PWE-113 HAEMOSTASIS EXPERIENCE ON COMPLETION OF SPECIALIST TRAINING IN GASTROENTEROLOGY: ANALYSIS OF THE JETS E-PORTFOLIO

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Introduction Upper gastrointestinal bleeding (UGIB) is a common life-threatening emergency. Gastroenterologists are typically expected to be competent in delivering endotherapy for UGIB, with the Certificate of Completion of Training (CCT) often heralding the onset of participation in on-call UGIB rotas. We aimed to analyse the volume of haemostasis experience recorded by gastroenterology CCT holders on the JAG Endoscopy Training System (JETS) e-Portfolio.

Methods In this retrospective UK-wide study, gastroenterologists awarded CCT between April 2014-April 2017 were identified from the specialist register. Credentials were cross-referenced with JETS to retrieve UGIB endotherapy experience prior to CCT. Subjects without e-portfolio involvement or those not identified on cross-referencing were excluded. Sensitivity analyses were undertaken using the lifetime gastroscopy count to evaluate validity of JETS data. Haemostasis experience was measured only for JETS-supported modalities and collated according to variceal and non-variceal therapies. The outcome measured was the number of recorded procedures requiring haemostasis, e.g. a procedure in which 3 clips were applied was considered as 1 procedure. Comparisons of continuous variables were made using Mann-Whitney (2 groups) and Kruskal-Wallis tests (>2 groups).

Results Over the 3-year study period, 241 gastroenterologists were awarded CCT. After exclusions (N=9), 232 were included for analysis. Sensitivity analysis revealed a median lifetime gastroscopy count of 854 (IQR 60–214), without variation over the three years ($P=0.817$), attesting to data integrity. A total of 12,932 endotherapy procedures for UGIB were recorded, corresponding to a median of 42 (IQR 2–1) per

gastroenterologist. Exposure to non-variceal modalities (median 28, IQR 1–2) was more frequent than variceal therapies (median 11, IQR –2; $P<0.001$). By modality (Abstract PWE113 Figure 1), adrenaline injection (median 12, IQR –3) and variceal band ligation (median 10, IQR –0) were most commonly recorded, whilst sclerotherapy experience was rare (median 0, IQR –). Exposure to UGIB haemostasis did not differ by year of CCT ($P=0.130$). However, there was significant variation by deanery ($P<0.001$), with medians of pre-CCT endotherapy procedures ranging from 1–26.

Conclusion Based on JETS data, exposure to UGIB endotherapy prior to CCT appears to vary between gastroenterologists, by training deanery and by procedural modality. Implementation of standardised UGIB hands-on training courses and certification may help to support and quality assure training in endotherapy.

PWE-114 UPPER GI HAEMOSTASIS COURSE IMPROVES DELEGATE CONFIDENCE IN THEORETICAL AND PRACTICAL ASPECTS OF HAEMOSTASIS MANAGEMENT

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Introduction It is recognised that training in the endoscopic management of upper gastrointestinal bleeding (UGIB) is not delivered in a standardised form in gastroenterology training programmes. A standardised Upper GI Haemostasis course was developed as part of the BSG EQIP initiative in conjunction with JAG.

Methods Following pilot courses at the West of Scotland Endoscopy Training Centre, 3 one-day industry-subsidised haemostasis courses were run at 2 sites (West Midlands Endoscopy Training Centre, Sheffield Endoscopy Teaching Centre) between July-October 2018. The programme included lecture-

Abstract PWE-113 Figure 1

based components on risk assessment, pre-endoscopic management, management of variceal, non-variceal and atypical UGIB, role of interventional radiology and surgery, report writing and rebleed plan. In addition, hands-on model training was delivered via porcine or plastic models covering adrenaline injection, thermocoagulation, clip placement, variceal banding, haemostatic powder and Sengstaken tube placement. Feedback questionnaires were offered to trainees to provide self-assessed pre and post course ratings in knowledge, skills and behaviours relevant to UGIB. Pairwise comparisons were made using Wilcoxon rank tests.

Results The haemostasis courses were attended by 27 trainees who varied in seniority between ST–. 25 had JAG certification in UGI endoscopy with an average lifetime procedure count of 553. Feedback datasheets were returned by 22 trainees. Following the course, significant improvements were reported in knowledge-based, hands-on skills and behavioural elements, and in the outcome of being “confident in independently managing UGIB” (table 1).

Conclusions Delegate confidence in understanding and delivering key aspects of management of UGIB haemostasis improved significantly with this one-day course. Integrating the course to form a part of mandatory registrar training may help to improve management of this patient cohort within the UK.

Abstract PWE-114 Table 1

Course objective	Median score (range)		p-value
	Pre- course	Post- course	
Knowledge			
Risk stratification systems	8 (–0)	9 (–0)	< 0.001
Medical management	9 (–0)	9 (–0)	0.003
Interventional radiology and surgery	7.5 (–)	9 (–0)	<0.001
Hands-on skills			
Adrenaline infiltration	7 (–)	9 (–0)	<0.001
Clip placement	7 (–)	9 (–0)	<0.001
Variceal banding	8 (–)	9 (–0)	<0.001
Thermal therapy	7.5 (–)	9 (–0)	<0.001
Haemostatic powder	6 (–)	9 (–0)	<0.001
Sengstaken tube placement	6 (–0)	9 (–0)	<0.001
Behaviours			
Appropriate verbal instructions when applying haemostasis	7 (–)	9 (–0)	<0.001
Formulate rebleed plan	8 (–0)	9 (–0)	0.003
Write an endoscopy report	8 (–0)	9 (–0)	0.003
Be confident in independently managing UGIB	6 (–0)	9 (–0)	<0.001