LONGITUDINAL OBSERVATION OF PATIENT ENGAGEMENT IN AN INTERSTITIAL LUNG DISEASE (ILD) HOME MONITORING PROGRAM

Purpose To quantify patient engagement with a home-monitoring program designed to support clinical care of patients with interstitial lung diseases (ILD) in two NHS Trusts, in the South of England.

Methods Patients with ILD who met eligibility criteria were approached to participate in a home monitoring program using a patient-facing application with a Bluetooth-connected spirometer and oximeter. Members from both trusts technical partner, UK patient driven charity and patient representatives formed the study steering group, overseeing the project and integrating patient and clinician feedback. Consenting patients were instructed remotely on the use of the application and devices and were asked to record their measurements (1 forced expiratory manoeuvre & 1 oximetry reading) once weekly for one year. Patient-Reported Measures (PRMs) were collected electronically once quarterly. Data recorded via the app were visible to the patient and to the healthcare providers in real time via a secure browser-based portal. Alerts to automatically detect significant changes in individual’s physiological values (e.g. ≥10% FVC) and to alert the healthcare team were activated and responded to.

Results Patients (n=190) were recruited and 178 patients successfully downloaded the application and recorded ≥1 measurement with the connected spirometer. 168 patients recorded ≥1 oximetry. By 31-May-2023 109 patients had recorded home spirometry for 6 months. Patients provide spirometry on median of 73% (n=19) weeks and oximetry on median of 71% (n=18) weeks. 130 patients provided response to a patient feedback questionnaire a sample response is shown in figure 1.

Conclusion Home monitoring is acceptable for many patients as illustrated by the high engagement in their monitoring activity. A high proportion of patients reporting home spirometry find it easy or very easy to use. Further work is needed to assess how a home monitoring program best fits into delivery of care for ILD patients and this is being evaluated in this program.

Please refer to page A293 for declarations of interest related to this abstract.

DELIVERING VIRTUAL RESPIRATORY TEACHING AT A NATIONAL SCALE FOR NON-SPECIALIST TRAINEES

Introduction The COVID pandemic has shifted the emphasis of local teaching to move online for doctors in training. We worked alongside Health Education England, Royal College of Physicians, and Regional Training Programme Directors to deliver a structured programme of teaching for non-speciality trainees. We aimed to review whether this format could successfully deliver national respiratory teaching.

Methods We delivered annual sessions to Internal Medical Trainees and other non-specialty doctors across all UK deaneries in 2020, 2021 and 2022. The topics included NIV, Pulmonary Embolism, Tuberculosis and Pleural Disease. Teaching was delivered via Zoom using a standardised format incorporating guidelines, multiple-choice questions, chat interactions and post-session Q+A. We reviewed feedback to evaluate outcome measures.

Results We had 278 trainees attend in 2020, 339 attend in 2021 and 297 attend in 2022. In all three sessions over 98% of delegates would recommend the teaching to others. Following the 2022 session, 98.6% thought it ran smoothly, 90.2% thought the virtual teaching was as effective for learning as face-to-face (FTF) and 92.8% felt able to ask questions during the session. When directly comparing virtual to FTF, 72.7% preferred the virtual format, 90.7% found it easier to access, 81.7% found it as interactive and 92.4% felt the quality of speaker was as good or better than FTF. Specific benefits included a reduction in cost, travel and time as well as the ability to watch the recording and increased comfort asking questions. Some drawbacks included difficulty obtaining study leave, reduced social interaction and concentration.

Conclusions We demonstrated that respiratory teaching can be successfully delivered nationally to non-specialty trainees. Feedback was overwhelmingly positive and supports the benefit to online teaching.