Introduction:
Training in placement, and the subsequent safe confirmation of position, of a nasogastric (NG) tube, relies on clinicians completing an e-Learning module at our trust.

Feeding through an incorrectly placed NG tube is a 'Never Event,' associated with significant morbidity and mortality[1]. Analysis of these incidents reveal that the misinterpretation of chest radiographs, by medical staff, who had not received competency-based training, is the most frequent cause[2].

E-Learning has revolutionised the delivery of medical education[3], however, there are barriers to its use[4]. We hypothesised that, by taking e-Learning content, and delivering it face-to-face, we would improve training rates, and thus patient safety.

Methods:
A questionnaire was completed by 50 critical care doctors, concerning their knowledge of the existence of the e-learning module, whether they had completed formal training in NG tube placement, and how confident they were, on confirming correct positioning, using a 5 point Likert scale.

All clinicians underwent training in the interpretation of NG placement, using chest radiographs. After the session they were asked to re-appraise how confident they felt. Results were compared using paired t tests.

Results:
Confidence improved in all, rising from a pre-test average score of 3.74 (SD=0.92), to post-session 4.76 (SD=0.48), \( p<0.0001 \). Prior to the intervention, 63% of the doctors were aware of the trust guidelines, but only 17% had completed the training. After the session, 100% were aware of the guidelines, and 100% had completed the training (Figure 1).

Conclusion:
E-Learning is a useful tool, but has its limitations. By using course content, delivered with more traditional learning methods, we improved the number of appropriately trained clinicians, and thus the safe use of NG tubes in our unit.

References:
3. https://www.e-lfh.org.uk/about/
Figure 1: Percentage of Clinicians trained before and after intervention

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