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Title: Should teaching about non-invasive ventilation be made mandatory to all grades of general medical doctors? An audit of junior doctor knowledge regarding the management of patients on NIV before and after teaching sessions

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Body: Introduction Patients on non-invasive ventilation (NIV) are usually looked after out of normal working hours by general medical doctors. Aims and Objectives We sought to determine the level of knowledge about NIV amongst general medical foundation (F1) doctors, core medical trainees (CMT) and specialist registrars (SpRs) before and after teaching. Methods Junior doctors were asked to complete a questionnaire covering knowledge about the criteria for commencing NIV, initial settings and appropriate manipulation of NIV machines according to patient response before and after mandatory teaching for F1 and CMT trainees and a voluntary attendance session for SpRs. Results Forty-nine doctors completed the questionnaire pre-teaching and all F1 and CMT doctors attended training but only 5/16 SpRs attended teaching. Some of the most concerning findings were that all grades were poor at defining type II respiratory failure pre- and post-teaching. Knowledge about initial ventilator settings, alteration of pressure settings and target oxygen saturations on NIV were poor before teaching (although better in SpR group than more junior doctors). Majority would have aimed for pressure settings too low to be effective. However, knowledge improved substantially after teaching amongst those who attended. Conclusion Baseline knowledge of all grades of junior doctors about practical NIV care is poor risking ineffective treatment but this can be improved by teaching. However, sessions need to be mandatory to ensure attendance.