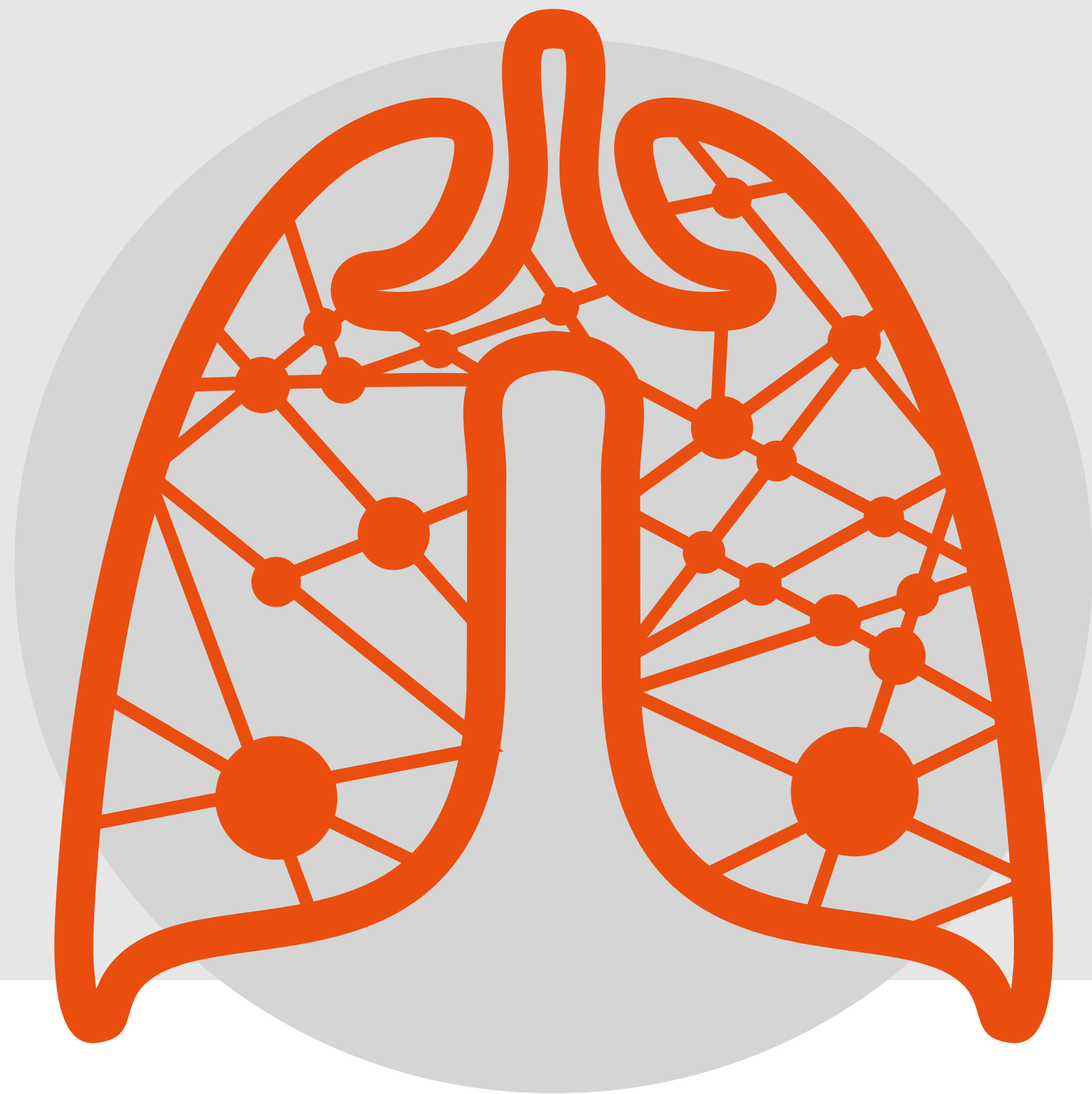


Non-invasive ventilatory support



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).

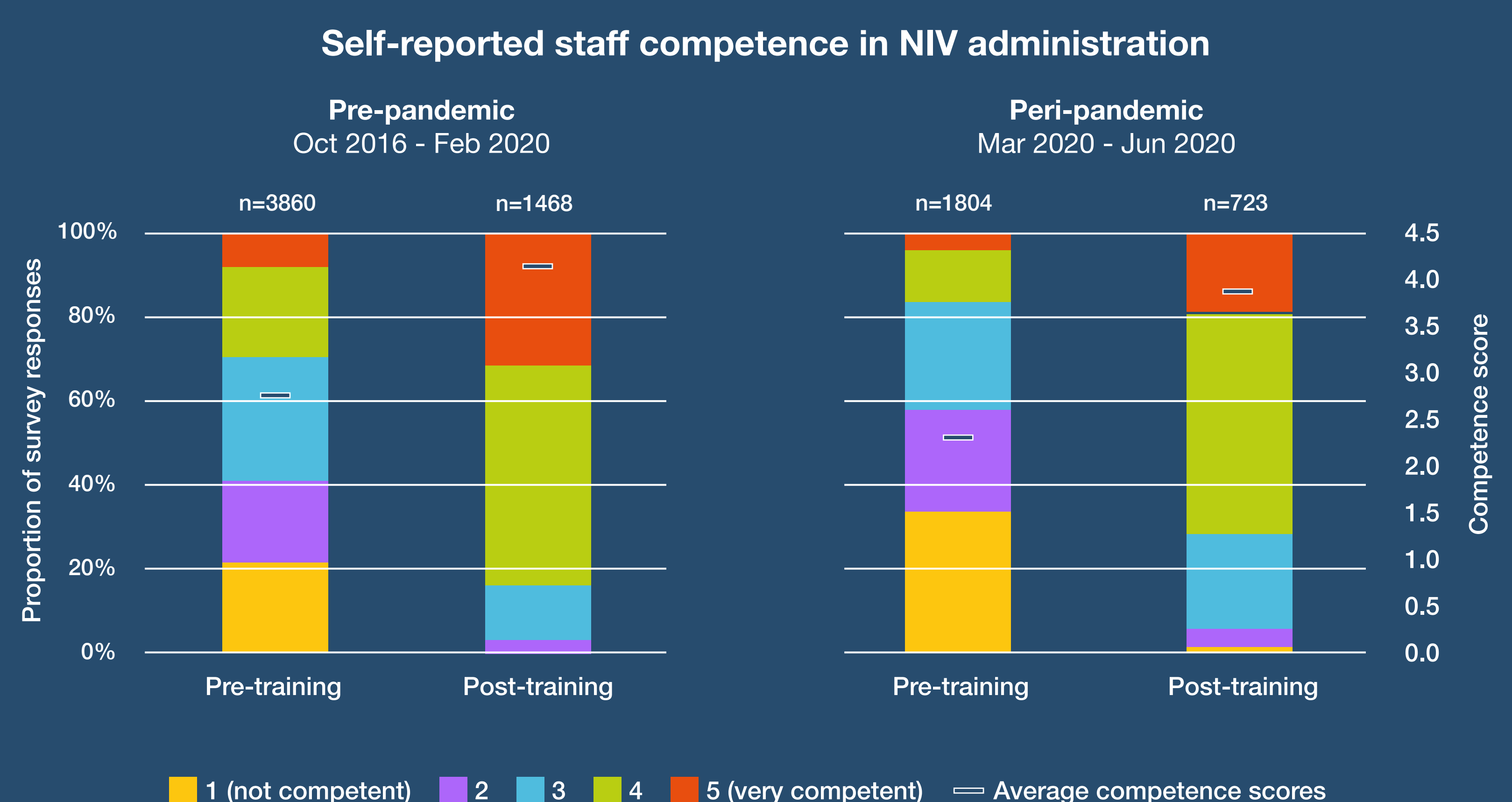


Conclusion

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 ($\mu=4.1$).



N. Schneider¹, T. Myers¹, L. Vincent-Smith², K. Steele³, J. Bott⁴

¹Unity Insights Limited - Worthing (United Kingdom), ²Medway Foundation NHS Trust - Gillingham (United Kingdom), ³University Hospitals Sussex Foundation Trust - Worthing (United Kingdom), ⁴Kent Surrey Sussex Academic Health Science Network - Worthing (United Kingdom)