Abdominal Paracentesis Proforma

Great Western Hospital NHS Foundation Trust

COMPLETE THIS PROFORMA FOR ALL PATIENTS UNDERGOING ABDOMINAL PARACENTESIS

- Affix patient identification sticker here if available -

PATIENT NAME : _____

MRN : _____

DOB : _____

INDICATIONS FOR ABDOMINAL PARACENTESIS:

Therapeutic benefit ☐

Refractory ascites ☐

Diuretic resistant ascites ☐

Malignant ascites ☐

1. PRE-DRAIN

✓ Ensure there is an appropriate indication necessitating abdominal paracentesis (see above) ☐

✓ Check relevant pre-procedure medications (i.e. aspirin, clopidogrel, warfarin, DOAC, heparin) ☐

✓ Check pre-procedure INR (discuss with Gastro SpR if >1.7) ☐

✓ Check pre-procedure platelets (discuss with Gastro SpR if <50) ☐

✓ Consent (including discussion of complications : bleeding, perforation, infection, failed procedure) ☐

✓ Assess the need for USS-guidance (i.e. in the instance of a 'dry tap') ☐

2. DRAIN INSERTION

✓ Time of drain insertion: _____ Number of attempts required: _____

✓ Additional information: (i.e. which sterile measures were used, development of any complications, any investigations that ascitic fluid was sent for etc.)

3. DRAIN MANAGEMENT

✓ Volume expansion requested from Blood Bank (20% Human Albumin Solution, 'HAS') ☐

✓ Volume expansion prescribed (100mls HAS for every 3 litres of ascites drained) ☐

✓ Nursing staff instructed to remove drain after 6 hours ☐

✓ Total volume of ascites drained: _____ Volume of HAS required: _____

NAME: _____ **SIGNATURE :** _____ **BLEEP :** _____ **DATE :** _____

Abstract PWE-106 Figure 1

introduction of a dedicated proforma. There remains further scope to develop this, ideally supported by practical training.

PWE-107 DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) ASSESSMENT IN GASTROSCOPY: VALIDITY AND COMPETENCY DEVELOPMENT DURING TRAINING

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Introduction Validated competency assessment tools and the data supporting milestone development during gastroscopy training are lacking. We aimed to assess the validity of a novel formative direct observation of procedural skills (DOPS) assessment tool in gastroscopy, and study competency development using DOPS.

Methods This was a prospective multicentre analysis of formative gastroscopy DOPS assessments. Internal structure validity was tested using exploratory factor analysis and reliability estimated using generalisability theory. Item and global DOPS scores were stratified by lifetime procedure count to define learning curves, using a threshold determined from receiver operator characteristics (ROC) analysis. Multivariable binary logistic regression analysis was performed to identify independent predictors of DOPS competence.

Abstract PWE-107 Figure 1 Learning curves in gastroscopy as assessed by the constructs identified in factor analysis: a) Pre-procedure, b) Technical (covering Insertion & Withdrawal and Visualisation domains), c) Non-technical (covering Management, Post-Procedure and ENTs domains).

Results 10086 DOPS were submitted for 987 trainees from 275 UK training centres. Exploratory factor analysis identified three distinct item groupings: representing 'pre-procedure', 'technical' and 'post-procedure non-technical' skills. From generalisability analyses, sources of variance in overall DOPS scores included: trainee ability (31%), assessor stringency (8%), assessor subjectivity (18%), and trainee case-to-case variation (43%). The combination of 3 assessments from 3 assessors was sufficient to achieve the acceptable reliability threshold of 0.70. On ROC analysis, a mean score of 3.9 provided optimal sensitivity and specificity for determining competency. This threshold was attained in the order of: 'pre-procedure' (10–24 procedures), 'technical' (15–74 procedures), 'post-procedure non-technical' skills (20–24 procedures), and overall competency (22–49 procedures) [Abstract PWE107 Figure 1]. Higher lifetime procedure count ($P<0.001$), DOPS count ($P<0.001$), trainee specialty ($P=0.028$) and assessor specialty ($P=0.002$), trainee seniority ($P=0.011$) and lower case difficulty ($P<0.001$) were multivariable predictors of DOPS competence.

Conclusion This study establishes milestones for competency acquisition during gastroscopy training and provides novel validity and reliability evidence to support gastroscopy DOPS as a competency assessment tool.

PWE-108 THE FLEXIBLE SIGMOIDOSCOPY DOPS ASSESSMENT TOOL: EVIDENCE OF VALIDITY AND COMPETENCY DEVELOPMENT DURING TRAINING

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Introduction Data supporting milestone development during flexible sigmoidoscopy (FS) training are lacking. We aimed to present validity evidence for our formative direct observation of procedural skills (DOPS) assessment in FS, and use DOPS to establish competency benchmarks and define learning curves for a national training cohort.

Methods This prospective UK-wide (211 centres) study included all FS formative DOPS assessments submitted to the national e-portfolio. Reliability was estimated from generalisability theory analysis. Item and global DOPS scores were correlated with lifetime procedure count to study learning curves, with competency benchmarks defined using contrasting groups analysis. Multivariable binary logistic regression was performed to identify independent predictors of DOPS competence.

Results 3616 DOPS submitted for 468 trainees were included for analysis. From generalisability analysis, sources of overall competency score variance included: trainee ability (27%), assessor stringency (15%), assessor subjectivity attributable to the trainee (18%) and case-to-case variation (40%), which enabled the modelling of reliability estimates. The competency benchmark (mean DOPS score: 3.84) was achieved after 15–74 procedures. Across the cohort, competency development occurred in the order of: pre-procedural (5–4), non-technical (7–49), technical (12–74) and post-procedural (17–99) skills (Abstract PWE108 Figure 1). Lifetime procedural count ($P<0.001$), case difficulty ($P<0.001$), and lifetime formative DOPS count ($P=0.001$) were independently associated with DOPS competence, but not trainee or assessor specialty.

Conclusion Sigmoidoscopy DOPS can provide valid and reliable assessments of competency during training and can be used to chart competency development. Contrary to earlier studies based on destination-orientated endpoints, overall competency in sigmoidoscopy was attained after 150 lifetime procedures.