ABSTRACTS OF ORAL PRESENTATIONS RESEARCH AND AUDITS CONTD.

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Do Doctors Really Know About "hs-cTnl"? A Comprehensive Evaluation of Knowledge Regarding High-Sensitivity Cardiac Troponin I (hs-cTnl) Assay Among Medical Officers in Gampaha District

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Introduction and Objectives

The high-sensitivity cardiac troponin I (hs-cTnl) assay is a crucial diagnostic marker in the triage of patients presenting with chest pain. Notably, errors in interpreting the testing method have been identified among medical officers, leading to an increased likelihood of inaccuracies in testing and interpretation. This study aims to evaluate the level of understanding among medical officers regarding the hs-cTnl assay in relation to the most recent European Society of Cardiology (ESC) guideline released in 2020.

Methods

A cross sectional questionnaire-based study was conducted at two government hospitals in Gampaha District during June 2022. A self-administered e-questionnaire was used to assess knowledge regarding hs-cTnl. Knowledge was measured through cumulative scoring of questionnaire responses, subsequently categorized as either good or poor knowledge. Scores below 60% were designated as poor, and vice versa. Descriptive statistics were employed for data summarization.

Results

Out of 300 participants, 76% (227) responded. Only 14.5% (33/227) exhibited proficient knowledge of the analytical component, while 41.9% (95/227) demonstrated good knowledge of the clinical component. A score \geq 60% on the analytical component knowledge correlated significantly with factors such as designation being a senior registrar or consultant (p<0.001), postgraduate enrolment (p<0.001), participation in continuous professional development programmes (p<0.001), and employment in a teaching hospital (p=0.025). Conversely, no significant associations were observed with age (p=0.066) or private practice (p=0.118). Clinical component knowledge scores \geq 60% were significantly associated with age between 25 and 35 years (p=0.006), postgraduate enrolment (p<0.001), participation in continuous professional development programs (p<0.001), and employment in a teaching hospital (p=0.001) but not with doing private practice (p=0.170).

Conclusions

In Sri Lanka, medical officers' analytical knowledge on the hs-cTnI assay seems lacking. Ongoing training programmes are essential to enhance their knowledge and proficiency in hs-cTnI testing.

Keywords

hs-cTnl, Myocardial infarction, ESC guidelines, Knowledge