

Methods

1. Firstly, we surveyed a population of JD working in our Hospital using an electronic survey platform (SurveyMonkey®).
2. Secondly, a group of inpatients requiring ABG sampling were surveyed over two months whereby half received topical LA and half did not. The LA used was Denela® 5% cream (Lidocaine 2.5% + Prilocaine 2.5%) applied 10 to 15 min prior to DRAP. Pain associated with DRAP was assessed using a combination of the Wong-Baker FACES pain rating visual scale¹ and a visual analogue pain scale, both scoring the pain from 1 (“no pain”) to 6 (“worst pain”).

Results

1. 68 JD were contacted and 26 responses were received (shown in Table 1).
2. 56 DRAP were performed for ABG sampling, 50% received topical LA. The median (inter-quartile range) pain score was reduced with LA prior to DRAP (2.0 [1.8] “moderate pain”) compared to performing DRAP without LA (3.0 [4.0] “severe pain”), $p < 0.008$. The doctors reported insignificant interruption to their ward duties by using topical LA.

Abstract M29 Table 1 Results of electronic survey: Use of local anaesthesia in arterial blood gas sampling

1. Do you take arterial blood sampling regularly?		
Yes: 100%		No: 0
2. If answered "yes" to Q1, how often do you estimate you perform ABG sampling?		
Practically every day: 34.6%	At least once weekly: 50.0%	Less than once weekly: 15.4%
3. Have you ever used local anaesthesia for radial arterial blood sampling? (excluding arterial lines)		
Yes: 26.9%		No: 73.1%
4. If answered "no" to Q3, what's the reason for it?		
I have never heard about this practice before.		31.6%
I have not been taught how to do it.		47.4%
I usually don't have time to do it.		31.6%
I do not think it would reduce the pain associated with the procedure significantly		26.3%
5. Are you aware of the 'BTS guidelines for emergency oxygen use in adult patients' recommend the use of local anaesthesia for all arterial blood gas specimens except in emergencies or if the patient is unconscious or anaesthetised?		
Yes: 19.2%		No: 80.8%

Conclusions Currently, LA is not used routinely as part of the ABG sampling by DRAP in our centre. Pain was significantly reduced with the use of LA when performing DRAP.

These data will help inform quality improvement projects designed to implement the usage of LA for ABG sampling using DRAP as per BTS recommendations.

REFERENCE

- 1 Baker C. *Orthopaedic Nursing* 1987;6(1):11–2

M30

RESPIRATORY SKILLS COURSE FOR POST-GRADUATE MEDICAL TRAINEES; INSPIRING FUTURE RESPIRATORY TRAINEESR Young, T McLellan, C Walters. *Barts Health NHS Trust, London, UK*

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Introduction/objectives Respiratory medicine curriculum requires medical registrars to be competent in procedural skills such as intercostal chest drain (ICD) insertion, non-invasive ventilation (NIV) and thoracic ultrasound.¹ Previous research² has shown that medical registrars do not feel confident in performing respiratory related procedural skills and required further training in these skills.

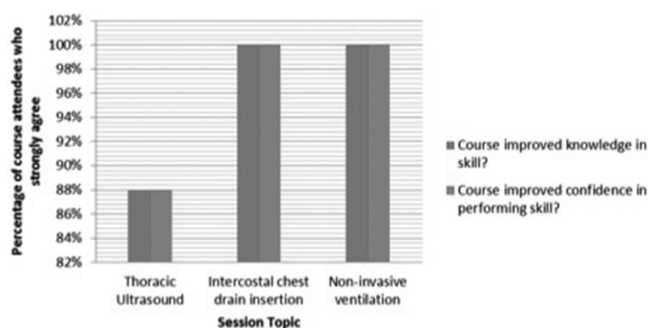
The aim of this research was to assess medical trainees' experience and confidence in performing respiratory procedural skills and the influence a respiratory skills course had on trainees' career aspirations and their confidence to perform these skills.

Methods A respiratory skills course consisting of three evening sessions was designed and delivered to medical trainees'. Teaching was delivered through small group tutorial, simulation and practice on real patients.

A pre- and post-course survey was designed, consisting of closed, Likert style and free-text response questions. This was distributed to eleven attendees at the course.

Results 50% of course attendees had received previous teaching on NIV and thoracic ultrasound whilst 70% had previous teaching on ICD insertion. The majority of candidates did not feel confident in performing the procedural skills prior to the course.

Following the course, all attendees felt that the course had improved their confidence and knowledge in performing all three procedural skills (Figure 1). One candidate stated that the course had 'made me more enthusiastic about my career choice in respiratory medicine.'

**Abstract M30 Figure 1**

Conclusion Although this study was small, the results are positive. There are however, implications to running further courses due to the willingness of faculty to facilitate sessions in their own time. This research does show that medical trainees do not feel confident in performing procedural skills, highlighting the need for more sustainable teaching in these areas to improve confidence and thus inspire trainees in medical careers.

REFERENCES

- 1 Joint Royal Colleges of Physicians Training Board. Specialty training curriculum for respiratory medicine 2010. Available at: <http://www.jrcptb.org.uk>. [Accessed 13 July 2015]
- 2 Scott A, Byrne D, Garvey JF, O'Regan A. How confident are medical registrars in performing respiratory orientated procedural skills? *Irish J Med Sci.* 2014;183(11):508

M31

INTRODUCTION OF EBUS INTO A RESPIRATORY DEPARTMENT – A REFLECTION ON EXPERIENCE REQUIREDAL Chapman, M Cornere. *Waitemata District Health Board, Auckland, New Zealand*

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