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Unit 1

Unit title	Anatomy, Physiology & Dermatology for Aesthetic Injectable Therapies
SCQF level	11
Credit points	10
Unit aim	<p>To provide the essential underpinning knowledge of anatomy, physiology and dermatology to enable practitioners to deliver safe and appropriate aesthetic injectable therapies, including Botulinum Toxin (BoNT), dermal fillers and volumising products</p> <p>A detailed understanding of the facial planes, structures and tissues is critical to safe practice, and learners will be required to describe, locate and identify appropriate injection sites, those considered ‘risk areas’ of the face and other appropriate injection sites. Essential dermatology knowledge will equip learners with the ability to accurately describe presenting skin conditions and those that require referral to appropriate healthcare professionals.</p>
Delivery and assessment	<p>Learners will explore a range of anatomy teaching and learning resources and apply their knowledge and understanding when assessing patients prior to treatment and whilst delivering treatment.</p> <p>Learners will evidence their knowledge and understanding of anatomy, physiology and dermatology by demonstrating safe and appropriate treatments on manikins and patients under the expert guidance and tutelage of experienced clinical tutors. They must also demonstrate the ability to recognise and correct suboptimal outcomes using their knowledge of facial muscle interactions, injection site and product dose/volume.</p> <p>The centre will devise and mark the assessment for this unit. Learners must meet all assessment criteria to pass the unit. The centre will devise and undertake the assessment of learners. A number of assessment activities will be used to measure the achievement of learning outcomes in this unit. Assessment evidence will be in the form of the following.</p> <p>Direct Observation of Procedural Skills (DOPS)/Observed Structured Clinical Examination (OSCE): learners will assess and classify facial features and undertake patient consultations to identify and mark key anatomical features, safe versus risk areas, and plan and describe treatment options based on presenting anatomy and recognised consensus publications.</p> <p>Examination: written assessment papers under time constrained examination conditions to assess knowledge and understanding. Question types may include: short answer and matching items.</p> <p>Log Book of Clinical Treatments: a log book recording consultations and treatments of a given injectable therapy, showing evidence of critical appraisal undertaken by the learner of factors affecting patient consultation, pre and post procedures, treatment delivery and clinical outcomes.</p>
Essential resources	Specialist resources will be available to enable learners to achieve this unit. They will have contact with tutors to guide and assess.

Learning Outcome 1: Understand the structure and function of skin and its appendages and the role of medical cosmetics in skin care and anti-aging

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
1.1 Critically discuss the structure and function of skin and its appendages in relation to aesthetic interventions	<p><i>Skin:</i> (stratum corneum and viable epidermis), dermis (papillary and reticular), hypodermis, skin appendages, cell types and function - keratinocytes, melanocytes, mast cells, fibroblasts, Langerhan cells, growth factors, melanin response to UV, skin ‘turnover’, response to injury and wound healing mechanisms, microbiology/microbiome. Hair follicle and related pilosebaceous complex</p> <p>Functions: layer dependent - protection, thermoregulation, sensation, vitamin D synthesis, UVR protection, physical barrier, tensile strength, visco-elasticity and compressive quality, histology,</p> <p>Skin microbiology of relevance to aesthetic medicine: e.g. Physiological and pathological skin flora</p> <p>Skin microbiome of relevance to aesthetic medicine: e.g. Microbiota, biofilm, contaminants and relation to; treatments, infection and disease</p>	<p>This unit will use a variety of delivery and assessment strategies to ensure learners have access to assessments that are valid, reliable and fair.</p> <p>Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups</p> <p>Clinical knowledge will be reinforced and assessed during the face-to-face clinical skills demonstration sessions allowing learners to evidence understanding and the application of knowledge of facial anatomy</p>	<p>To achieve LOs 1.1 and 1.2 learners should be assessed in the following way:</p> <ul style="list-style-type: none"> • DOPS/OSCE: learners should assess and classify facial features and undertake patient consultations to identify and mark key anatomical features, safe versus risk areas and describe treatment options based on presenting anatomy and recognised consensus publications • Examination: written papers under examination conditions to assess knowledge and understanding. Question types could include: short answer and matching items
1.2 Critically discuss the impact of a range of dermatological conditions	Recognition and deleterious effects of; including but not limited to: melasma, benign dyschromias, acne and rosacea, vitiligo,		

<p>and common health conditions which may affect treatment</p>	<p>allergic reactions, known skin sensitivities pigmentary lesions, vascular lesions, autoimmune conditions, dermatitis, psoriasis, rosacea, drug eruptions, scarring, diabetes, actinic lentigo, related to sun damage, acne, hirsutism, rosacea, hypertension, cardiovascular disease/stroke, autoimmune disease, immunocompromised patients, those with transmissible infections, alcohol/drug abuse</p>		<ul style="list-style-type: none"> • Log Book of Clinical Treatments: a log book recording consultations and treatments of a given injectable therapy, showing evidence of critical appraisal undertaken by the learner of factors affecting patient consultation, pre and post procedures, treatment delivery and clinical outcomes
<p>1.3 Critically appraise the role and potential of a range of cosmeceuticals with reference to skin health assessment</p>	<p>Cosmeceutical/medical cosmetic products: sun protection factor (SPF)/photo damage preventatives, pH balancers and 'anti-ageing' products, retinoic acid, antioxidants, peptides and growth factors</p>		<p>To achieve LO 1.3, learners should</p> <ul style="list-style-type: none"> • write a critical 1000-word essay on the role of cosmeceuticals in skin care and anti-aging

Learning Outcome 2: Identify and critically examine the location and function of muscles, tissue planes, nerves, glands and blood supply critical to safe injectable practice

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
2.1 Critically assess and locate the anatomical features for safe delivery of injectable therapies	Facial anatomy: layers: muscles, tissue planes, SMAS, facial nerves and blood supply relevant to injectable therapies. Static and dynamic wrinkles, safe and unsafe injection sites. Sweat glands	Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups. Clinical knowledge will be reinforced and assessed during the face-to-face treatment sessions allowing learners to evidence understanding and the application of knowledge of facial assessment	To achieve LOs 2.1 and 2.2 , learners should be assessed in the following way: <ul style="list-style-type: none"> • OSCE: learners should pass an OSCE in which they assess and classify facial features • Log Book of Clinical Treatments: a log book recording consultations and treatments of a given injectable therapy, showing evidence of critical appraisal undertaken by the learner of factors affecting patient consultation, pre and post procedures, treatment delivery and clinical outcomes
2.2 Critically assess and classify facial features and presenting conditions to identify appropriate treatment pathways	Assessment scales: Glougau scale, laxity, symmetry, 'snap test', L'Oreal scale, Merz aesthetic scales, visual analogue scale (VAS), skin typing systems (Fitzpatrick, Ethnic), phenotype versus genotype, skin imaging devices, facial proportions, 'Golden ratios', upper, mid and lower face assessment, past medical history, e.g. sun exposure, extrinsic factors. Facial marking		

Learning Outcome 3: Evaluate factors involved in aging and volume loss

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
<p>3.1 Critically examine the process of aging in relation to injectable treatment options</p>	<p>Intrinsic aging, extrinsic aging, bone resorption, volume loss, facial proportion changes, fat pad distribution, muscular, anatomical and cellular changes, extra cellular matrix, collagen and elastin synthesis, photo-damage, identification of photo-induced skin conditions, sun protection, preventative measures, hormones and the skin, cytokines, role of free radicals and antioxidants, diet and exercise</p>	<p>Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups. Clinical knowledge will be reinforced and assessed during the face-to-face treatment sessions allowing learners to evidence understanding and the application of knowledge of facial aging</p>	<p>To achieve LO 3.1, learners should be assessed in the following way:</p> <ul style="list-style-type: none"> critical 1000-word essay on the suitability and role of injectable therapies in addressing the signs of aging

Learning Outcome 4: Select appropriate treatment areas for injectable therapies

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
4.1 Propose appropriate injectable therapies according to presenting anatomy and physiology	Gender differences, muscle patterns, volume loss, skin quality, product placement, site, dose, safe areas versus med and high-risk areas, needle versus cannula delivery, combination therapies	Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups	To achieve LO 4.1 and 4.2 , learners should be assessed in the following way:
4.2 Propose alternative treatment options	Alternative therapies: chemical and physical rejuvenation, light-based therapies, radio frequency, plasma rejuvenation, platelet rich plasma (PRP), cosmeceuticals, referral to other healthcare professionals, e.g. surgical interventions. Including the option to do nothing	Clinical knowledge will be reinforced and assessed during face-to-face observed treatment sessions allowing learners to evidence their understanding and apply their knowledge of treatment options	<ul style="list-style-type: none"> DOPS: learners should demonstrate appropriate patient classification and assessment of facial features to develop patient centred treatment plans, and for patients not considered appropriate for treatment, propose alternative treatment options

List of Learner Resources

The recommended resources listed below should be familiar to each tutor and assessor who is delivering this unit as part of an EduQual qualification. Learners should be made aware of these sources before delivery of this unit and be fully conversant with these sources upon completion of this unit.

Websites

- <http://www.iccp.org.uk/>
- <http://www.cosmeticstandards.org.uk/>

Unit 2

Unit title	Patient Medical Assessment, Consultation and Image Recording
SCQF level	11
Credit points	10
Unit aim	<p>To serve as the foundation for all clinical skills to support a learner's ability to communicate effectively with patients, staff, colleagues, advisory bodies and inspectorates. Models and methodologies for consulting with patients will be taught through video clips and role-play. Learners will evidence knowledge and understanding, and apply the skills required to manage patient consultations by demonstrating appropriate and effective patient communication, assessment and image capture/recording techniques.</p> <p>Ethical and medico-legal issues of consent will be taught within the framework of clinical governance for non-surgical cosmetic interventions and injectable therapies.</p> <p>Learners will be required to undertake patient consultations to gather medical history and gain informed consent for treatment and for image recording. Learners will be required to identify the limits of their competences and identify patients needing emotional or psychological support such as those suffering from obsessive or body dysmorphic disorders. The process and procedures for patient referral will be included as part of consultation.</p> <p>Patient information leaflets, patient records, screening tools, pre- and post treatment instructions, adverse incident sheets and consent forms will be used to develop skills in consultation and communication. Learners will be expected to identify their relevant professional body guidance and codes of practice for non-surgical interventions.</p>
Delivery and assessment	<p>This unit will be mainly skills based, allowing learners to demonstrate and develop skills in effective communication, questioning and listening and image capture. To achieve this, learners be expected to study the underpinning knowledge to help them identify and develop consultation skills, medical history taking and image capture.</p> <p>The centre will devise and mark the assessment for this unit. Learners must meet all assessment criteria to pass the unit. The centre will devise and undertake the assessment of learners. A number of assessment activities will be used to measure the achievement of learning outcomes in this unit. Assessment evidence will be in the form of written assignments, Direct Observation of Procedural Skills (DOPS), Log Book of Clinical Treatments, and folder of standardised clinical pre and post treatment images.</p>
Essential resources	Sufficient resources will be available to enable learners to achieve this unit. They will have contact with clinical tutors and clinical photographers to support their learning.

Learning Outcome 1: Identify the external and internal motivations of persons seeking cosmetic and aesthetic therapies

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
1.1 Critically discuss the drivers for seeking procedures, with reference to psychological theories of attractiveness and appearance	External and internal motivators, personal aspirations, peer and cultural pressure, marketing, advertising, social norms, expectations, clinical outcomes, procedural prevalence, evidence-based outcomes	A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair	To achieve LOs 1.1 and 1.2 learner will be assessed via: A critical 2000-word essay on the motivational drivers and evidence base of publications reporting on the impact upon the psychological wellbeing of patients receiving cosmetic/aesthetic procedures
1.2 Evaluate the evidence base for data describing the impact upon psychological wellbeing from cosmetic/aesthetic procedures	Searching the evidence base, evidence levels, study types, publications describing the impact upon psychological wellbeing from cosmetic/aesthetic procedures	Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups Clinical knowledge will be reinforced and assessed during the face-to-face clinical skills demonstration sessions allowing learners to evidence understanding and the application of knowledge of patient psychology	

Learning Outcome 2: Demonstrate appropriate responses to patients identified as needing emotional or psychological support

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
2.1 Critically evaluate screening and diagnostic tools for persons seeking cosmetic/aesthetic interventions	Role and limitations of 'screening' tools, patient's rights to accept/refuse, psychology versus emotional support, patient 'in-sight', the well-informed patient, emotional and psychological impact of presenting complaint and potential impact of specific treatment, recognition of limits of competence and professional scope of practice, referral processes. Screening and diagnostic tools for Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD). NICE Guidelines, 'difficult' patients, mental health issues, managing patient expectations, 'high risk' groups', NICE guidelines. Screening tools versus diagnostic: modality specific, specialist training and patient consent, potential impact of false positives/negatives, to support not replace	A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups	Examination: written assessment papers under examination conditions to assess knowledge and understanding. Question types will include short answer DOPS: Observed patient consultations will allow learners to evidence appropriate consultation skills to discuss treatment plans and strategies for managing patient expectations
2.2 Explain strategies that manage patient expectations, unmet expectations or regret	Consultation skills, evaluation of consent, family consultation (if appropriate), involvement of multidisciplinary team, onward referral and treatment refusal Professional boundary setting, adherence to legislation and codes of conduct, practitioner and patient safety, practitioner honesty, expectations and ethical considerations Strategies for post-decisional regret, pathways for psychological support: e.g. consultation, shared decision making, care plan development and onward referral to psychological services. Post-treatment; consultation, shared decision making referring to aftercare plan and	Knowledge will be reinforced and assessed during the face-to-face patient consultations allowing learners to evidence an understanding of patients needing emotional or psychological support	

	<p>continuity of care measures and onward referral to psychological services</p> <p>Strategies for unmet expectations: e.g. consultation, referral to pre-treatment consultation records, evaluation of expectation realism, shared decision making, discussion of reversal options, shared decision making referring to aftercare plan and continuity of care measures and onward referral to psychological services</p>		
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Learning Outcome 3: Demonstrate effective verbal, and non-verbal patient consultation skills			
Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
3.1 Critically discuss the implications of a patient-centred approach to cosmetic aesthetic medicine	Patient centred treatment models - explain the concept of patient centred care, key communication and consultation skills, exploring patient knowledge, patient support, adapting styles, coaching, decision making, treatment planning, continuity of care, role of practitioner and patient in facilitating changes, patient choices	A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair. Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups	LO 3.1 Examination: written assessment papers under examination conditions to assess knowledge and understanding. Question types will include short answer
3.2 Undertake patient consultations using appropriate questioning and listening skills	Verbal and non-verbal communication, 'open' and 'closed' questioning techniques, 'jargon' versus appropriate use of lay terms, equality and diversity, medical history, patient occupation/life style factors, commonly presenting medical conditions, relative and absolute contraindications to injectable therapies, e.g. drugs/medication, consultation models, respect and privacy of patients, generating treatment plans. Valid versus informed consent, the 'process of consent', capacity, consent to treatment, consent for photography/image recording, record keeping, contemporaneous notes, moral theories and principles,	Knowledge will be reinforced and assessed during the face-to-face patient consultations	<p>LO 3.2</p> <p>DOPS: Observed patient consultations will allow learners to evidence appropriate consultation, questioning and listening skills</p> <p>Log Book of Clinical Treatments: a log book recording consultations and treatments of a given injectable therapy, showing</p>

	confidentiality, patient data, consent. Indications for treatment, contraindications to treatment and common health conditions which may influence or alter treatment plan and clinical outcome, e.g. diabetes, autoimmune diseases, including medications, drugs and commonly skin conditions	allowing learners to evidence appropriate consultation skills, active listening and questioning techniques	evidence of critical appraisal undertaken by the learner of factors affecting patient consultation, pre and post procedures, treatment delivery and clinical outcomes
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Learning Outcome 4: Prepare accurate patient treatment records as part of treatment planning for injectable therapies

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
4.1 Produce accurate and meaningful written treatment records	Medico-legal requirements, the 'process' of consent, public liability and clinical negligence indemnity, clinical governance and audit, GDPR, confidentiality, contemporaneous documents, contractual obligations, information governance, role of statutory regulation, knowledge of professional standards, accountability to employers, professional codes of practice and guidance, management of patient complaints, treatment records, storage and retrieval of notes, monitoring and modification of treatment plans with evidence based justification, audit	Knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups	LOs 4.1 and 4.2 Log Book of Clinical Treatments: a log book recording consultations and treatments of a given injectable therapy, showing evidence of critical appraisal undertaken by the learner of factors affecting patient consultation, pre and post procedures, treatment delivery and clinical outcomes
4.2 Capture, record, store and retrieve accurate digital/video images pre and post treatment	Image capture and image recording. Digital technologies, standardised image recording, lighting, colour management, camera settings, consent, copyright, data protection, patient views to capture, anatomical positioning, use of scales, digital image manipulation, storage and retrieval, file types, role of medical photographers, photography as evidence, tele-dermatology, dermoscopy.	Knowledge will be reinforced and assessed through hands-on activities to record patient images during consultation/treatment	Folder of Clinical Images: recording pre and post treatment images or video. Minimum of 20 standardised pre and post images required with supporting critical appraisal by the learner

List of Learner Resources

The recommended resources listed below should be familiar to each tutor and assessor who is delivering this unit as part of an EduQual qualification. Learners should be made aware of these sources before delivery of this unit and be fully conversant with these sources upon completion of this unit.

Textbooks

- Maclean, A. (2009) *Autonomy, Informed Consent and Medical Law: A Relational Challenge* Cambridge University Press
- Herring, J. (2010) *Medical Law and Ethics* Oxford University Press
- Mason, J.K., Laurie, J.T. (2010) *Mason and McCall Smiths Law and Medical Ethics* Oxford University Press
- Hope, T. (2003), *Medical Ethics and Law: The Core Curriculum*, Churchill Livingstone

Journals

- Lau CK, Schumacher HH, Irwin MS. (2010), 'Patients' perception of medical photography'. *J. Plast Reconstr Aesthet Surg*; 63: pp507–11

Websites

- Health Education England (HEE): Qualification requirements for cosmetic procedures: Stakeholder consultation document. 9 December 2015. Available via: <https://nwl.hee.nhs.uk/our-work/non-surgical-cosmetic-interventions/>
- NICE Guidelines for OCD and BDD. Available at: <https://www.nice.org.uk/guidance/CG31?UNLID=13608881420158244025>
- GMC Guidelines Cosmetic Interventions. Available at: http://www.gmc-uk.org/guidance/news_consultation/27171.asp
- Royal College of Surgeons. Professional Standards for Cosmetic Practice. Available at <http://www.rcseng.ac.uk/publications/docs/professional-standards-for-cosmetic-practice>
- Cosmetic Medical and Surgical Procedures: A National Framework. Final Report. Australian Health Minister's Advisory Council. 2012. Available at

http://www.health.nsw.gov.au/pubs/2012/cosmetic_surgery.html

- General Medical Council. Good Medical Practice. 2013. Available at http://www.gmcuk.org/GMP_2013.pdf_51447599.pdf
- See also GMC. Consent Guidance: patients and doctors making decisions together. Available at http://www.gmcuk.org/guidance/ethical_guidance/consent_guidance_index.asp
- Medical Protection Fact Sheets Available at: <http://www.medicalprotection.org/uk/resources/factsheets/england>
- American Society of Plastic Surgeons: Photographic Standards in Plastic Surgery'. Available from: http://trebol.sirexmedica.com/download/Photographic_Standards.pdf
- <http://www.jccp.org.uk/>
- <http://www.cosmeticstandards.org.uk/>

Other

- **Specialist resources** – patient consultation forms, patient information leaflets, manufacturer product specification sheets
- Video material – in-house recording of example patient consultations and medical history taking

Unit 3

Unit title	Principles, Practice and Treatment Management of Aesthetic Injectable Therapies
SCQF level	11
Credit points	20
Unit aim	<p>To develop the in-depth knowledge and understanding required for safe and proficient patient-centred care in the delivery of botulinum toxin, dermal fillers and facial volumisers for medical/aesthetic indications. Clinical skills will be underpinned by an in-depth knowledge of the pharmacology, toxicology, mechanisms of action, safety and efficacy profiles of biologics, dermal fillers and facial volumisers. Theoretical knowledge will be enhanced by clinical skills training and assessment under strict supervision of recognised clinical tutors and experts in cosmetic practice. A critical component of this unit is a critical understanding and analysis of the avoidance and management of complications in aesthetic injectable therapies.</p> <p>It will encourage learners to apply the principles of evidence-based practice to provide a rationale for decisions to treat or not treat, and in choice of product, volume and placement. Learners will be expected to accurately assess an individual patient's needs, and apply their knowledge and skills to achieve optimal results whilst minimising the risk of complications. Learners should be able to understand and describe the influences that affect patient choices, and appraise and use appropriate sources of support, information and advice to communicate effectively and openly with patients.</p> <p>Medical history case studies and patient notes will be used to develop knowledge and understanding of relative and absolute contraindications to treatment, and alternative treatment options. Learners will be required to evidence numeracy skills required to safely administer medical devices, i.e. temporary dermal fillers and volumisers and select and justify their choice of product, volume, site and method of delivery, e.g. needle versus cannula, according to the presenting condition.</p> <p>Pre- and post treatment regimes, including clinical imaging, will be explained and learners will be expected to actively involve patients in treatment planning and consultation. Clinical tutors will support and guide learners through treatment delivery, overseeing treatment indications and factors to identify, reduce and manage potential complications arising treatment. Practice will be delivered and assessed via written examinations, face-to-face clinical sessions, submission of a clinical Log Book of treatments observed and delivered by the learner and a portfolio of critical reflective writing.</p>
Delivery and	This unit will be a combination of knowledge and skills based,

<p>assessment</p>	<p>allowing learners to work independently to build evidence of professional behaviour.</p> <p>The centre will devise and mark the assessments for this unit. Learners must meet all assessment criteria to pass the unit. The centre will devise and undertake the assessment of learners. Assessment evidence will be in the form of; OSCE and DOPS assessments involving clinical skills, patient or tutor interactions, Log Book of Clinical Treatments with critical appraisal of patient consultation, pre- and post procedures, treatment records and clinical outcomes. To include patient photographs, peer and patient testimonials.</p>
<p>Essential resources</p>	<p>Sufficient resources will be available to enable learners to achieve this unit. They will have contact with clinical and academic tutors to achieve this.</p>

Learning Outcome 1: Evaluate commercial injectable preparations for medical / aesthetic interventions

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
<p>1.1 Critically discuss the composition, pharmacology & rheology of currently available biologics and dermal filler/volumising products</p>	<p>Clostridium botulinum, history of botulinum toxin, structure & serotypes, pharmacology, protein loading, storage & shelf life, reconstitution, diluents, product conversion ratios, toxicity, safe handling, safe disposal, side effects.</p> <p>Product history, product biochemistry and pharmacology, temporary vs permanent, fillers vs. volumisers, hyaluronic acid, collagen, calcium hydroxylapatite, poly-L-lactic acid (PLLA), polymethylmethacrylate (PMMA), cross linking, product ranges, medical devices, FDA approved products, anaesthesia, storage & shelf life, safe handling, safe disposal, side effects</p>	<p>A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair</p> <p>Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment</p> <p>Clinical knowledge will be reinforced and assessed during the face-to-face clinical skills demonstration sessions allowing learners to evidence understanding and injectable formulations</p>	<p>To achieve LO 1.1 learners will be assessed via:</p> <p>Examination: written examination paper including short answer and matching items</p>

<p>1.2 Critically discuss the mechanisms of action of currently available commercial biologics and dermal fillers/volumisers</p>	<p>Neuromuscular junctions, mechanism of action, depolarisation, enzyme activation, effect of protein loading, light and heavy chains, binding sites/receptors, acetylcholine (ACh), duration of action, spread versus diffusion, evidence based medicine.</p> <p>Mechanism of action: stimulatory fillers, permanent, semi-permanent, temporary, local anesthetics</p>		<p>To achieve LO 1.2 learners will be assessed via:</p> <p>Examination: written examination paper including short answer and matching items</p>
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Learning Outcome 2: Recognise presenting conditions amenable to biologic and dermal filler / volumising injectable therapies

Assessment criteria	Indicative content	Delivery	Assessment
<i>On completion of this unit, the learner can</i>	<i>The learner must provide evidence which draws from the knowledge and skills listed below</i>		
2.1 Identify the location of anatomical landmarks and features of presenting conditions suitable for injectable therapies	Facial shape and analysis, aging factors, musculature, gender differences, static versus dynamic wrinkles, assessment scales, safe injection sites, danger sites, injection techniques according to facial region, e.g. depth, angle of incidence, aspiration, protecting the orbit, blanching, recommended treatment consensus, swelling, bruising, bleeding,	<p>A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair</p> <p>Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment</p>	<p>To achieve LO 1.1 learners will be assessed via:</p> <p>OSCE: learners will be required to successfully pass an OSCE to identify and mark a mannequin head with critical anatomical features</p> <p>Examination: written examination paper including short answer and matching items</p>
2.2 Propose appropriate alternative treatments	Alternative therapies: chemical and physical rejuvenation, light-based therapies, radio frequency, plasma rejuvenation, platelet rich plasma (PRP), cosmeceuticals according to presenting condition	Clinical knowledge will be reinforced and assessed during the face-to-face patient assessment allowing learners to evidence understanding and competence in patient facial analysis and treatment planning	<p>To achieve LO 2.2 learners will be assessed via:</p> <p>DOPS: a minimum of 3 observed patient consultations must be successfully completed requiring learners to propose alternative therapies as part of patient assessment</p>

Learning Outcome 3: Demonstrate safe clinical practice in the delivery of biologic and dermal filler / volumising injectable therapies

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
<p>3.1 Critique and demonstrate safe and appropriate aseptic techniques in the preparation and handling of products and treatment environment</p>	<p>Preparing the treatment room, treatment trolleys, product, needle, cannula and syringe choices, diluents, storage of medicines, safe working practice, personal protective equipment, infection control, aseptic non touch techniques (ANTT), key parts and key sites, clean working areas, correct disposal of sharps and clinical waste, hygiene issues, dealing with needle stick injuries, reconstitution of products, conversion ratios, adjustment of dose, emergency equipment, hyaluronidase, local anaesthetic/analgesia</p>	<p>A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair</p> <p>Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment</p> <p>Clinical knowledge will be reinforced and assessed during the face-to-face patient assessment allowing learners to evidence</p>	<p>To achieve LO 3.1 learners will be assessed via:</p> <p>OSCE: Learners will be required to evidence safe and appropriate aseptic (ANTT) techniques with supporting narrative, by preparing a clinical treatment area, delivering a (simulated) injectable therapy and disposing of sharps/clinical waste whilst under tutor observation</p>

<p>3.2 Undertake patient consultations and deliver safe and appropriate biologic and dermal filler/volumising injectable therapies</p>	<p>Treatment planning, patient centred consultation and consent, setting and managing expectation, identification of contraindications, pre-treatment procedures, (medical history, informed consent, skin cleansing and preparation, photography, marking-out), allowing for pre-procedural reflection and information supporting patient ability to change their mind</p>	<p>understanding and competence in patient facial analysis and treatment planning</p>	<p>To achieve LO 3.2 and LO 3.3 learners will be assessed via:</p> <p>DOPS: a minimum of 3 observed consultations must be successfully completed demonstrating appropriate treatment planning and valid patient consent</p> <p>Log Book of Clinical Treatments: a log book recording consultations and treatments of a given injectable therapy, showing evidence of critical appraisal undertaken by the learner of factors affecting patient consultation, pre and post procedures, treatment delivery and clinical outcomes. To include patient photographs, peer and patient testimonials</p>
<p>3.3 Deliver safe and appropriate biologic and dermal filler/volumising therapies to upper, mid and lower face regions</p>	<p>Patient positioning, sterile working, cleansing and marking skin, injection sites, diluents, reconstitution, converting between BoNT products, calculating safe and effective doses, aseptic techniques, injection techniques, infection control, minimising bruising, avoiding ptosis and unwanted effects, e.g. natural versus 'frozen' look. Minimal entry injection points, injection techniques, individualised treatment according to facial mapping and anatomy for upper, mid and lower face regions</p> <p>Sharps handling, disposal of waste, professionalism, knowledge, communication</p> <p>Post treatment procedures (aftercare advice, treatment regimes and frequency), treatment advice sheets, follow up, record keeping,</p>		

	photography		
<p>3.4 Critically evaluate clinical outcomes of injectable therapies</p>	<p>Desirable clinical endpoints (CEP), post treatment care plans, recognising adverse effects, e.g. ptosis, recognising and managing adverse events, e.g. swelling, bruising, referral and follow-up. Recognising emerging adverse events and sub optimal treatment outcome</p>		<p>To achieve LO 3.4 learners will be assessed via:</p> <p>Log Book of Clinical Treatments: a log book recording consultations and treatments of a given injectable therapy, showing evidence of critical appraisal undertaken by the learner of factors affecting patient consultation, pre and post procedures, treatment delivery and clinical outcomes. To include patient photographs, peer and patient testimonials</p> <p>AND</p> <p>Clinical Case Study of one treatment contained in the Log Book of Clinical Treatments</p>

Learning Outcome 4: Identify and differentially diagnose commonly presenting complications arising from cosmetic interventions

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
4.1 Identify and categorise the stages of adverse events	Early-, delayed-, late- onset complications. Identify by symptoms including: blanching, pain, necrosis, discolouration, bruising, ecchymosis, hypertrophic scarring, loss of sensation, tingling, telangiectasia, blindness	A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment	To achieve LO 4.1 learners will be assessed via: Examination: written examination paper including; short answer and matching items
4.2 Distinguish between granulomas, nodules, infections, biofilms	Granulomas, lumps, nodules, infections, biofilms, Tyndall effect, swelling, migration, defects	Clinical knowledge will be reinforced and assessed during the face-to-face patient assessment allowing learners to evidence understanding and competence in identify at risk facial sites and categories of complications	To achieve LO 4.2 learners will be assessed via: OSCE: learners must successfully complete an OSCE requiring identification & critical discussion of complications from high resolution images
4.3 Identify signs and symptoms of vascular events and nerve compression	Identification of vessels linked with significant complications, e.g. blindness, i.e. dorsal nasal artery/supraorbital and supratrochlear arteries		To achieve LO 4.3 learners will be assessed via: Examination: written examination paper including; short answer and matching items

Learning Outcome 5: Propose appropriate management pathways for a given presenting adverse event or complication

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
5.1 Demonstrate critical understanding of the prevention and management of a presenting complication or adverse event	ANTT, hyaluronidase, iopidine, glyceryl trinitrate GTN, aspirin, oxygen therapy, compression, manage, alert reporting to regulatory authorities/company reporting schemes, referral pathways, antibiotics, histology	A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment	To achieve LO 5.1 learners will be assessed via: Examination: written examination paper including; short answer and matching items
5.2 Critically appraise existing algorithms for management of complications	Consensus documents, algorithms, emergency medicine	Clinical knowledge will be reinforced and assessed during the face-to-face patient assessment allowing learners to evidence understanding and knowledge of management pathways for adverse events	To achieve LO 5.2 learners will be assessed via: Written Assignment: systematic search and critical discussion of evidence base of existing complications management algorithms

Learning Outcome 6: Critically evaluate personal practice for the safe and appropriate preparation and delivery of a given cosmetic intervention

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
6.1 Produce a critical reflective learning journal on the prevention and management of complications arising from cosmetic interventions	Critical thinking, reflective practice models, reflective writing skills, developing evidence to show knowledge and understanding of the avoidance and management of complications and how it can inform and influence clinical practice	Knowledge of reflective writing and reflective practice will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment	To achieve LO 6.1 learners will be assessed via: <i>Critical Reflective Learning Journal</i> – five pieces of critical reflection to evaluate personal practice and how it has informed the safe and appropriate preparation and delivery of cosmetic injectable therapies

Assessment – Further Guidance

In addition to evidence of x10 treatment *observations* each of lower, mid and upper face treatments with botulinum toxin and x10 treatment observations each of lower, mid and upper face treatments with dermal fillers, learner must evidence*:

Botulinum Toxin

- 10x treatment administrations of lower face treated with botulinum toxin with supporting photograph/image and critical write up
- 10x treatment administrations of mid face treated with botulinum toxin with supporting photograph/image and critical write up
- 10x treatment administrations of upper face treated with botulinum toxin with supporting photograph/image and critical write up

Dermal Filler/Volumiser

- 10x treatment administrations of lower face treated with dermal filler with supporting photograph/image and critical write up
- 10x treatment administrations of mid face treated with dermal filler with supporting photograph/image and critical write up
- 10x treatment administrations of upper face treated with dermal filler with supporting photograph/image and critical write up

Achievement for the clinical log book will take the form of a pass/refer. Referrals will be encouraged to repeat the elements of clinical practice

(observation/administration) until all of the assessment criteria within unit 3 are met and can evidenced. These non-compensatory components must be met to achieve the qualification.

List of Learner Resources

The recommended resources listed below should be familiar to each tutor and assessor who is delivering this unit as part of an EduQual qualification. Learners should be made aware of these sources before delivery of this unit and be fully conversant with these sources upon completion of this unit.

Websites

- https://www.gmc-uk.org/guidance/good_medical_practice/professionalism_in_action.asp
- Health Education England (HEE): Qualification requirements for cosmetic procedures: Stakeholder consultation document. 9 December 2015.
Available via: <https://nwl.hee.nhs.uk/our-work/non-surgical-cosmetic-interventions/>
- <https://www.merz.com/our-competencies/neurotoxins/>
- <http://www.allergan.co.uk/Products/MedicalAesthetics.aspx>
- <http://www.iccp.org.uk/>
- <http://www.cosmeticstandards.org.uk/>

Textbooks

- Small, R. et al., (2012), 'A Practical Guide to Botulinum Toxin Procedures (Cosmetic Procedures)', 1st ed. Lippincott Williams & Wilkins
- Small, R. et al., (2012), 'A Practical Guide to Dermal Filler Procedures', 1st ed. Lippincott Williams & Wilkins
- De Maio, M., Rzany, B. (2014), 'Injectable Fillers in Aesthetic Medicine', 2nd ed. Springer_
- [Kim, HJ. Et al, \(2016\), 'Clinical Anatomy of the Face for Filler and Botulinum Toxin Injection' 1st ed., Springer](#)
- Carruthers, J, Carruthers, A. (2017), 'Soft Tissue Augmentation E-Book: Procedures in Cosmetic Dermatology Series', 4th ed. Elsevier

Unit 4

Unit title	Injectable Therapies for Management of Hyperhidrosis
SCQF level	11
Credit points	8
Unit aim	<p>The unit aims to develop learners' in-depth understanding, recognition and knowledge of the condition of hyperhidrosis, its diagnosis, treatment and management using injectable therapies such as botulinum toxin.</p> <p>Learners will be required to undertake safe and proficient patient-centred care in the delivery of botulinum toxin, for treatment of hyperhidrosis. Clinical skills will be underpinned by critical understanding of the pharmacology, toxicology, mechanisms of action, safety and efficacy profiles of biologics.</p> <p>Theoretical knowledge will be enhanced by clinical skills training and assessment under strict supervision of recognised clinical tutors and experts in cosmetic practice. A critical component of this unit is a critical understanding and analysis of the avoidance and management of complications in aesthetic injectable therapies.</p>
Delivery and assessment	<p>This unit will be skills based, allowing learners to demonstrate and develop skills in safe and appropriate treatment of hyperhidrosis. To achieve this, learners be expected to study the underpinning knowledge to help them identify, diagnose and assess the presenting condition and develop safe and appropriate patient-centred treatment plans.</p> <p>The centre will devise and mark the assessments for this unit. Learners must meet all assessment criteria to pass the unit. The centre will devise and undertake the assessment of learners. Assessment evidence will be in the form of Direct Observation of Procedural Skills and a Log Book of Clinical Treatments recording 10 treatments with supporting photographic evidence and critical discussion of treatment outcomes by the learner.</p>
Essential resources	Sufficient resources will be available to enable learners to achieve this unit. They will have contact with clinical tutors and patients to evidence safe clinical practice.

Learning Outcome 1: Recognise the presenting condition of hyperhidrosis amenable to BoNT injectable therapies

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
<p>1.1 Use appropriate assessment methods to diagnose the condition of severe hyperhidrosis</p>	<p>Assessment of severity of sweating including; practical, qualitative, and quantitative methods to confirm the diagnosis, e.g. rate of sweating, gravimetric measurements, evaporimetry, hyperhidrosis disease severity scale (HDSS), Minor’s starch-iodine test, printing tests, quality of life, impairment of daily activities</p> <p>Primary and secondary hyperhidrosis. Body location effects: axilla, hands, feet, face</p>	<p>A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair</p> <p>Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups</p> <p>Clinical knowledge will be reinforced and assessed during the face-to-face clinical sessions where learners observe and deliver patient treatments</p>	<p>To achieve LO 1.1 learners will be assessed via:</p> <p>DOPS: a minimum of 3 observed assessments of severity tests must be carried out to confirm the diagnosis of hyperhidrosis</p> <p>Examination: written examination paper including; short answer and matching items</p>

Learning Outcome 2: Demonstrate safe clinical practice in the delivery of BoNT therapies for hyperhidrosis

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
2.1 Undertake patient consultations to deliver safe and appropriate BoNT therapies	Consultation skills, patient planning, starch tests (hyperhidrosis). Treatment planning, consultation and consent, identification of contraindications, pre-treatment procedures, (medical history, informed consent, skin cleansing and preparation, photography, marking-out), treatment protocols. Pre and Post treatment procedures (aftercare advice, treatment regimes and frequency), treatment advice sheets, follow up, record keeping	A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including:	To achieve LO 2.1 learners will be assessed via: DOPS: a minimum of 3 observed consultations must be successfully completed of learners undertaking patient consultation and assessment of presenting condition of hyperhidrosis
2.2 Prepare the clinical environment for safe delivery of BoNT injectable therapies	Preparing the treatment room, treatment trolleys, product, needle and syringe choices, diluents, storage of medicines, safe working practice, personal protective equipment, infection control, clean working areas, correct disposal of sharps and clinical waste, hygiene issues, dealing with needle stick injuries	interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups Clinical knowledge will be reinforced and assessed during the face-to-face clinical skills and DOPS where learners observe and deliver patient treatments	To achieve LO 2.2 learners will be assessed via: OSCE: learners will be required to prepare the clinical environment to deliver clinical treatments.
2.3 Deliver safe and appropriate treatment for hyperhidrosis	Patient positioning, injection sites, diluents, reconstitution, converting between BoNT products, calculating safe and effective doses, aseptic techniques, injection techniques, infection control, minimising bruising		To achieve LO 2.3 learners will be assessed via: DOPS: a minimum of 3 observed treatments must be successfully completed of learners treating the condition of hyperhidrosis
2.4 Propose appropriate alternative treatments	Alternative therapies: medications, e.g. antiperspirant, astringents, glycopyrrolate, nerve blocking medications, antidepressants, microwave		To achieve LO 2.4 learners will be assessed via:

	therapy, sweat gland removal, nerve surgery, clothing, lifestyle and exercise choices		DOPS: a minimum of 3 observed consultations must be successfully completed of learners undertaking patient consultations and assessment in which they must propose alternative therapies
2.5 Evaluate clinical outcomes of BoNT injectable therapies	Desirable clinical endpoints (CEP), post treatment care plans, recognising adverse effects, e.g. swelling, bruising, referral and follow-up		Log Book of Clinical Treatments: a log-book recording 10 x consultations and treatments with supporting critical appraisal by the learner of patient consultation, pre- and post procedures, treatment records and clinical outcomes

Learning Outcome 3: Demonstrate effective verbal, and non verbal patient consultation skills

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
3.1 Critically discuss the implications of a patient-centred approach to cosmetic aesthetic medicine	Patient centred treatment models - explain the concept of patient centred care, key communication and consultation skills, exploring patient knowledge, patient support, adapting styles, coaching, decision making, treatment planning, continuity of care, role of practitioner and patient in facilitating changes, patient choices.	A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair. Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups	Written assignment: 1000 word critical, evidence-based essay on the factors and implications of patient-centred care in cosmetic aesthetic medicine
3.2 Undertake patient consultations using appropriate questioning and listening skills	Verbal and non-verbal communication, 'open' and 'closed' questioning techniques, 'jargon' versus appropriate use of lay terms, equality and diversity, medical history, patient occupation/life style factors, commonly presenting medical conditions, relative and absolute contraindications to injectable therapies, e.g. drugs/medication, consultation models, respect and privacy of patients, generating treatment plans. Valid versus informed consent, the 'process of consent', capacity, consent to treatment, consent for photography/image recording, record keeping, contemporaneous notes, moral theories and principles, confidentiality, patient data, consent. Indications for treatment, contraindications to treatment and common health conditions which may influence or alter treatment plan and clinical outcome, e.g. diabetes, autoimmune diseases, including medications, drugs and commonly skin conditions.	Knowledge will be reinforced and assessed during the face-to-face patient consultations allowing learners to evidence appropriate consultation skills, active listening and questioning techniques	DOPS: Minimum of 3 observed patient consultations for learners to evidence appropriate consultation, questioning and listening skills Log Book of Clinical Treatments: a log book recording consultations and treatments, showing evidence of critical appraisal undertaken by the learner of factors affecting patient consultation, pre and post procedures, treatment delivery and clinical outcomes. To include patient photographs, peer and patient testimonials

List of Learner Resources

The recommended resources listed below should be familiar to each tutor and assessor who is delivering this unit as part of an EduQual qualification. Learners should be made aware of these sources before delivery of this unit and be fully conversant with these sources upon completion of this unit.

Textbooks

- Giuseppe Sitom Ed. 'Hyperhidrosis, Clinician's Guide to Diagnosis and Treatment', Springer International Publishing, DOI. 10.1007/978-3-319-26923-8

Journals

- Augustin M, Radtke MA, Herberger K, Kornek T, Heigel H, Schaefer I (2013) Prevalence and disease burden of hyperhidrosis in the adult population. *Dermatology* 227:10–13
- Doolittle, J., Walker, P., Mills, T. et al. *Arch Dermatol Res* (2016) 308: 743. <https://doi.org/10.1007/s00403-016-1697-9>
- Cina CS, Clase CM (1999) The illness intrusiveness scale: a measure of severity in individuals with hyperhidrosis. *Qual Life Res* 8:693–698
- Glaser DA, Galperin TA (2014) Managing hyperhidrosis: emerging therapies. *Dermatol Clin* 32:549–553
- Hamm H (2014) Impact of hyperhidrosis on quality of life and its assessment. *Dermatol Clin* 32:467–476
- Naumann MK, Hamm H, Lowe NJ (2002) Effect of botulinum toxin type A on quality of life measures in patients with excessive axillary sweating: a randomized controlled trial. *Br J Dermatol* 147:1218–1226

Websites

- <https://www.sweathelp.org/education-and-resources/online-learning/53-hyperhidrosis-treatments.html>
- <https://hyperhidrosisnetwork.com/forums/topic/interesting-books-on-hyperhidrosis/>
- <http://www.iccp.org.uk/>
- <http://www.cosmeticstandards.org.uk/>

Unit 5

Unit title	Clinic Compliance, Health, Safety, Welfare and Governance
SCQF level	11
Credit points	6
Unit aim	<p>To evidence knowledge and understanding of the processes and procedures for managing clinical facilities in terms of compliance, governance, managing medical emergencies, health, safety and welfare, arising from potential risks associated with the prescribing and injecting of medicines and medical devices, i.e. botulinum toxin and dermal fillers. Learners must demonstrate knowledge of legally prescribing and the administration of medicines safely and effectively. Learners will be taught the importance and methods of clinical audit for the safe selection, procurement, supply, storage, documentation, disposal and review of medicines.</p> <p>This unit will teach the importance of management systems and staff training in the event of medical emergencies. It introduces the principles, policies and procedures that must be in place within healthcare facilities for the management of emergencies or complications that may arise following treatment (e.g. from injectable treatments).</p> <p>The unit will draw upon learners' existing knowledge and experience of working within clinical/ healthcare facilities for evidence of the management arrangements, policies and procedures, health and safety, clinical audits, etc. as required for safe and effective practice. Learners will be required to show appropriate professional body registration, indemnity insurance, external training and education in subjects of life support, safe prescribing, and administration of injectable treatments.</p>
Delivery and assessment	<p>This unit will be predominately knowledge based, allowing learners to work in their own clinical facilities to build evidence before undertaking practical tests in the assessment centre. To achieve this, learners be expected to study the underpinning knowledge to help them identify requirements for safe practice.</p> <p>The centre will devise and mark the assessments for this unit. Learners must meet all assessment criteria to pass the unit. The centre will devise and undertake the assessment of learners. Assessment evidence will be in the form of a written assignment and a Clinical Compliance Folder.</p>
Essential resources	Sufficient resources will be available to enable learners to achieve this unit. They will have contact with clinical and academic tutors to achieve this.

Learning Outcome 1: Manage the risks associated with medical and aesthetic injectable procedures

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
<p>1.1 Propose strategies for managing complications arising from medical and aesthetic injectable therapies</p>	<p>Algorithms for dealing with complications, e.g. ptosis, swelling, bruising, vascular compromise, necrosis, identifying and reporting adverse events. Standard operating procedures (SOP), bench marking adverse incidents, patient transfer/referral/discharge, staff training, 'out of hours' procedures, practising privileges, planning, prioritisation, policies, clinical registries</p>	<p>A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair</p> <p>Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment</p>	<p>To achieve LO 1.1 learners will be assessed via:</p> <p>Examination: written assessment papers under examination conditions to assess knowledge and understanding. Question types will include short answer</p>
<p>1.2 Identify and treat signs of adverse tissue/allergic reactions (simulated)</p>	<p>Resuscitation Council (UK) guidelines, Basic and Advanced Life support (ALS), management of anaphylactic shock, emergency medical equipment and drugs, resuscitation equipment, resuscitation policies, vessel occlusion, algorithms for management of complications, test patch and administration of hyaluronidase</p>	<p>including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups</p> <p>Clinical knowledge will be reinforced and assessed during the face-to-face clinical skills where learners will practice identification of emergency tissue/allergic reactions (simulated)</p>	<p>OSCE: an OSCE must be successfully completed requiring learners to carry out simulated emergency treatment of adverse tissue/allergic reactions using mannequins/tissue samples</p>

Learning Outcome 2: Evidence appropriate processes for the management and compliance of premises providing clinical injectable therapies

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
<p>2.1 Identify & appraise the key regulations, standards and guidance relevant to medical and aesthetic injectable practice</p>	<p>Acts, regulations, guidance, quality assurance, register of clinicians, human resources policies and procedures, e.g. diversity & equality, appointment of staff, Disclosure & Barring Service (DBS) checks, bullying and harassment, ‘Whistle Blowing’.</p> <p>Operational procedures, practicing privileges, patient consultation, records management, order and storage of medicines, Medicines Act, GDPR, Freedom of Information Act, patient-centred care, risk assessment and risk management, National Patient Safety Agency (NPSA), Patient Group Directions (PGD), Summary of Product Characteristics (SPC), NICE Guidelines, professional body guidance, MHRA, advertising and promotion of medicines, audit methodologies for the safe selection, procurement, supply, storage, documentation, disposal and review</p> <p>Commercial aspects of cosmetic practice: marketing, advertising, PR, social media</p>	<p>A variety of delivery and assessment strategies will ensure learners have access to assessments that are valid, reliable and fair.</p> <p>Clinical knowledge will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups</p>	<p>To achieve LO 2.1 learners will be assessed via:</p> <p>A critical 2000-word essay reviewing and appraising current regulations, standards and guidance</p>

<p>2.2 Demonstrate compliance with appropriate H&S legislation, guidance & standards for safe clinical practice</p>	<p>Risk assessment, prevention and control of infection, provision and use of work equipment, clinical facility design, fire safety, COSHH Regulations, moving and handling, recording of accidents, needle stick injuries, clinical waste, single use devices, adverse incidents. CME, CPD. External accreditation/registration with appropriate national inspection body, e.g. CQC, voluntary registers, insurance, etc.</p> <p>Seven pillars of clinical governance; Service user, carer and public involvement, Risk management, Clinical audit, Staffing and staff management, Education and training, Clinical effectiveness, Clinical information</p> <p>Equipment management, resuscitation trolleys, automated external defibrillators (AEDs), team working, policies and procedures. Clinical audit</p>		<p>To achieve LO 2.2 learners will be assessed via:</p> <p>A Clinical Compliance Folder containing evidence that demonstrates compliance with national H&S requirements/professional body registration, e.g. audit records, CQC registration documentation, risk assessments, resuscitation, first aid, etc. Folder may be electronic or paper records as appropriate</p>
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List of Learner Resources

The recommended resources listed below should be familiar to each tutor and assessor who is delivering this unit as part of an EduQual qualification. Learners should be made aware of these sources before delivery of this unit and be fully conversant with these sources upon completion of this unit.

Textbooks

- Dalton, T. et al, (2011), Emergency Medical Patients: Assessment, Care, and Transport, Pearson

Websites

- <https://www.resus.org.uk/resuscitation-guidelines/>
- CQC Guidance for Providers: Available via: <http://www.cqc.org.uk/content/guidance-providers>
- CQC Fundamental Standards. Available via: <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>
- Health Education England (HEE): Qualification requirements for cosmetic procedures: Stakeholder consultation document. 9 December 2015. Available via: <https://nwl.hee.nhs.uk/our-work/non-surgical-cosmetic-interventions/>
- <https://www.empactonline.org/whatisempact>
- <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>
- <http://www.hse.gov.uk/>
- <http://www.iccp.org.uk/>
- <http://www.cosmeticstandards.org.uk/>

Unit 6

Unit title	Appraising the Clinical Literature
SCQF level	10
Credit points	3
Unit aim	<p>To develop learners' skills in gathering and appraising scientific literature to support their decision-making, professional development and how to inform their own and colleagues' practice on the basis of the best available evidence. Learners will demonstrate an understanding of how to develop research questions to generate appropriate knowledge, how different research designs are used to answer different research questions, understand the key threats to robust quantitative and qualitative research, and how to appraise existing studies in their area of professional interest.</p> <p>The unit will introduce the key stages of systematic reviews including: developing focused review questions, constructing systematic searches, appraising different study designs and identifying study limitations and synthesising robust evidence.</p>
Delivery and assessment	<p>This unit will be predominately knowledge based, allowing learners to work independently to build evidence of their understanding and skills in undertaking critical appraisal of the evidence base.</p> <p>The centre will devise and mark the assessments for this unit. Learners must meet all assessment criteria to pass the unit. The centre will devise and undertake the assessment of learners. Assessment evidence will be in the form of a written assignment.</p>
Essential resources	Sufficient resources will be available to enable learners to achieve this unit. They will have contact with academic tutors to achieve this.

Learning Outcome 1: Demonstrate skills to appraise scientific and clinical literature

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
1.1 Understand how different study designs are required to answer different research questions	<i>Developing research questions</i> , Identifying and research a problem; moving from problem to question; focusing the research question; from question to appropriate study design	Learners will have access to assessments that are valid, reliable and fair	To achieve LO 1.1 and LO 1.2 , learners will be assessed via:
1.2 Discuss the strengths and limitations of different quantitative and qualitative study designs	<p><i>Quantitative study designs</i>; Experimental and observational human participant designs, association – causation; bias, confounding and chance. Appraising experimental and observational studies - Bias, critical appraisal, critical appraisal checklists, assessing risk of bias and risk of bias tools</p> <p><i>Qualitative study designs</i> Interviews, focus groups, and observations; positionality and reflexivity; credibility, transferability, dependability, trustworthiness.</p> <p><i>Appraising qualitative study designs</i>; - Credibility, transferability, dependability, trustworthiness;</p> <p><i>Ethical issues in clinical and healthcare related research</i> - Ethical principles; gaining ethical approval and dealing with situational ethics</p>	<p>Knowledge of critical appraisal will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups</p>	<p>Written Assignment: 1000 word written assignment to assess knowledge and understanding of the strengths and limitations of different study designs and assess critical appraisal skills through reading and answering questions on a published paper</p>

Learning Outcome 2: Identify and demonstrate compliance with the requirements of critical writing, citation and referencing

Assessment criteria <i>On completion of this unit, the learner can</i>	Indicative content <i>The learner must provide evidence which draws from the knowledge and skills listed below</i>	Delivery	Assessment
2.1 Demonstrate the ability to write critically, clearly and concisely with accurate citation and references either the Harvard or Vancouver systems	Definition of plagiarism and collusion, self-plagiarism, consequences of plagiarism, detection software for plagiarism and collusion. Critical writing, style, sentence structure, grammar, punctuation, argument, setting out. Presentation of research findings. Referencing and Citation	Learners will have access to assessments that are valid, reliable and fair Knowledge of critical appraisal will be delivered via blended learning with knowledge content available through a dedicated virtual learning environment including: interactive notes, animations, video clips, formative quizzes and questions, and tutor facilitated forums and discussion groups	To achieve LO 2.1 learners will be assessed via: Written Assignment: 1000 word written assignment to demonstrate critical thinking and writing skills, in text citation, references and avoidance of plagiarism - topic may be of learners choice or allocated by academic tutor

List of Learner Resources

The recommended resources listed below should be familiar to each tutor and assessor who is delivering this unit as part of an EduQual qualification. Learners should be made aware of these sources before delivery of this unit and be fully conversant with these sources upon completion of this unit.

Resources

- [How to read a paper: the basics of evidence-based medicine](#) - Trisha Greenhalgh 2014
- [How to read a paper: the basics of evidence-based medicine | ebook](#) - Trisha Greenhalgh 2014
- [How to read a paper | The BMJ | online resource](#)
- [Understanding clinical papers | ebook](#) - David Bowers 2013
- [Understanding clinical papers](#) - David Bowers 2006
- [Scientific writing and communication: papers, proposals, and presentations](#) - Angelika Hofmann c2017
- [How to Write a Paper | 5th edition | ebook](#) 2012

Websites

- <http://www.eapfoundation.com/writing/critical/>
- <https://intranet.birmingham.ac.uk/as/libraryservices/library/skills/asc/documents/public/pgtcriticalwriting.pdf>
- <http://www.sussex.ac.uk/skillshub/?id=256>
- <http://www.iccp.org.uk/>
- <http://www.cosmeticstandards.org.uk/>

Textbooks

- Wallace, M., Wray, A. (2016), 'Critical Reading and Writing for Postgraduates', 3rd Ed. Sage Study Skills Series, ISBN-10: 1412961823