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Title: Self-assessed experience, competence and knowledge of non-invasive ventilation amongst medical trainees

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Body: Introduction Non-invasive ventilation is a key skill for physicians working on the medical take. COPD is the 2nd most common cause of hospital admission among adults¹ and yet in some regions of the United Kingdom, only 40.9% of core medical training programs include respiratory medicine², thus limiting exposure of trainees to NIV. Objectives and methods We aimed to explore the experience and confidence of core and higher specialty trainees in the UK, and assess their knowledge of indications/management of NIV. Methods A questionnaire was distributed electronically to 7 participating training regions in the UK. Trainees were given questions to self-assess experience and competence in NIV; further questions assessed knowledge. Results 194 trainees responded to the questionnaire. Of these 40 were core trainees, with the remainder higher specialty trainees. Overall 62.9% of trainees stated “extensive” experience of NIV, 34.5% having “limited” exposure. Amongst core trainees only 30% had extensive experience. Overall 63.4% felt independently competent in NIV, but 27.5% of core trainees felt accordingly. In contrast, only 46.9% of trainees felt they could set up and titrate NIV independent of assistance. The knowledge assessment demonstrated significant gaps in understanding of indications, contra-indications and ongoing titration of NIV amongst all trainees. Conclusions UK trainees demonstrate a discordance between self-assessed experience/confidence with NIV and knowledge/practical ability. This survey identifies a training need for both core and higher specialty trainees. References 1 Outcomes Strategy for COPD, DoH, 2011 2 Payne et al, Clinical Medicine 2013, Vol 13, No 1:50-6.