

(59%) provided written asthma plans for patients. Of these asthma plans 55 (71%) recommend increasing inhaled steroids during a worsening. When using peak expiratory flow to guide the plan, 47% included advice on when to consult the GP and 51% advice on when to seek emergency hospital treatment. The major barrier to writing plans was stated to be 'time' by 69 (53%).

Discussion There is no NHS database of nurses doing asthma clinics. We contacted all practices and would be concerned that the 44% of non-respondents may have less enthusiasm for asthma care. Despite chronic disease management clinics being recommended for over 20 years over one third of nurses delivering asthma care have no formal asthma qualification and 31% report they do not provide personal asthma plans. This is little different from year 2000 when 52% used plans. If asthma admission rates are to be reduced, ensuring staff are asthma trained and can enable patients to self-manage and control their lives, should be a quality standard.

P90 SIMULATED BRONCHOSCOPY TRAINING DELIVERED BY EXPERIENCED PEERS IMPROVES CONFIDENCE OF NEW TRAINEES

doi:10.1136/thx.2010.150979.41

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Introduction and objectives Simulation training is widely employed by several medical and surgical specialties for inexperienced practitioners to acquire and consolidate practical skills. This approach is not routinely employed in respiratory medicine to train bronchoscopists. Survey data indicates a lack of confidence in performing bronchoscopy among new registrars. This study examined whether a 1-day simulated bronchoscopy course designed and delivered by experienced SpRs could improve this.

Methods Most of the 1-day course was divided into three stations: 1. Hands-on use of two simulators (Accutouch, Immersion Corporation, USA), each trainee had at least 45 min of 1:1 tuition. 2. A slideshow of airway anatomy and pathology followed by MCQs addressing BTS guidelines. 3. Hands-on flexible bronchoscopy through a static bronchial tree model.

Trainees completed the Bronchoscopy Self-Assessment Tool (<http://www.bronchoscopy.org>), including an 8-item questionnaire (5-point Likert scale) measuring confidence at the beginning and end of the course. The questionnaire included identification of further training needs (I would like to learn more about: anatomy, abnormalities, technique, equipment, interpretation of findings).

Results 11 trainees (Male:Female, 8:3) attended the course, having performed a median of five bronchoscopies (interquartile range 5–30). Nine trainees had completed <3 months of StR training, two trainees had completed <12 months. Confidence scores were normally distributed, therefore are presented as mean \pm standard deviation. Confidence in all eight aspects improved, significantly in 7/8 (see Abstract P90 Table 1). Every trainee reported an overall increase in confidence (median 1.5 points on the 5 point scale, interquartile range 1.1–1.8, $p<0.001$). Seven attendees identified fewer further training needs at the end of the course. Overall, trainees identified 36% fewer of the five further training choices they were given, indicating that these had been fully met.

Abstract P90 Table 1

	Pre-course score (mean \pm SD out of 5)	Post-course score (mean \pm SD out of 5)	Difference	Significance (paired t-test)
Ability to identify airway anatomy	2.55 \pm 0.69	3.40 \pm 0.70	+18%	$p=0.004$
Ability to identify mucosal abnormalities	2.27 \pm 0.79	3.50 \pm 0.71	+25%	$p=0.001$
Ability to describe secretions and other airway abnormalities	2.55 \pm 0.82	3.10 \pm 0.88	+11%	$p=0.052$
Ability to manoeuvre the flexible bronchoscope	2.64 \pm 1.03	3.90 \pm 0.57	+25%	$p=0.006$
Ability to do a BAL through the flexible scope	2.30 \pm 0.82	3.70 \pm 0.82	+28%	$p<0.001$
Ability to use a brush through the flexible bronchoscope	1.73 \pm 0.90	3.50 \pm 0.53	+35%	$p<0.001$
Ability to use biopsy forceps through the scope	1.64 \pm 0.81	3.70 \pm 0.67	+41%	$p<0.001$
I would now feel comfortable performing this case in patient	1.50 \pm 0.55	3.56 \pm 0.88	+41%	$p=0.022$

Conclusions A training course focusing on hands-on simulation run by experienced registrars for new registrars clearly increases confidence in technical aspects of performing bronchoscopy and interpreting findings. Although a proportion of training needs for most trainees appear to have been met by the course, it is not sufficient to meet them all. Early peer-to-peer simulated bronchoscopy training is a helpful addition to the current 'on-the-job' model.

P91 CAN HEALTHCARE PROFESSIONALS IN A RESPIRATORY UNIT CORRECTLY SET AN OXYGEN FLOW RATE ON A STANDARD OXYLITRE MEDICAL REGULATOR?

doi:10.1136/thx.2010.150979.42

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Background It is known that prescribing practice in UK hospitals for oxygen is often suboptimal. In our Trust we are already working towards improving oxygen prescription practice. However, if we improve prescribing but do not ensure administration is also robust then patient safety will not be achieved. There is potential for serious harm and even death if oxygen management is incorrect (National Patient Safety Agency 2009/RRR006). We investigated how accurate our oxygen administration practice is.

Method Between January and March 2010 we randomly approached 100 healthcare professionals working on our respiratory wards. They were asked (1) to demonstrate where they would position the ball on a standard oxylitre medical regulator to set a flow rate of 2 l of oxygen per minute, (2) whether they had received training in the use of oxygen flow metres and (3) if they had completed the Trusts self-assessment competency form for the use of oxygen flow metres.

Results Of the 100 staff approached 49 were nurses (various grades), 25 doctors (various grades), six physiotherapists, 19 nursing and one medical student. 65 staff set the flow rate correctly, with 33 setting it too high, that is, above the appropriate line and two too low, that is, below the line. 24 (24%) staff had received either formal (medical or nursing school) or informal (from a colleague) training in the use of flow metres. Only seven of the staff had completed the Trusts self-assessment competency form; they all set the flow correctly.

Discussion The NPSA report 2009 identified a national problem regarding the inappropriate administration and management of