They emphasised the need for an education programme to support safe reporting of CXRs for confirmation of NGT positioning⁴ yet a standardised way to deliver this is lacking and was mirrored in the most recent NPSA⁵.

Online training does exist, yet many of the images are not reflective of daily practice. Therefore, we developed a standardised training package and competency assessment to be utilised within the Trust and evaluate its effectiveness for training.

Methods Pre-training knowledge was assessed via online survey. The new training comprises a presentation, followed by individual competency assessment of twenty anonymised 'real-life' radiographs. Responses were made via multiple choice assessments. Participants automatically failed if they said a tube was safe to use when it was in the lung and were only allowed to defer for radiology opinion for pre-set radiographs.

Results The online survey was completed by 60 doctors across all training grades. The majority of responders were first asked to confirm tube position as an FY1, but almost 40% had never received formal training in how to do so. Of that