

Abstract M14 Table 1

Variables	Number of students*
<b>Vaccinated</b>	132 (44%)
<b>Not vaccinated</b>	170 (56%)
<b>Clinical years</b>	
MBBS3	123 (41%)
MBBS4	88 (29%)
MBBS5	91 (30%)
<b>Positive vaccine uptake across clinical years</b>	
MBBS3	51 (41%)
MBBS4	32 (36%)
MBBS5	49 (54%)
<b>Teaching hospital</b>	
King's College Hospital	121 (40%)
Guy's and St Thomas' Hospitals	116 (38%)
University Hospital Lewisham	54 (18%)
Not Applicable	11 (4%)
<b>Positive vaccine uptake across teaching hospitals</b>	
King's College Hospital	44 (36%)
Guy's and St Thomas' Hospitals	60 (52%)
University Hospital Lewisham	22 (41%)
Not Applicable	6 (55%)
<b>Hours of patient contact per week</b>	
1 to 5	21 (7%)
6 to 10	71 (23%)
11 to 15	79 (26%)
16 to 20	59 (20%)
Over 20	72 (24%)
<b>Positive vaccine uptake across hours of patient contact</b>	
1 to 5	7 (33%)
6 to 10	25 (35%)
11 to 15	35 (44%)
16 to 20	24 (41%)
Over 20	41 (57%)
<b>Was the vaccine offered to those who were not vaccinated?</b>	
Yes	62 (36%)
No	108 (64%)
<b>Did students receive information about the vaccine?</b>	
Yes	151 (50%)
No	151 (50%)
<b>Who provided the information?</b>	
University	7 (5%)
Hospital Trust	111 (73%)
General Practitioner	13 (9%)
Other	20 (13%)
<b>Provided with information and vaccinated</b>	102 (68%)
<b>Not provided with information and vaccinated</b>	30 (20%)
<b>Did students think they should get vaccinated?</b>	
Yes	247 (82%)
No	55 (18%)
<b>Of those who thought they should get vaccinated</b>	
Were actually vaccinated	121 (51%)
Were not vaccinated and not offered the vaccine	79 (73%)
Were not vaccinated and not provided with information	84 (70%)
<b>Did students know how to access the vaccine?</b>	
Yes	217 (72%)
No	85 (28%)

\*The survey was disseminated to 1037 students. 302 students completed the survey.

average rates seen in London. Like any HCW, medical students should be actively encouraged to get vaccinated. Our aim was to assess levels of flu vaccine uptake among London medical students and investigate the negative influences affecting uptake that could be addressed at an institutional level.

**Methods** A cross-sectional online survey, developed by a focus group of respiratory consultants and medical students, was disseminated to London medical students at King's College Hospital, Guy's and St Thomas' Hospitals and University Hospital Lewisham. Data was collected and analysed using SurveyMonkey Inc.

**Results** 302 medical students completed the survey (Table 1). There was a good representation of students across different sites and clinical years. Overall, 44% students reported receiving the flu vaccine. Uptake varied between teaching sites and clinical years. 82% of students felt they should get vaccinated with 51% of those doing so.

64% of those who were not vaccinated said they were not offered it, of whom 73% felt vaccination was appropriate. 50% of all students said they were not provided with any information about the vaccine. 68% of those who were provided with information were vaccinated whereas 20% of those who were not provided with information were vaccinated.

**Conclusions** Vaccination rates among London medical students are lower than for most HCWs. There appears to be a discrepancy between willingness to get vaccinated and actual uptake rates. This may be due to a lack of information and encouragement rather than a lack of access, as 72% of all students were aware of how to access the vaccine. Teaching hospitals and the University should address this by introducing flu vaccination awareness into the curriculum and consider adding it to mandated occupation health assessments.

M15

# EVALUATION OF A NOVEL INTERVENTION FOR PATIENTS WITH BRONCHIECTASIS: THE BRONCHIECTASIS INFORMATION AND EDUCATION FEASIBILITY (BRIEF) STUDY

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**Introduction** There is currently limited information about bronchiectasis available to patients. We co-developed a novel patient and carer information resource, based on needs identified in previous work.<sup>1</sup> The resource was evaluated in the BRIEF study with the following objectives:-

1. To establish the feasibility of carrying out a multi-centre randomised controlled trial (RCT) to determine effect on understanding, self-management and health outcomes.

2. To evaluate and refine the intervention.

**Methods** This was a feasibility study with a single-centre RCT design, comparing use of the resource to usual care in bronchiectasis.<sup>2</sup>

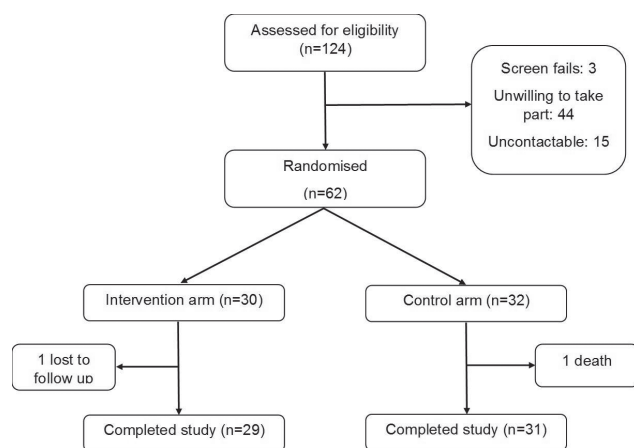
Adults with bronchiectasis were recruited from respiratory clinics in the North of England. Those randomised to the intervention received the information resource (website [www.bronchiectasis.me](http://www.bronchiectasis.me) and booklet). Outcome measures (resource satisfaction, bronchiectasis knowledge, quality of life, unscheduled healthcare visits, exacerbation frequency, and lung function)

were recorded at baseline, 2 weeks and 3 months. Feasibility outcomes included recruitment, retention and study form completion rates. A patient and carer focus group was held to discuss the intervention and the trial process.

**Results** Recruitment rate was 50% of those assessed for eligibility (See Figure). Questionnaire completion rates were excellent with very few missing data. 24 participants were male and 38 female. Median age was 63 years (range 18–82).

Participants reported using the information provided, and feedback was positive, particularly highlighting the usefulness of the video clips and self-management information. The most popular pages of the website included diet and lifestyle advice, advice for carers, and symptoms and prognosis. Focus group data reinforced users' positive experiences of the resource and the trial process. Full analysis is ongoing.

**Discussion and conclusions** We have co-developed a multi-format, accessible information resource that could be made widely available outside of the specialist clinic setting. The BRIEF study suggests larger, definitive studies using interventions to improve understanding, compliance and self-management are warranted. Full results of the feasibility study are expected by December 2016.



Abstract M15 Figure 1

## REFERENCES

- Hester KLM, Newton J, De Soyza A, *et al.* Living your life with bronchiectasis: an exploration of patients and carers information needs informing development of a novel information resource. *Thorax* 2015;**70**(suppl. 3):A178.
- Hester KLM, Newton J, Rapley T, *et al.* Evaluation of a novel information resource for patients with bronchiectasis: study protocol for a randomised controlled trial. *Trials* 2016;**17**:210.

## M16 CONSTRUCT VALIDITY OF THE NEEDS ASSESSMENT TOOL PROGRESSIVE DISEASES FOR INTERSTITIAL LUNG DISEASE (NAT: PD-ILD) PATIENTS

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**Background** People with ILD, currently have less access to SPC and there is no validated needs assessment tool (NAT). We

adapted the NAT:PD-cancer for use in ILD and conducted psychometric testing.

**Aim** To test the construct validity of NAT:PD-ILD.

**Methods** ILD clinicians in four hospitals were trained to use the NAT:PD-ILD. After a consultation, the clinician completed the NAT:PD-ILD, patients completed the St. George's Respiratory Questionnaire (SGRQ-I) and carers completed the Carer Strain Index (CSI) and Carer Support Needs Assessment Tool (CSNAT).

Kendall's Tau-b correlation coefficient (and associated p-value) was calculated to determine the correlation between the NAT: PD-ILD items relating to patient wellbeing, and a total score for a subset of SGRQ-I questions identified *a priori* as measuring similar constructs. The prevalence and bias adjusted kappa (PABAK), Cohen's kappa and percentage of agreement were used to assess whether responses were similar between the NAT: PD-ILD items relating to the ability and wellbeing of the carer and appropriate CSI and CSNAT items which were considered to measure similar concerns/support needs.

**Results** A total of 68 patients were recruited. The average age of participating patients was 66 years (range 34 to 87) and 62% were male. Forty-five (66%) patients had a carer of whom 27 completed the CSI (mean 4.4, SD 3.0, median 4, range 0–11) and 29 completed at least one item of the CSNAT.

Items 2, 3, 5 and 6 of the NAT: PD-ILD statistically significantly positively correlated with their comparator SGRQ-I scores ( $\rho$  range 0.24 to 0.36,  $p < 0.05$ ). PABAK values comparing the NAT: PD-ILD items with appropriate CSI and CSNAT items show most items have PABAK positive values (range from 0.04 to 0.57, with a minimum of 52% agreement). However, NAT:PD-ILD items 11 and 13 have negative PABAK values (Inter-personal relationships and Grief topics – Psychosocial Dimension).

**Conclusion** The NAT: PD-ILD has adequate construct validity for most domains. However, agreement is poor for physical symptoms and spiritual concerns. This may indicate that clinicians identify concerns with symptoms less well unless they are severe.

## M17 LIMITED VALUE OF BASELINE CHEST RADIOGRAPHY IN ADULTS WITH NON-TUBERCULOUS MYCOBACTERIA

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Chest radiographic changes are associated with mycobacterial burden, treatment response and outcome in patients with tuberculosis. There is a paucity of similar data for non-tuberculous mycobacteria (NTM). We describe the chest radiology (CXR) findings in a cohort of adults without cystic fibrosis.

**Methods** Patients with NTM isolated from respiratory specimens between 2010–2013 at our centre were reviewed. Chest X-rays (CXR) nearest the date of positive NTM culture were read independently by two consultant Radiologists for 5 categories of abnormality (nodules, cavities, bronchiectasis, bronchial wall thickness [BWT] and consolidation) in each of 6 zones. A consensus result was agreed where discrepant. CXR results were recorded as "normal" or "abnormal" overall and for each category per zone. The total number of zones affected in all categories was summed to provide a measure of radiological extent of disease (with a maximum score of 30), e.g. a patient with cavitation in 2 zones and bronchiectasis in 3 would score 5/30. Results

## Correction

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Hester KLM, Newton J, Rapley T, *et al.* M15 Evaluation of a novel intervention for patients with bronchiectasis: the bronchiectasis information and education feasibility (brief) study. *Thorax* 2016;71:A265–A266. doi:10.1136/thoraxjnl-2016-209333.457

The author, **V Ryan**, was omitted from the original publication. The updated author list of this abstract should be as follows:

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