

Abstract P405 Table 1

ENTs Domain	PRE-ISS mean confidence	ISS 1 (Major haemorrhage)		ISS 2 (Anaphylaxis)		ISS 3 (Misidentified patient)	
		Mean confidence	p value	Mean confidence	p value	Mean confidence	p value
		1	78.86	83.79	0.649	85.67	0.265
2	76.74	82.83	0.549	84.00	0.29	88.6	0.077
3	85.22	92.52	0.101	89.50	0.496	93.2	0.078
4	79.57	86.69	0.342	86.67	0.256	91.2	0.016
5	78.39	84.86	0.127	85.83	0.166	90.44	0.007
6	76.57	83.90	0.236	86.40	0.029	89.6	0.007
7	73.48	85.79	0.061	87.50	0.012	91.36	0.003
8	86.43	89.00	0.684	90.10	0.451	90.6	0.379
9	73.91	81.83	0.303	80.67	0.38	87.48	0.025
10	73.39	83.83	0.052	82.27	0.361	87.4	0.02
11	76.00	83.17	0.277	84.77	0.102	88.28	0.007
12	76.87	85.72	0.107	86.33	0.23	91.28	<0.001

An ENTs confidence score was developed and measured at baseline and after the ISS session. Participants were invited to a follow-up focus group to discuss learning opportunities. Results were collated and analysed thematically to inform the core structure of our ISS programme. Two further high-fidelity ISS sessions were run, with outcomes based on confidence scores and participant feedback. Analysis of ENTs scores was performed using pairwise Wilcoxon signed rank tests. Transcribed focus group discussions and participant feedback was analysed thematically.

**Results** Across all simulation sessions there was a total of 84 participants, of whom the majority were band 5 nurses (50/84; 59.2%). Focus group outcomes were split into learning, barriers to simulation and improving training. Across 12 ENTs domains there was a significant improvement between pre and post confidence scores for all 3 scenarios ( $p < 0.001$ ). A greater number of domains reached statistical significance in the third simulation indicating improved scores with repeated simulation over time (see table 1).

Participant feedback revealed learning subthemes around teamworking, communication skills, leadership, decision-making, situational awareness, strategies for learning and personal development.

**Conclusions** Our pilot study identified improved confidence in 8 of the 12 ENTs domains with learning focused on non-technical skills development. This study provides the basis for further collaborative work across other centres to validate its use as a teaching tool in endoscopy.

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#### NEW EMERGENCY ENDOSCOPY COURSE FOR GASTROENTEROLOGY TRAINEES

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**Introduction** Current emergency endoscopy training for gastroenterology trainees is lacking. A pre-course survey of trainees within our trust demonstrated that almost 60% of registrars on the rota at Imperial College NHS Trust did not feel comfortable in emergency upper gastrointestinal (GI) therapy.

**Methods** All gastroenterology trainees and fellows across all three Imperial College NHS Trust sites were invited to attend an afternoon course on emergency endoscopy.

The course was supported by Pentax, Olympus and Cook who supplied equipment to help in the demonstration and practical sessions.

Section 1 of the course consisted of lecture and demonstration-based sessions including:

- management of peptic ulcer bleeding
- management of variceal bleeding
- Sengstaken-Blakemore tube insertion
- management of post ERCP bleeding
- stack set up & trouble shooting
- use of Hemospray

Section 2 consisted of practical wet laboratory sessions on ex vivo porcine models where delegates were able to manage simulated active ulcer and variceal bleeding.

**Results** The course was oversubscribed. 19 gastroenterology trainees and 5 nurses attended.

A post course survey was sent out to and responded by all attending trainees. The following responses were obtained:

All lecture and demonstration-based sessions scored 4.7 out of 5 and above for content and presentation.

In particular, the wet lab, practical sessions were felt to be the most useful and delegates rated this highly in terms of decision making and skills development.

Further comments highlighted that trainees valued the course as a forum to discuss specific cases and queries on the management of GI bleeding.

All trainees were happy with the overall organisation of the course scoring it an average of 4.9 out of 5. All trainees indicated that they would recommend the course to others and in addition, some suggested that the course should be mandatory prior to going on to a GI bleed rota.

**Conclusions** Many trainees feel unprepared prior to going on to an emergency out of hours endoscopy rota.

We have successfully run the first emergency endoscopy course at Imperial College NHS Trust with positive feedback indicating that our trainees now feel better prepared in the management of emergency upper GI bleeding.

There are few courses available in therapeutic endoscopy focused on the management of upper GI bleeding and

attendance on a therapeutic endoscopy course is not mandatory prior to going on to a GI bleed rota.

It is likely that trainees across the country may also feel inexperienced and ill equipped prior to starting on a GI bleed rota. We suggest that attendance on an emergency endoscopy therapeutics course should be a mandatory requirement for all gastroenterology trainees.

#### P407 UK IBD STANDARDS: A ROADMAP TO IBD PHARMACY WORKFORCE TRANSFORMATION

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**Background** Inflammatory Bowel Disease (IBD) Specialist Pharmacy Services (SPS) are currently not embedded in UK IBD services and therefore neither recognised by policy makers nor commissioned by service providers. We report on the incorporation of SPS into national standards and the e-benchmarking tool to drive pharmacy workforce transformation in IBD.

**Method** A multidisciplinary alliance of 17 organisations and patients (IBDUK) was convened to update the current UK IBD standards. To inform the development of medicines optimisation related standards, IBD units with developed SPS were informally surveyed. The pharmacy representatives determined quantity and quality of advanced practice based on published IBD service descriptions, SPS feedback and the Royal Pharmaceutical Society (RPS) Framework for Advanced Practice (APF).

An e-Delphi consensus process was undertaken over 3 rounds by IBDUK to refine a set of evidence- and expert opinion-based recommendations for optimal service delivery

across the patient journey with 80% agreement required for statements to be retained.

These agreed standards informed the benchmarking tool to enable self-assessment supporting quality improvement and additional resources requests where needed. Descriptors were developed in 2 consensus workshops by IBDUK with expert pharmacy representation.

**Results** IBDUK agreed 59 standards in total with 4(7%) describing SPS which were incorporated with 100% agreement.

To enable workforce transformation 3 transformative drivers were considered: *Capability* is described in all 4 IBD SPS standards outlining pharmacy leadership, medicines expert roles and Multidisciplinary Team (MDT) working from diagnosis to long-term care using the RPS APF to provide a clear development pathway. *Motivation* is supported through professional recognition requiring an expert pharmacist RPS Faculty Stage 2 as a core-member of the MDT and *Opportunity* for advance practice is provided through mandating 0.6 whole time equivalent of expert pharmacist in IBD per 250,000 population.

The benchmarking tool developed and agreed by IBDUK to drive quality defines A-D descriptors for all standards, demonstrating A='excellent, proactive' to D='minimal, inadequate' care. RPS standards and SPS feed back were used to define descriptors relevant to pharmacy.

**Conclusion** IBDUK and RPS Faculty describe a road map for pharmacy workforce development in IBD and mandates units to develop SPS.

UK IBD Standards 2019 for the first time embed and describe SPS as an integral part of the IBD MDT managing IBD patients and enables recognition and commissioning of expert pharmacy practice.