LETTER

British Thoracic Society survey of knowledge of healthcare professionals managing patients with acute hypercapnic exacerbation of chronic obstructive pulmonary disease requiring non-invasive ventilation

The use of non-invasive ventilation (NIV) in acute hypercapnic exacerbations of chronic obstructive pulmonary disease (COPD) is the subject of published guidance from the Royal College of Physicians, the British Thoracic Society (BTS) and the Intensive Care Society, as well as international consensus statements.1-3 Although these guidelines have been updated, data from the UK COPD audit detailing admissions to UK hospitals have shown that compliance with this guidance is less than satisfactory.4 In hospitals have shown that compliance with guidelines have been updated, data from the Ballard E, McDonnell L, Keilty S, Evans TW. Edinburgh: BMJ Group, 2010.

Mean difference between control group (n=118) and other groups surveyed; *p<0.05; R&CC = Respiratory & Critical Care; FY = Foundation Year; ST = Specialist Trainee; SpR = Specialist Registrar

<table>
<thead>
<tr>
<th>Control Group (119) vs.</th>
<th>n</th>
<th>Indications (total 8)</th>
<th>Technical (total 7)</th>
<th>Practical (total 11)</th>
<th>Published Evidence (total 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior R&amp;CC Nurse</td>
<td>37</td>
<td>-0.6</td>
<td>-0.1</td>
<td>-0.5</td>
<td>-0.4</td>
</tr>
<tr>
<td>Senior R&amp;CC Nurse</td>
<td>39</td>
<td>0.2</td>
<td>0.2</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Senior 2 R&amp;CC Physiotherapist</td>
<td>29</td>
<td>1.1*</td>
<td>3.7*</td>
<td>2.4*</td>
<td>0.9*</td>
</tr>
<tr>
<td>Senior 1 R&amp;CC Physiotherapist</td>
<td>28</td>
<td>1.6*</td>
<td>3.1*</td>
<td>2.5*</td>
<td>1.1*</td>
</tr>
<tr>
<td>R&amp;CC FY1-2</td>
<td>12</td>
<td>0.8</td>
<td>-0.4</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>R&amp;CC ST1-2</td>
<td>30</td>
<td>1.1*</td>
<td>2.1*</td>
<td>1.8*</td>
<td>0.7*</td>
</tr>
<tr>
<td>R&amp;CC ST3/SpR</td>
<td>47</td>
<td>2.0*</td>
<td>3.1*</td>
<td>2.8*</td>
<td>1.1*</td>
</tr>
<tr>
<td>R&amp;CC Consultant</td>
<td>53</td>
<td>2.2*</td>
<td>2.8*</td>
<td>3.0*</td>
<td>1.2*</td>
</tr>
</tbody>
</table>

In comparison with the ‘control’ group, knowledge varied considerably between the different groups. The respiratory and critical care consultants, physiotherapists, ST3/SpR and critical care ST1/2 doctors achieved significantly higher scores. This probably reflects the effect of targeted teaching during induction programmes and during clinical work. Furthermore, the scores increased with increasing seniority in each group, which adds to the validity of this questionnaire. It was noteworthy that the physiotherapists performed well and had the highest scores for technical knowledge, reflecting their involvement in the initiation of NIV in all the trusts surveyed. The respiratory and critical care nurses showed equivalence to the control group across all the areas examined, which highlights this as an important group for further education. Following further validation, the use of this, or a similar questionnaire, could be incorporated into training and competency assessment to monitor educational needs.

E Ballard,1 L McDonnell,2 S Keilty,2 A C Davidson,3 N Hart,4 on behalf of the British Thoracic Society

REFERENCES


Contributors This survey was performed by the authors on behalf of the British Thoracic Society Respiratory Critical Care Specialist Advisory Group.

Provenance and peer review Not commissioned; externally peer reviewed.

Accepted 26 August 2010


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Competing interests None.
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Thorax published online October 11, 2010

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