

Abstract P87 Table 1

Diagnosis	COPD			TIA/Stroke or ACS		
Period	1/7/08–30/9/08	1/11/08–31/1/09	1/4/10–30/6/10	1/7/08–30/9/08	1/11/08–31/1/09	1/4/10–30/6/10
Total patients attending	40	58	31	31 (5 with known COPD)	54 (2 COPD)	43 (1 COPD)
BTS guidelines followed at initial assessment	18/34 (53%)	25/50 (50%)	19/28 (68%)	19/31 (61%)	34/48 (71%)	27/39 (70%)
Number receiving oxygen	18/34 (53%)	30/49 (61%)	13/28 (46%)	11/31 (35%)	10/48 (21%)	6/39 (15%)
Oxygen indicated	5/34 (15%)	7/50 (14%)	3/28 (11%)	0/31(0%)	3/48 (6%)	3/39 (8%)
Inappropriately receiving excess oxygen	13/34 (38%)	23/50 (46%)	9/28 (32%)	11/31 (35%)	9/48 (19%)	6/39 (15%)
Inappropriately not receiving oxygen	2/5 (40%)	1/7 (14%)	0/3 (0%)	N/A	1/3 (33%)	1/3 (33%)
ABG performed	29	34	21	4	3	7
Target saturations altered by ABG results	13 (45%)	16 (47%)	12 (57%)	3 (75%)	1 (33%)	6 (86%)
Delivery device used:						
Nasal canula	10	23	13	1	0	1
Venturi	3	2	0	3	1	1
Hudson	0	1	0	0	0	2
Reservoir bag	1	2	0	6	7	2
Unrecorded	2	1	0	1	2	0
Nebuliser	2	1	0	0	0	0

COPD, chronic obstructive pulmonary disease; TIA, transient ischemic attack; ACS, acute coronary syndrome (angina, unstable angina, non-ST elevation myocardial infarction and myocardial infarction); ABG, arterial blood gas

## REFERENCES

1. *Thorax* 2008; **63**(Suppl VI):vi1–vi68.
2. <http://www.brit-thoracic.org.uk/Portals/0/Clinical%20Information/Emergency%20Oxygen/BTS%20Oxygen%20Audit%202008%20and%202009%20R%20Driscoll.ppt>.

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### THE AINTREE HOSPITAL PLEURAL DISEASE TRAINING PROGRAMME: ACHIEVING COMPETENCY IN INTERCOSTAL DRAIN INSERTION AND IN MANAGEMENT OF PLEURAL PROBLEMS ON THE 'ACUTE TAKE'

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A key recommendation from the NPSA Rapid Response Report is that intercostal drains should only be inserted by staff who have received appropriate training. Aintree Hospitals NHS Trust has developed an educational programme to improve the management of pleural problems presenting on the 'Acute Take' which complies with this NPSA directive. This study evaluates this programme together with 'prior knowledge' from the BTS Education Hub e-learning programme (Pleural Aspiration and Insertion of a Seldinger Chest Drain).

**The Aintree Pleural Disease Training Programme** The programme, introduced in 2009, is a 4 h 'hands on' course consisting of:

- a. Lectures covering the indications, technique and pitfalls of drain insertion coupled with real case histories focusing on common 'out of hours' scenarios.
- b. 'Hands on' experience of 'Seldinger' and 'Blunt dissection' drain insertion using porcine ribcages fixed to resin torso models giving a 'lifelike' feel.
- c. Practical management of underwater seals and suction. Candidates had to demonstrate competence in drain insertion to a Faculty member before receiving certificates of course completion.

**Programme evaluation** COPD, chronic obstructive pulmonary disease, TIA, transient ischemic attack, ACS, acute coronary syndrome (angina, unstable angina, non-ST elevation myocardial infarction and myocardial infarction), ABG, arterial blood gas. 19

candidates were provided with an individual licence to use the BTS module (£75 per licence) and were instructed to undertake the programme and on-line assessment before attending the practical session. Evaluation was with a VAS ranging from 5 ('very much') to 1 ('not at all'). All found the course and e-module high quality, the correct level, easy to use and felt it gave them confidence to safely perform pleural procedures and drain insertion (17 gave rating of 5 or 4). 18 gave 5 or 4 for the course fulfilling its objectives. Despite instructions to complete the e-assessment only 10 (53%) did so. Of these the mean test score was 64% (SD 21 range 11–91%).

**Conclusion** A programme combining e-learning, assessments, lectures and 'hands on' experience in intercostal drain insertion using animal models represents an effective means of training for the acute take. The BTS e-learning module proved to be a very useful prior knowledge resource but in future, satisfactory performance for the online test will be a pre-requisite to undertaking the clinical skills session.

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### A DECADE ON STILL NOT ENOUGH TIME FOR ASTHMA

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**Background** The Northwest (and particularly the \*\*\*\*\* conurbation) has a higher than average admission rate for asthma (NHS comparators 2009). We previously reported a poor level of training for practice nurses and a lack of use of personal asthma plans (*Thorax* 2000; 55(Suppl3) A29). We were interested to see if primary care has addressed these issues.

**Methods** 230 Practice Nurse's from three Primary Care Trust's were surveyed by anonymised postal questionnaire via a triple mail shot between January and June 2010. Practice nurses were asked if they had (a) a qualification in asthma management, (b) formulated written personal asthma plans, (c) saw patients independently and d) what barriers might prevent the use of personal asthma plans?

**Results** 131 responses (56%) were received from 230 questionnaires. 83 (63%) of respondents had a formal asthma qualification and 77