European Respiratory Society
Annual Congress 2013

Abstract Number: 5250

Publication Number: P1859

Abstract Group: 12.1. Medical Education, Web and Internet

Keyword 1: Pleura **Keyword 2:** Education **Keyword 3:** No keyword

Title: Trainees perception and experience in pleural procedures

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Body: Introduction Since the National Patient and Safety Agency(NPSA) 2008 report highlighted concerns around intercostal chest drains there has been a drive to improve clinical practice and patient safety.The NPSA and BTS advocate using ultrasound (US) when inserting drains for pleural effusions and the 2011 BTS pleural audit confirms that safer practices have been adopted albeit disparately. Trainees experience and training remains variable, and ascertaining practice and competence can be difficult to qualify or quantify. Aim To survey CMT (year 3 and 4 interns) experience and practices in pleural procedures for pleural effusions. Methodology CMTs at a Kent, Surrey & Sussex (KSS) Deanery regional training day were surveyed using audience response devices ensuring respondent anonymity and 100% response rate on their practice surrounding pleural procedures for effusions. Results Of 151 CMTs from 19 hospitals,49 trainees were anonymously surveyed.All trainees had done a diagnostic or therapeutic pleural tap, but only 37% with bedside US.97% of them had inserted a chest drain, of which 79% by seldinger techniques, 3% by surgical dissection method, and 15% having done both methods.Only 20% of trainees had inserted more than 10, 50% between 1 and 5 and 30% only one. 38% of chest drains were inserted with no US guidance;15% had “X” marks the spot by radiology and drain subsequently inserted on the ward;and 47% used bedside US at time of insertion. Conclusion Despite increased awareness on the potential for harm with chest drains,clinical practice remain variable.A more focussed approach which includes e-learning, simulation and practical workshops is needed to improve trainees’ competence and skill and consequently patient safety.