

confidence following the session. Students were then invited back for reassessment to see if the skill had been retained and a repeat questionnaire assessing knowledge and confidence was performed.

Results: A hundred-and-one students undertook training with 100% gaining successful IO access. 91.9% of participants agreed or strongly agreed they would be confident to attempt IO access in a clinical setting immediately after training. 100% of participants either agreed or strongly agreed that the teaching was appropriate for their level of training. 49 participants were reassessed over a range of 16 to 347 days. Our aim had been to test after a minimum of 6 weeks. 100% of reassessed participants successfully gained IO access and 95.9% of participants agreed or strongly agreed they would be confident to attempt IO access in a clinical setting. Knowledge depreciated slightly with time.

Discussion: There have been limited studies [1] looking at teaching medical students IO access. Remote and rural hospitals are often staffed primarily by junior doctors who may have limited knowledge and experience of this procedure yet be expected to undertake IO access in an emergency. This study has shown that the skill can be taught to senior medical students and retained. Further re-assessment over a longer time period would be beneficial.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

REFERENCES

1. Kwon OY, Park SY, Yoon TY. Educational effect of intraosseous access for medical students. *Korean Journal of Medical Education*. 2014;26(2):117-124.



IN PRACTICE

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INTRAOSSIOUS ACCESS: EASY ONCE YOU KNOW THE DRILL!

Gillian Winter¹, James Beavis¹, Melanie Clarke¹; ¹*NHS Grampian, Aberdeen, United Kingdom*

Correspondence: gillian.winter@nhs.scot

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Introduction: Initial contact for trauma and paediatric patients can be from junior doctors. However, medical students receive limited teaching in trauma skills and courses teaching intraosseous access (IO) are postgraduate. Obtaining emergency intravenous access in an unwell child can be time consuming and has a high failure rate. IO access provides a quick method of access that has a low failure rate. Our aim was to teach medical students IO access in a single session, assess their success and confidence and determine if these attributes are retained over time.

Methods: Small groups of fourth year medical students completed a pre session questionnaire assessing their knowledge and experience of IO access. A short lecture was delivered followed by a practical session taught using the Peyton's four step approach. Students were assessed using a clinically validated scale. At the end of the session a further questionnaire was undertaken to assess knowledge and