Hull and East Yorkshire Hospitals NHS Trust

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Evaluation of the training received by Renal Trainees in Dialysis Line Insertion in Yorkshire and Humber Region of UK

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OBJECTIVES

To determine if there is significant variation in:

1. how current renal trainees were trained in line insertion
2. the experience the trainees are receiving based on number and type of dialysis lines inserted over the previous years.

The survey also:

1. looked at the grade of the person providing the teaching and self-reported competence in line insertion by trainees.
2. sought the opinion of trainees to improve current training in dialysis line insertion
3. their impression of utilising stimulation teaching as a tool for optimising the current training experience of trainees.

METHODS

We conducted a retrospective survey of "Dialysis line Insertion training" among Renal Registrars in Yorkshire and Humber deanery. A detailed questionnaire was designed covering various aspects of line insertion, supervision and training.

This questionnaire was given to all the current renal registrars at various levels in Yorkshire and Humber deanery who attended the compulsory 1 day "Northern Postgraduate Nephrology Course" (NPNC) . Out of 25 trainees 15 responded by filling the questionnaire on the day of course. However, 4 out of 25 requested to have the questionnaire sent to them via email so that they can have a look at their procedure log books. The questionnaire was also sent to all other trainees who could not attend the course via e-mail. Out of program trainees (OPE) were not included in this survey.

RESULTS

Response rate by trainees was 76%.

During ST3 year (first year of specialist renal training) all the registrars were mostly doing femoral lines. 60% of the ST3 trainees had not performed any Internal Jugular or tunnelled lines insertion.

All the trainees were observed /supervised for temporary and tunnelled line insertion either by senior trainees or consultants at some point in their training. Regarding tunnelled lines insertion 64% of the time, the trainees were supervised by a consultant. In comparison, temporary line insertion was supervised by the senior registrars (ST5-ST7) most of the time (54%).

The majority of trainees (89%) said they had a dedicated line list in their unit led by a consultant.

58% of the trainees believe that they had good training for line insertion while 26% (5/19) were not certain about the training they receive.

When asked about any simulation before performing line on real patients, 79% had no simulation training before performing on real patients. The majority of the trainees (79%) agreed that simulation training will improve their training for line insertion.

SUPERVISION OF TRAINEES

	Temporary Lines	TUNNELED LINE	OTHERS (%)	
SPR 3-5	71	38	0	*Consultant Regularly Performing lines(RP)
Cons RP*	47	58	0	
Cons NRP**	15	9	0	
Cons (RP+NRP) led supervision (%)	62/133 **(46%)**	67/105 **(64%)**	0	**Consultant N Regularly Performing lines(NRP)
SPR 3-5 led supervision (%)	71/133 **(54%)**	38/105 **(36%)**	0	

COMPETENCY AND SIGN-OFF

Response	Temporary Lines	TUNNELED LINE	Both	Sign off on portfolio
Yes	16(84%)	15(79%)	15(79%)	13(68)
No	3(16%)	4 (21%)	4 (21%)	6 (32%)

LINE TRAINING IN DEANERY

	Dedicated Line list	Training Course Attended	Simulation course attended	Training before on real patients
Yes	17(89%)	9(47%)	4 (21%)	4(21%)
No	2 (11%)	10(53%)	15(79%)	15(79%)

TRAINEE VIEWS REGARDING TRAINING

	Good training for line insertion	Simulation training improves trainin
Strongly Agree	1	8

CONCLUSIONS

This survey highlighted the variable trends in temporary line insertion with regards to level of training.

The majority of the trainees agreed that they had good training for dialysis line insertion.

However, the survey results showed that trainees strongly felt that simulation training would improve line insertion skills including obtaining more confidence at various site (femoral and internal jugular) and chance to practice before inserting line on actual patients to minimize the potential complications.

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