

## **Supervised Injection Therapy Techniques - CLINICAL SUPERVISION**

Clinical supervision is a vital component of the module and essential to your development of confidence and competence in performing the application of injection therapy. The following guidelines should help you to locate a suitable supervisor (or supervisors).

### Please read carefully

- It is <u>your</u> responsibility to arrange your own clinical supervision although we shall be pleased to advise you in support of this wherever possible.
- It is important that your supervisor is aware of what will be required of them before agreeing to act in that role.
- To be practical, you can have more than one supervisor, but ideally, no more than 3 supervisors.
- The clinical situation in which you are being supervised should allow for you to assess patients to
  be able to reach a diagnosis and recommend that injection therapy is the treatment of choice,
  prior to discussion with the supervisor. It is accepted that injection therapy may not always be
  appropriate following those discussions in light of the collaborative clinical reasoning process.
- Throughout the module recommendations for drugs and dosages of injectable steroid alone +/local anaesthetic or saline will be given, to form the basis of the suggested approach to apply in
  clinical practice. These may vary from those usually applied by supervisors in their own clinical
  practice and their cooperation to comply wherever possible with the suggested dosages and
  volumes is sought during the training process. Where clinical reasoning draws the practitioner to
  conclude otherwise, this should be clinical reasoned and recorded clearly on the injection record.
- Your supervisor(s) can be doctors and/or physiotherapists but they <u>must</u> meet the following criteria and be able to provide the required evidence <u>before</u> your attendance on Unit 1:
  - Have a minimum of 3 years injection experience
  - Be practising in the UK, and registered with the relevant body (GMC if a doctor, or HCPC if a physiotherapist)
  - Be undertaking a minimum of 50 injections annually
  - Be able to legally supply and administer POMs and have provision to obtain necessary drugs for the supervised student within PSD or PGD agreement, depending on local policies
  - Have agreement to provide supervision from the employing Trust/ service

The criteria for the assessment of your supervised injections are given below. The injections that you will be required to perform will be specified at the commencement of the module. An evaluation of each injection you administer should be included within your professional portfolio.

#### THE INJECTIONS

During the inter-unit period <u>at least</u> 10 supervised injections must be carried out. Ideally, these should include:

- At least three different joint/bursa injections
- At least two different soft tissue injections
- At least one tendon in a sheath or a carpal tunnel injection
- The remaining injections may be determined by availability, but as broad a spread of techniques as possible should be performed.

A record is to be kept of **all** injections performed, on the proforma provided. The supervising doctor or physiotherapist will sign this. Additional notes should supplement this although these should be anonymised to protect patient confidentiality.



<u>NB:</u> At least 10 supervised injections <u>must</u> be completed as the required standard of your supervised injection portfolio and it should be submitted <u>before the attendance of Unit 2</u>. If you are unable to achieve this, students may <u>not</u> be eligible to attend Unit 2 and take the final examination.

Once you embark on our Injection Therapy journey, you have a responsibility to manage your learning, revision and assessment activities throughout the module(s). You have 6 months between attending Unit 1 and Unit 2. With regards to meeting the criteria for supervised injections; 3 months after attending Unit 1, we would expect you to have recorded approximately 5 supervised injections. If it is apparent at this 3-month mark, that you are <u>unlikely</u> to meet the criteria then you need to make your Module Coordinator aware and discuss the implications with them.

If you have further queries, please contact SOMM admin team via admin@sommcourses.org

# CONFIDENTALITY

In your portfolio, you should keep you and your supervisor(s) signature for authenticity. However, any reference to the following <u>MUST</u> be made anonymous and <u>MUST</u> be blacked out so that individuals cannot be identified by the marker or any other person for confidentiality:

- Name of patients
- Name of relatives/carers
- Ward/Department/Team names
- Trust/Hospital names
- Name of colleagues



### STATEMENT FROM CLINICAL SUPERVISOR

I have read and	dunderstood	the guidelines	overleaf and agr	ee to supervise:
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during the inter-unit period of the SOMM Diploma in Theory and Practice of Injection Therapy.

As a supervisor I understand that I must meet the relevant criteria below and if required, provide evidence in support of this and I have signed below to confirm this.

Doctor Supervision	Physiotherapist Supervision		
Must have a <b>minimum</b> of <b>3</b> years injection experience.	Must have a <b>minimum</b> of <b>3</b> years post qualification injection experience evidenced by injection diploma certification.		
Must be a medical practitioner, registered in the UK with the General Medical Council.	Must be CSP and HCPC registered and practicing in the UK.		
Must be undertaking a minimum of 50 injections annually.	Must be undertaking a minimum of 50 injections annually.		
Must be able to legally supply and administer POMs within PSD.	Must be able to legally supply and administer POMs under an agreed PGD or PSD, depending on local polices.		
Must have an interest and experience in the use of injections in the management of musculoskeletal conditions	Must have agreement to provide supervision from employing Trust or service		
I can confirm that I meet all the above criteria and am eligible and willing to provide supervision for the above named student	I can confirm that I meet all the above criteria and am eligible and willing to provide supervision for the above named student and have enclosed certification as requested		
Signed:	Signed:		
Print name:	Print name:		
Authenticating Stamp	Authenticating Stamp		

Please include a signed copy of this form at the front of your injection portfolio