257. UK TRAINEES IDENTIFY A NEED FOR FORMAL INJECTION TRAINING: COULD DEANERY WORKSHOPS BE THE ANSWER?

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Background: Competency in core joint and soft tissue injections is a requirement of the JRCPTB specialty training curriculum for rheumatology. Presented are the results of a survey exploring the training that registrars are receiving nationally and a new Severn Deanery initiative to help local trainees develop their injection skills.

Methods: All rheumatology registrars on the BRITS mailing list were sent an electronic survey requesting information on injection skills training, confidence in performing the core injections and thoughts on whether training to date was sufficient. The Severn deanery initiative involved a 2 hour consultant led injection skills workshop comprising a general discussion on injection technique, question and answer session and small group practice on mannequins. Trainee feedback was sought.

Results: 41 registrars from deaneries across the UK responded to the survey (North West 3, Severn 14, Wales, 6, Mersey 2, Oxford 1, East of England 3, Northern 2, Yorkshire 5, Wessex 1, West Midlands 2, London 2). 88% had received some training, most commonly ad hoc on the job (87%), supervised clinics (53%) or study days (26%). Whilst 55% thought this was sufficient, 90% felt formal injection skills sessions should be incorporated into registrar training programmes. The percentage confident in performing the core upper limb injections were: subacromial bursa 98%, glenohumeral 95%, wrist 93%, MCPJ 85%, elbow 80%, hand flexor/extensor sheath 78%, carpal tunnel 75%, PIPJ 74%, acromio-clavicular 59%, elbow entheses 56%. The percentage confident in performing the core lower limb injections were: knee 100%, trochanteric bursa 100%, ankle 90%, plantar fascia 66%, MTPJ 54%, patellar bursae 52%, pes anserine bursa 29%, gluteal bursa 14%. For those injections where trainees did not feel confident, 53% felt that competency would not be achieved by training end. The injection skills workshop was positively received. All 10 trainees in attendance fed back that it was helpful in developing knowledge, practical skills and confidence in injection technique. All felt it should form a regular part of the registrar training programme. Themes arising from free text comments on the survey and workshop feedback were increasing reliance on ultrasound guided injections due to lack of confidence and training, the need for consensus on injection technique given the variation between centres/ practitioners and concentration on soft tissue injections.

Conclusion: If rheumatology registrars are to acquire the breadth of injection skills outlined in the curriculum then formal training is essential.Deanery workshops are one possible solution. Particular attention should be paid to standardizing technique and lower limb soft tissue injections. Investing in such training should ensure that future rheumatologists can continue to offer a comprehensive joint injection service to their patients.
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