

Top Tips for training for the Letter of Competence in Subdermal Implants

These are hints and suggestions that have been collected from Faculty Registered Trainers across the country. They do not replace the Faculty guidance for LoC SDI but provide supplementary information for trainers who are new to Faculty training or for anyone interested in trying alternative strategies.

A. Be prepared

1. Laminate a copy of the insertion and removal instructions for the implant and have this available in the clinic so that they can be glanced at easily by trainee during sessions and can be re-used from trainee to trainee.
2. Utilise a dedicated implant insertion and removal clinic where possible so that the trainee can fit or remove several implants consecutively rather than having long gaps between each fit.

B. When the trainee arrives

1. On the first visit for trainee have the first clinic slot closed so that model arm training can be undertaken and a few ground rules established.
2. Demonstrate the anatomy of the arm and ensure that they know where it is safe to insert the implant. Highlight if there are any differences in SPC instruction and FSRH CEU advice.
3. Arm position is key for both insertion and removal. Ensure that the trainee is made aware that different arm positions are utilised to palpate the implant and to get the implant to produce the best pop-out sign for removal; this may mean having the arm either over their head or flat on the couch. It is important to get the position correct before starting on the procedure.
4. When marking the arm for removals or fits there are a range of techniques including using skin markers or permanent markers or a ball point pen but the cap of the syringe needle also leaves an effective indentation and naturally disappears over a 10 minute period. The trainee needs to be aware of this risk of tattooing the skin if using a ball point pen or a marker pen. To minimise this risk avoid making an incision or insertion immediately over the area of skin that has pen mark.
5. Remember that learning implant insertion technique from a right-handed health care professional can be tricky if you are left-handed and vice versa. Left-handed trainees may benefit from a demonstration by a left-handed fitter or consider altering the position of the bed within the room so that a left-handed trainee may work from the top of the bed. These techniques may be useful also for right handed clinicians fitting or removing implants from the right arm.
6. Discuss local anaesthesia techniques so that trainee is aware of alternative approaches and alternative local anaesthetics (eg lidocaine with or without adrenaline).
7. Discuss wound closure and skin dressing -eg steristrips, pressure dressing, how long to leave on, what to do if the arm bleeds or bruises a lot.

8. Once a fit or removal has been demonstrated then sometimes learners find writing a “recipe” of the steps involved very helpful. This means that they have something to refer back to when they come back to clinic another time and is sometimes useful if there is going to be a gap before they start fitting for real.

For example something like:

- Step One Take consent
- Step Two Place the patient’s arm in the correct position and make sure they are comfortable
- Step Three Mark the arm where the implant will be inserted.
- Step Four Draw up 2mls of 1% lidocaine via a green needle into a 2.5 ml syringe checking batch number and expiry date

Some learners may find the technique of “mental practice” helpful - cognitively rehearsing in their minds the steps required to fit or remove an implant but without any physical movement. This mental visualisation of the successful execution of a task in the minds eye has been shown to be beneficial to some.

9. If a patient does not attend use this opportunity to discuss more complex things eg how to manage a deeply inserted implant, how to manage anaphylaxis, how to manage a failed removal

10. Ensure the patient is happy for the procedure to be performed by the trainee. This may be more acceptable to the patient if the trainee has developed a rapport with them by conducting the initial consultation. However, where the clinic is overrunning, the trainer may opt to conduct the initial consultation to ensure time-keeping of the service.

C. Towards the end of training

1. Ensure the trainee can safely perform and insertion and a removal without any intervention from the trainer including setting up all the required equipment.

2. Ensure that the trainee is aware of what equipment they will need to acquire in their workplace so that they can run an implant insertion and removal.

3. Once the trainee is felt to be competent and their log-book has been signed off, to increase their confidence and prepare them for independent practice, ask them to conduct the consultation and fitting process with the trainer close by but not actually in the same room.

4. Demonstrate examples of paperwork or proformas that could be useful for counselling, consent process and after care that the trainee could utilise in their practice by changing the headed paper.