

**On Nurses' Understanding
of Tuberculin Testing:
the Importance of Training**

To the editor: We have read with interest the excellent article by Alemany et al, "Assessment of Nurses' Understanding of Tuberculin Testing at a General Hospital"¹ and are sending this letter in the belief that the results of a recent study we have made may complement the authors' conclusions. In spite of the fact that tuberculin testing was introduced almost a century ago by Charles Mantoux and regulated by the World Health Organization in the 1960s,² the level of theoretical knowledge of the technique among the nurses in this study¹ as well as in other recent studies,² and observed in our own experience, is totally unacceptable and an insufficient guarantee of the correct implementation and interpretation of this technique.

We agree with Alemany et al¹ that nurses who have received special training in carrying out this test should be selected if we want to reduce the possibilities of errors made during its administration. However, this is not always possible. One aspect that has not been analyzed by these authors is the effect of previous specific training in this field. In our study, which was presented in detail at the last National Congress of the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR),³ a questionnaire containing 10 questions on how to preserve, implement and read the results of the tuberculin test was administered. It was based on the recommendations of the International Union against Tuberculosis and Lung Disease⁴ and of SEPAR.⁵ Other variables such as professional experience, training, and practice in using this technique were recorded. Out of the 202 nurses who completed the questionnaire, 49 (24.2%) had received some form of specific training and the mean number of correct responses was significantly higher for this group (6.7 ± 2 as opposed to 5 ± 1.5 ; $P = .001$). Multivariate analysis showed that, in addition to the frequency with which nurses carried out the test, having participated in some form of previous training was an independent factor strongly associated with greater theoretical knowledge. In the study made by Córcoles et al,² which was carried out in 100 national health centers, nurses who had taken a course within the previous 3 years had a 40% higher probability of having a high level of understanding of the technique.

Although the use of specially qualified staff to carry out this test is probably the best way of reducing the risk of errors, when this is not possible the regular staff's attendance at courses and seminars on the technique could reduce the risk.

LETTERS TO THE EDITOR

As pulmonologists, we feel that we should participate actively in such training activities and it would be worthwhile for SEPAR to sponsor the creation of graphic and audiovisual material on tuberculin testing and its distribution among nursing staff to complement the recommendations already published,³ or even to make a summary of this information available on the SEPAR web page, as has been done for other disciplines.⁶

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