

in handling the thoracoscopy equipment and IPC insertion (figure 1). 100% of consultants agreed that the course was mapped to the respiratory curriculum requirements and that the content was appropriate for ST5 trainees. 100% of consultant faculty also agreed that the course structure was adequate; the lectures were delivered at an appropriate level and were happy for the course to be run on a yearly basis. Candidate feedback was positive and indicated that the course would be a useful addition to the training programme.

Conclusion With medical advancements and expansion of Lung Cancer Services nationwide, respiratory doctors are increasingly needed to master MT and IPC insertion skills. Intra-deanery training should be provided for trainees to ensure sustainability of services.

P74 EXPERIENCES OF A SIMULATED PLEURAL BIOPSY TRAINING COURSE FOR RESPIRATORY REGISTRARS IN A HIGH TUBERCULOSIS INCIDENCE REGION OF THE UK

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Introduction and Objectives Last year we presented data highlighting the on-going role for Abrams pleural biopsy in areas with high tuberculosis incidence (1). Feedback reiterated ongoing need, but highlighted concerns regarding the attainment of trainee competence at this infrequently performed procedure. We organised and evaluated a half day training course using a well validated porcine-resin model at a regional registrar training day (2).

Methods All attendees (18) underwent a practical training session on pleural biopsy using Abrams and Tru-Cut biopsy needles. Feedback forms were completed and perceived success documented, all samples obtained underwent histological assessment by a specialist respiratory Consultant Histopathologist.

Results Previous experience was limited (median 0.5 prior biopsies performed, range 0–50). On Likert scales (range 1–5) mean confidence improved (1.86, SD 1.21 to 3.83, SD 0.51; $p < 0.0001$) and the session was deemed useful (mean score 4.5, SD 0.4) with 13/14 (92.9%) trainees who answered stating the session would change their practice. A mean of 4.56 samples (SD 1.42) were obtained per trainee. Sixty-nine of seventy-six samples (90.8%) were perceived to have been successful by the operator, microscopic evidence of mesothelial lined pleura was obtained in nine samples (11.8%) with connective tissue suggestive of possible pleura obtained in a further 25 (33%) ($r = 0.013$; poor correlation); real time observation by a training partner suggested a 91.9% success rate ($r = 0.584$; moderate correlation). There was no increase in accuracy with increased sampling. Despite encouragement only four participants attempted the Tru-Cut method.

Conclusions The session was popular and significantly improved trainee confidence. However, histological biopsy success rate and macroscopic correlation was poor. This is most likely related to difficulty in biopsying non-diseased pleura and possibly differences between macroscopic appearances of porcine and human pleura or inexperienced trainees' inability to recognise pleura macroscopically. Experience was low even in a high-incidence region, suggesting simulated pleural biopsy training may be a useful adjunct.

REFERENCES

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P75 PULMONARY PHYSIOLOGICAL TESTS: TRAINEES EXPERIENCE AND EXPOSURE

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Introduction Knowledge of pulmonary function test (PFT) is essential for every respiratory physician. The level of training and exposure to PFT varies depending on the local facilities, supervisors and the respiratory trainees themselves. Moreover in recently cardio-pulmonary exercise testing (CPET) are becoming more widely available as well.

Objectives

1. To test the knowledge of UK respiratory physicians (trainees mainly) on PFT and CPET, identifying what is available locally.
2. The level of exposure to the tests themselves in terms of how to perform, the process involved and the equipment used/ available locally.

Methodology An electronic survey was distributed to the UK postgraduate deaneries for all the respiratory trainees and also to some respiratory physicians, thoracic surgeons and lung function physiologists. Feedback was collected anonymously over a period of 6 months (Dec 2012–May 2013). The questions ranged from simple spirometry, PFT, CPET and basic demographics.

Results A total of 160 responses were obtained from 16 deaneries out of 20 [1 from outside the UK - OOPE]. 83 (53%) were respiratory specialist/specialty registrars and 61(39%) consultants.

2 respondents had never seen spirometry performed, and 28 (18%) have not seen a PFT performed. Only ¼ have done a PFT themselves. 70% have seen CPET, 29% have done CPET, 75% have a CPET service locally with cycle ergometer (66%) being the most common method to exercise the patient. Respiratory physiologists and respiratory physicians are the ones mainly reporting CPET results with anaesthetist a distant third.

Summary Most trainees have been exposed to spirometry but based on this survey almost 20% have yet to see a PFT performed. Understanding the process of how to do a PFT and CPET, experiencing it personally could influence the number of PFT requests. This aspect of respiratory specialty training is still insufficient based on the feedback of respiratory trainees who answered this survey.

P76 INVESTIGATING WOMEN'S EXPERIENCES OF ASTHMA CARE IN PREGNANCY: A QUALITATIVE STUDY

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Introduction and objectives Most asthmatic women have normal pregnancies and complications are infrequent when their asthma is controlled (BTS/SIGN 2012). Symptom control and medical treatment concern them, as does the impact of their illness and treatment on their unborn baby (Lim *et al* 2012). Few qualitative studies illustrate recently delivered asthmatic mothers' feelings about their care, support and medication during their pregnancy.