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Title: Are junior doctors struggling to gain non-invasive ventilation (NIV) experience?

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Body: Background: National Institute for Health and Clinical Excellence (NICE) guidance suggests that there should be local arrangements for prompt assessment and delivery of NIV by appropriately trained staff in hospital. Objectives: We wanted to investigate the current knowledge and competence amongst doctors of various grades expected to come across an NIV patient in our hospital. Methods: An anonymous questionnaire-based survey was handed out to doctors of various grades between October and November 2012. The questionnaire was designed to primarily test knowledge, experience, contraindications and some of the common problems surrounding NIV use. Results: The response rate was 82.9% (58/70). 7(12%) doctors received no teaching/training about NIV. 19(32%) rated their NIV training as poor. 34(59%) doctors who had used NIV stated that they had low confidence when using it and knew what IPAP and EPAP stands for. 23(40%) doctors were able to change the appropriate settings to correct hypercapnia or hypoxia. 53% of the doctors recognised contraindications for NIV. 11 doctors felt confident in setting up NIV on a patient. Senior doctors were more confident and scored better in the contra-indications and basic settings ($p < 0.05$). Conclusion: This study has highlighted that junior doctors have poor knowledge, lack of training and low confidence in using NIV. Currently, improvements need to be made in delivering the training to achieve competency in administering and managing a patient on NIV, especially outside of normal working hours. However, these could be easily remedied with simple education. We propose that training sessions are organized for trainees by integrating NIV scenario into simulation training days.