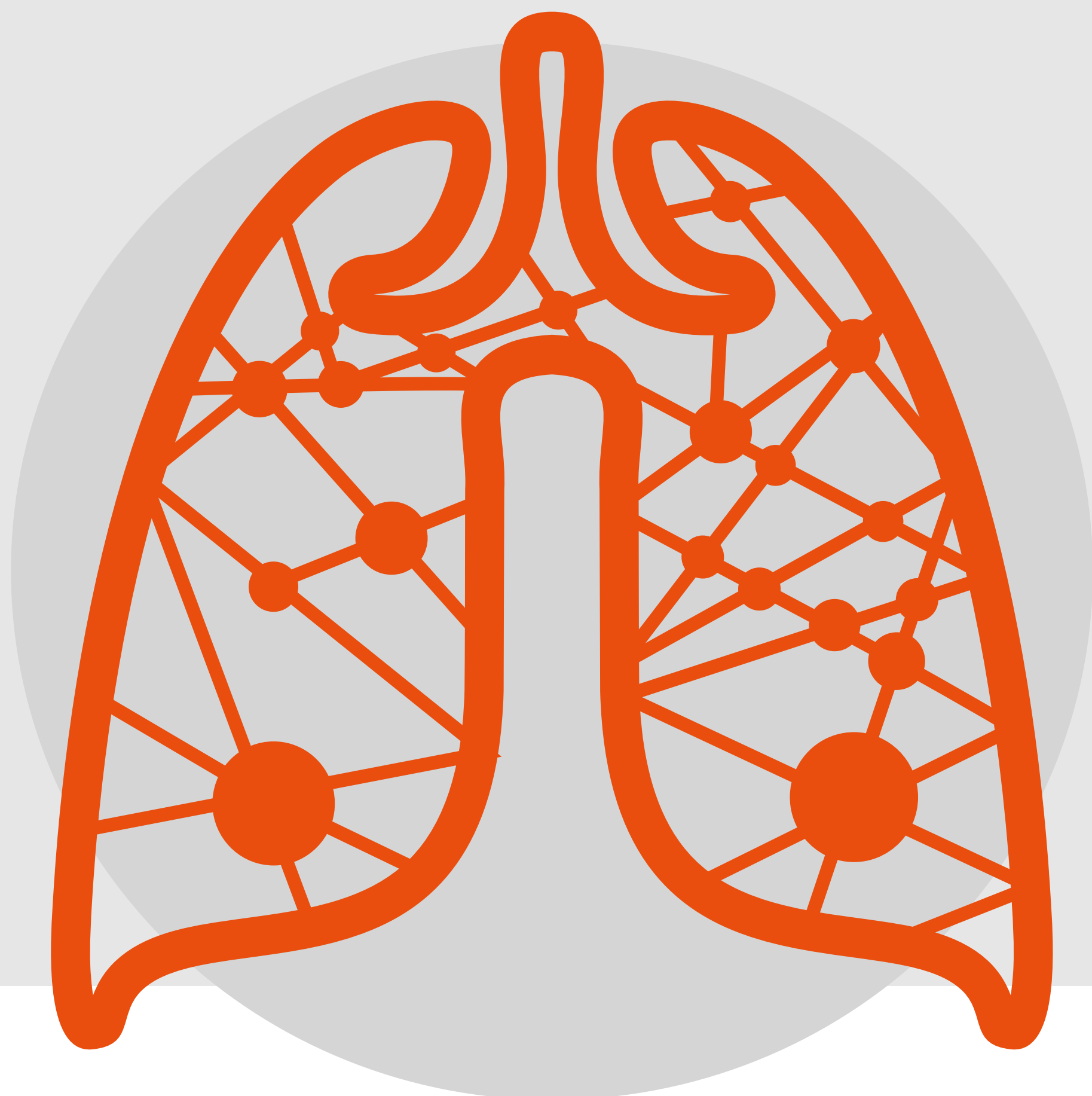


# Noninvasive ventilatory support



Non-invasive ventilation (NIV) e-learning is effective during the SARS-CoV2 pandemic, despite lower pre-training competence and higher uptake

## Background

Previous studies report simulation programmes, via e-learning and/or workshops, effectively increase staff competence in NIV administration.

During the SARS-CoV2 pandemic the demand for NIV training increased rapidly. We assessed uptake and impact on learning outcomes of our Kent Surrey Sussex Academic Health Science Network designed e-learning module, pre- and peri-pandemic.

## Methods

From 01/10/2016-30/06/2020, the e-learning module for NIV administration was undertaken by UK healthcare staff, alongside an optional pre- and post-training survey.

Self-reported NIV administration competence was assessed in two period cohorts: pre-pandemic (01/10/2016-29/02/2020) and peripandemic (01/03-30/06/2020).

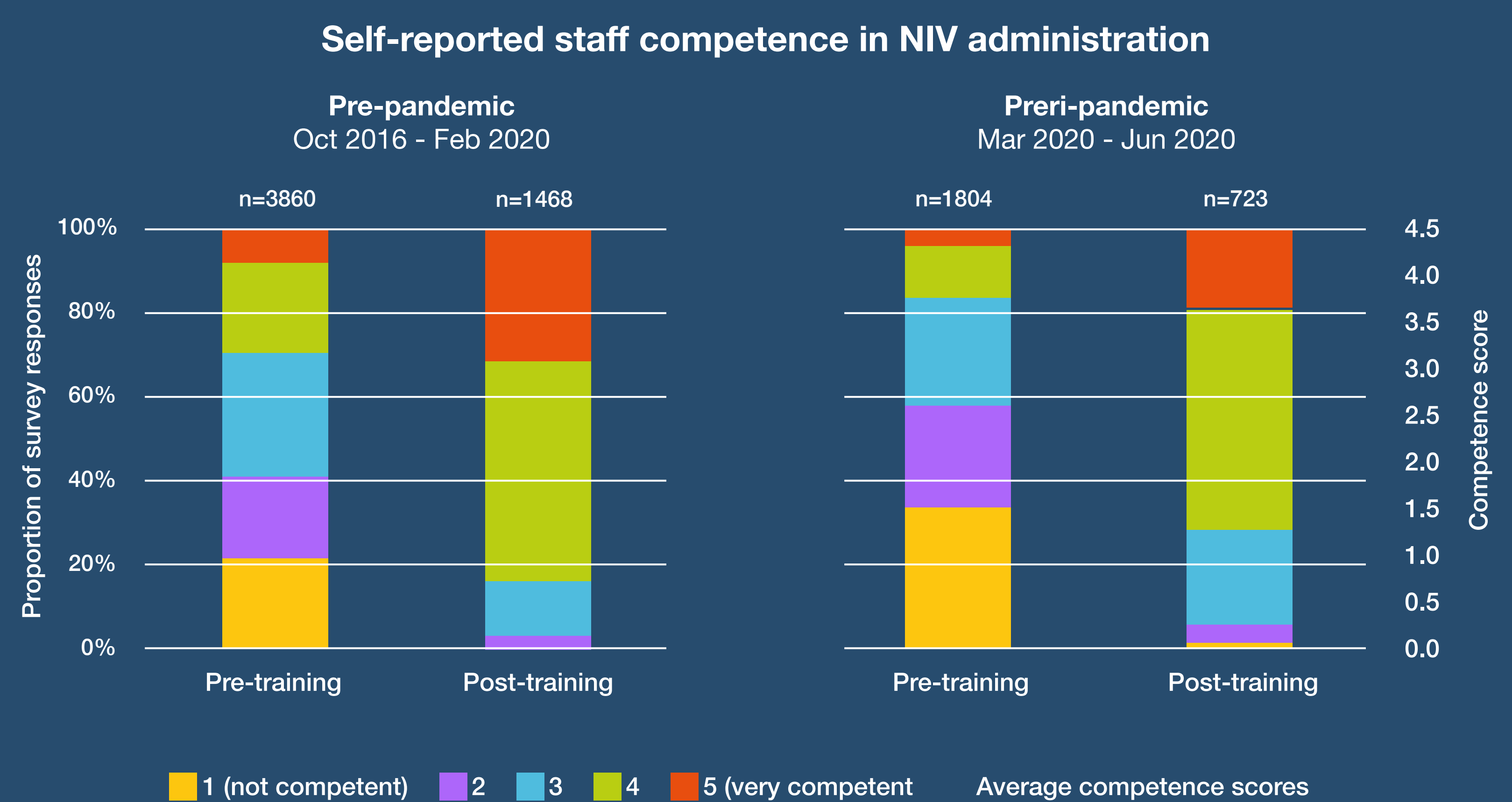


## Conclusion

Results show that our NIV e-learning tool effectively increases self-reported staff competence for NIV administration, even with highly increased and urgent demand for learning.

## Results

Monthly training uptake increased 8-fold during the first peak of the pandemic (4305 vs 536), also reflected by a 7 and 8-fold increase in survey completion pre- and post-training. Peri-pandemic, staff competence was lower pre-training ( $\mu=2.3$ ), when compared with pre-pandemic levels ( $\mu=2.8$ ). However, relative peri-pandemic improvement post-training was greater and competence ( $\mu=3.9$ ) lagged only marginally, compared to the pre-pandemic baseline ( $\mu=4.1$ ).



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