



sallydurant
aesthetic education & training

CLIENT REF

DATE OF
TREATMENT

The CIBTAC / SALLY DURANT
Level 4 Qualifications in Advanced Skin
Studies and Aesthetic Practice

COMPETENCY ASSESSMENT

BLEMISH REMOVAL

Student Name

Candidate Number

LEVEL 4 QUALIFICATIONS IN ADVANCED SKIN STUDIES AND

AESTHETIC PRACTICE

RANGE STATEMENTS PRACTICAL UNITS

SDP03: BLEMISH REMOVAL BY THERMOLYSIS AND CRYOTHERAPY

Range Statements Relating to Skin Lesion

Range Statement	Tick as Applicable
Telangiectasia – Face	
Spider Naevi	
Small Cherry Angioma – up to 2mm diameter	
Medium Cherry Angioma – 2mm – 5mm	
Small Skin Tag – Up to 2 mm in length	
Medium Skin Tag - 3 - 5mm in length	
Large Skin Tag – Over 5 mm in length	
Small Seborrheic Keratosis - up to 5mm diameter	
Medium Seborrheic Keratosis – over 5mm diameter	
Milia	
Sebaceous Hyperplasia	
Solar Lentigo	
Wart or Verruca	

Range Statements Relating to Modality

Range Statement	Tick as Applicable
Short Wave Diathermy	
Cryotherapy	
White Nozzle	
Blue Nozzle	
Circling Technique	
Pulsing Technique	
Zig-Zag Technique	
Freeze – Thaw-Freeze-Technique	

UNIT SDP03 BLEMISH REMOVAL ASSESSMENT OF COMPETENCY & FEEDBACK

Lesions/conditions treated with Thermolysis	Lesions/conditions treated with Cryotherapy
Assessor Name	
FOR BOTH TREATMENT MODALITIES	
TICK / CROSS	
1. Ensured professional and appropriate presentation of self	
2. Ensured the treatment area and equipment was prepared effectively, hygienically and safely	
3. Completed the consultation procedure and established that the client had no contraindications to treatment	*
4. Explained the treatment fully and established that a realistic outcome for the treatment was recognised by the client	*
5. Gained 'consent to and request for' treatment documentation	*
6. Prepared the client appropriately and made adaptations where needed to ensure client comfort and modesty	
7. Selected the treatment modality in accordance with treatment needs and established agreement with the client	
8. Effectively and professionally explained the procedure to the client	
THERMOLYSIS TREATMENT	
9. Accurately prepared the skin for the procedure and accurately assessed the client's skin condition and the lesions / conditions to be treated	*
10. Selected the appropriate needle type and size and safely and hygienically loaded the needle into the holder.	*
11. Adopted an appropriate technique for the lesion/ condition being treated	*
12. Made current adjustments to establish a working point and ensure clean and effective treatment	*
13. Effectively balanced current levels and adapted treatment protocols to take account of client comfort levels	*
14. Effectively and professionally used the magnifying lamp throughout treatment	*

CRYOTHERPY TREATMENT	
15. Accurately prepared the skin for the procedure and accurately assessed the client's skin condition and the lesions / conditions to be treated	*
16. Tested the device	*
17. Selected the appropriate nozzle size for the lesions to be treated	*
17. Ensured the skin was allowed to thoroughly dry prior to application of the nitrous oxide jet	*
19. Adopted an appropriate technique, timing and distance from the lesion to ensure efficient treatment	*
20. Ensured the nitrous oxide did not affect skin beyond the lesion perimeter	*
21. Ensured treatment parameters were adapted to take account of client comfort	*
FOR BOTH TREATMENT MODALITIES	
22. Where appropriate - Effectively treated both sides of the face/ body and safely and hygienically moved around the couch	
23. Demonstrated good posture and working position throughout	
24. Addressed adverse events correctly	*
25. Selected and hygienically applied appropriate aftercare products	*
26. Applied sterile dressings as required	*
27. Discussed aftercare instructions and recommendations for product purchases and further treatment with the client - gave written aftercare instructions	*
28. Accurately recorded all treatment details in accordance with centre requirements	*
29. Ensured that both pre and post treatment photographs were obtained and clearly labelled following accepted protocols	*
30. Followed all protocols throughout the treatment for tidiness, hygiene and safety, including the use of PPE and disposal of clinical waste	*
31. Maintained professional and appropriate communication with the client throughout the treatment	
32. Ensured cost effective use of products and sundry items throughout the treatment	
33. Carried out the treatment within commercially accepted time constraints	
34. Ensured all risks and hazards were eliminated	*
35. Correctly answered all oral questions	
TOTAL OUT OF 35	

TREATMENT REFLECTION AND EVALUATION

A vital element of working compliantly within a healthcare environment is reflective practice. This requirement applies to the aesthetic sector. It ensures that every practitioner examines their own practice, looks for indications of successful or non-successful outcomes and considers areas for improvement.

In the space below reflect on the treatment you have carried out. Discuss the following:

- Any issues arising from the consultation
- The details of the treatment carried out and **why you made the decisions you did** in respect of:
 - **Treatment Modality – SWD:**
 - Needle choices
 - Client and skin preparation
 - Current intensity adaptations required for the client, area or blemish
 - Results
 - Client reactions
 - Skin reactions
 - Adverse events and how you dealt with them
 - Post treatment products
 - Dressings selected and method of application
 - After care and recommendations for further treatment
 - Other important information related to what you have learned.
 - You must also outline any aspects of the skill you feel need to be improved- What might you do differently next time?
 - **Treatment Modality Cryotherapy**
 - Loading / reloading device
 - Nozzle Choice
 - Technique
 - Timing per blemish
 - Adaptations required for the client, area or blemish
 - Results
 - Client reactions
 - Skin reactions
 - Adverse events and how you dealt with them
 - Post treatment products
 - Dressings selected and method of application
 - After care and recommendations for further treatment
 - Other important information related to what you have learned.
 - You must also outline any aspects of the skill you feel need to be improved- What might you do differently next time?

USE THE SPACE BELOW AND OVERLEAF TO REFLECT ON YOUR PRACTICE

Treatment Reflection and Evaluation

Treatment Reflection and Evaluation - continued

Practitioner Signature _____ Date _____

PRINT NAME _____

ASSESSMENT OUTCOME Criteria marked with * are mandatory to pass the assessment

TUTOR COMMENTS

PASS

REFERRAL

TUTOR SIGNATURE

LEARNER ENDORSEMENT- Are you happy with the assessment outcome?

Are you happy with the assessment outcome?

YES

NO

LEARNER SIGNATURE

If the answer is no - please detail below

TUTOR - FURTHER ACTIONS TBA