

CLINICAL TREATMENTS WORKBOOK



B R I S B A N E

S K I N

D E R M A T O L O G I S T S

STAFF NAME: _____

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INTRODUCTION

Welcome to our clinical team! We hope that you enjoy your time as a member of our dermatology team. To assist with your induction, please complete all sections of this workbook and bring it to your progress meetings with your manager.

Links to the theoretical components and exams can be found on our intranet, where we keep all of our reading material and videos.

All of your practical sheets in this workbook must be signed by an experienced member of our team.

Please also fill out the sign off sheet for each module to ensure that you have completed all components of the module and present to your manager for approval to begin treating patients.

NOTE: THIS WORKBOOK MUST REMAIN IN A SECURE PLACE AT WORK, AS IT CONTAINS PATIENT INFORMATION AND MUST NOT BE TAKEN OUTSIDE THE PRACTICE.

Progress meetings are highly recommended to make sure you are on the right track before you have completed too many sections and to make sure you are not needing to repeat any work!

You are expected to have completed modules 1 - 17 within 4 weeks of starting and modules 17 - 27 as arranged with your manager. Modules 28-30 are for nurses only, as arranged with your manager also. Please get busy finding opportunities to complete these sections - enjoy!

HOW TO FINISH THIS WORKBOOK

1. Read online theory and videos for each module
2. Complete online exam for each module
3. Complete observations on your sign off sheet
4. Complete practical sheets in this workbook
5. Present completed sign off sheet to your manager for approval to begin each task

WORKBOOK SUMMARY

	Date of Completion
MODULE 1: DOCUMENTATION FOR TREATMENTS	
MODULE 2: MEDICAL PHOTOGRAPHY	
MODULE 3: INFECTION PREVENTION & CONTROL	
MODULE 4: STERILISATION	
MODULE 5: WORKSPACE MAINTENANCE	
MODULE 6: PATHOLOGY COLLECTION	
MODULE 7: DRUGS & POISONS REGULATION	
MODULE 8: PRE-OP CALLS TO PATIENTS	
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MODULE 16: FRACTIONATED LASER (FRAXEL)	

01

DOCUMENTATION FOR TREATMENTS

Strong medical note taking is imperative in any medical setting. If it's not written down, it didn't happen.

The theoretical components provide guidance on what components make a good medical note for when you are treating patients. Please refer to the online training module to complete your theory.

The practical component is a review of the first 20 medical

notes for treatments made by the clinician seeking to be signed off. This review may be done by an experienced clinician or manager, and is to be done incrementally to allow for feedback along the way.

For each medical note reviewed, please have the clinician or manager fill out the practical sheet and sign it for you.

Fill out the summary sign off sheet to track your progress and present to your manager once completed.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "medical staff -> documentation")
2. Watch online video (refer to "medical staff -> documentation")
3. Complete online exam (refer to "modules & exams -> documentation")
4. Complete practical sheets in this workbook

Module 1: Documentation for treatments Sign-off Sheet

Staff name: _____

Type	Date	Nurse completing prac sheets	Pass / Needs Work	Type	Date	Nurse completing prac sheets	Pass / Needs Work
Medical note 1				Medical note 11			
Medical note 2				Medical note 12			
Medical note 3				Medical note 13			
Medical note 4				Medical note 14			
Medical note 5				Medical note 15			
Medical note 6				Medical note 16			
Medical note 7				Medical note 17			
Medical note 8				Medical note 18			
Medical note 9				Medical note 19			
Medical note 10				Medical note 20			

Completed documentation module
online

Staff name:

Signature:

Date:

Completed documentation exam
online

Staff name:

Signature:

Date:

Completed practical work sheets

Staff name:

Signature:

Date:

Module completed and approved by
manager

Manager name:

Manager Signature:

Date:

Documentation for treatments Sign-off Sheet

Patient Name: _____ Treatment type: _____ Date: _____

	Yes	No	NA
A note has been made in the medical desktop for this treatment			
Note made as a new medical note, with the correct practitioner name, and saved correctly to the patient file with concise description line			
Correct consent forms given to patient prior to treatment			
Consent forms discussed prior to treatment, and discussion noted in medical desktop			
Consent forms fully signed and given to admin for scanning before treating next patient			
Treatment discussed with patient and noted in medical desktop			
Patient concerns recorded in medical desktop			
Medications given recorded (eg numbing cream) in medical desktop			
Settings used recorded in medical desktop			
Treatment Proforma fully filled, signed and given to admin for scanning before treating next patient			
Aftercare discussed and patient understanding noted in medical desktop			
Aftercare sheet given and noted in medical desktop			

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Documentation for treatments Sign-off Sheet

Patient Name: _____ Treatment type: _____ Date: _____

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A note has been made in the medical desktop for this treatment			
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Staff Member in Training: _____ Signature: _____

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Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

02

MEDICAL PHOTOGRAPHY

Taking good medical photographs is an artform that requires great attention to detail.

The theoretical components provide guidance on how to take good photographs for different areas of the body with a special focus on five point photographs for the face. Please refer to the online training module to complete your theory.

The practical component is a review of the first 5 sets of medical photographs you make by the staff member seeking to be signed off. This review may be done by an experienced staff member or manager, and is to be done incrementally to allow for feedback along the way. For each set of medical photographs reviewed, please have the nurse or manager fill out the practical sheet and sign it for you. Fill out the summary sign off sheet to track your progress and present to your manager once completed.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "medical staff -> photography")
2. Watch online video (refer to "medical staff -> photography")
3. Complete online exam (refer to "modules & exams -> photography")
4. Complete practical sheets in this workbook

Medical Photography Sign off Sheet

Staff Name: _____

Type	Date	Patient Name	Experienced staff member name
Observation			
Observation			
Observation			
Observation			
Observation			
Supervised photo taking			
Supervised photo taking			
Supervised photo taking			
Supervised photo taking			
Supervised photo taking			

Confident in taking medical photographs? Yes / No

Confident in renaming photographs? Yes / No

Module Completed and approved by manager? Yes / No

Manager's Name: _____

Signature: _____

Staff Name: _____

Signature: _____

Date: ____/____/____

Medical Photography Prac Sheet

	Yes	No	NA
Camera space was clean, clear and well presented			
Patient wore a black head band positioned correctly			
No more than 5cm showing in the photograph below the collarbone			
5 point photographs taken			
In oblique shots the tip of the nose lines up with cheek			
In side shots all of the nose can be seen but none of the far cheek			
No hair covering the ears, forehead or cheek			
All makeup has been correctly and fully removed			
The chin was not lifted in any of the photographs (was parallel to the computer screen)			
All photographs saved with patient name (first name, surname) with today's date, at the time of photo taking			
Only 1 photograph taken from each angle			
If photos cannot be named at the time of taking, that the patient's name has been photographed before and after patient photos to ensure identification			
Photos were bright and without shadows			
Photos were in focus			

Confident in performing medical photography?

Yes / No

Confident in naming photographs?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Medical Photography Prac Sheet

	Yes	No	NA
Camera space was clean, clear and well presented			
Patient wore a black head band positioned correctly			
No more than 5cm showing in the photograph below the collarbone			
5 point photographs taken			
In oblique shots the tip of the nose lines up with cheek			
In side shots all of the nose can be seen but none of the far cheek			
No hair covering the ears, forehead or cheek			
All makeup has been correctly and fully removed			
The chin was not lifted in any of the photographs (was parallel to the computer screen)			
All photographs saved with patient name (first name, surname) with today's date, at the time of photo taking			
Only 1 photograph taken from each angle			
If photos cannot be named at the time of taking, that the patient's name has been photographed before and after patient photos to ensure identification			
Photos were bright and without shadows			
Photos were in focus			

Confident in performing medical photography?

Yes / No

Confident in naming photographs?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Medical Photography Prac Sheet

	Yes	No	NA
Camera space was clean, clear and well presented			
Patient wore a black head band positioned correctly			
No more than 5cm showing in the photograph below the collarbone			
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Photos were bright and without shadows			
Photos were in focus			

Confident in performing medical photography?

Yes / No

Confident in naming photographs?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Medical Photography Prac Sheet

	Yes	No	NA
Camera space was clean, clear and well presented			
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Confident in performing medical photography?

Yes / No

Confident in naming photographs?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Medical Photography Prac Sheet

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Photos were in focus			

Confident in performing medical photography?

Yes / No

Confident in naming photographs?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

03

INFECTION PREVENTION & CONTROL

You will have learnt extensively about infection control during your courses and degrees. It is of utmost importance to make sure you put this into practice in a medical setting.

To ensure that all staff are up to date with this important subject, we request that all staff complete three infection control modules from the government website. Please refer to the online module on infection control for instructions on how to complete these modules, and provide three certificates to your manager to finish this module.

HOW TO FINISH THIS MODULE

1. Complete the infection control modules online (refer to "medical staff -> infection prevention & control for instructions on how to complete this).
2. Email your certificates from these modules to your manager

I confirm that I have recieved copies of 3 infection prevention and control certificates

Manager's Name: _____ Signature: _____

Date: ____/____/____

04

STERILISATION

You will now have completed your sterilisation certificate as part of the infection prevention & control module. Now it's time to translate that into how to sterilise safely in our clinic.

Following a consistent flow in the nurse station will prevent contamination and ensure a clean working environment and equipment.

From brushing to using ultrasonic agitation and sterilisation, knowing the process and ensuring everyone follows the same process will keep our patients safe.

In this module you will also learn how to group surgical equipment for dermatological surgery prior to sterilisation, so that packs are ready for immediate use as required.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "medical staff -> sterilisation")
2. Watch online video (refer to "medical staff -> sterilisation")
3. Complete online exam (refer to "modules & exams -> sterilisation")
4. Complete practical sheets in this workbook

Sterilisation Sign off Sheet

Staff Name: _____

Type	Sterilisation Date	Cycle Number	Pack number and contents	Supervising staff member
Observation				
Observation				
Observation				
Observation				
Observation				
Supervised sterilisation				
Supervised sterilisation				
Supervised sterilisation				
Supervised sterilisation				
Supervised sterilisation				

Infection Control Module Completed? Yes / No

Confident in performing sterilisation? Yes / No

Confident in preparing dermatological surgery packs? Yes / No

Confident in record keeping (log book and cycle downloads)? Yes / No

Module Completed and approved by manager? Yes / No

Manager's Name: _____

Signature: _____

Staff Name: _____

Signature: _____

Date: ____/____/____

Sterilisation Prac Sheet

Type of sterilisation completed (please tick any that apply):

- ☐ Small face packs
- ☐ Medium packs
- ☐ Large body packs
- ☐ Individual pieces of equipment
- ☐ Biopsy packs

	Yes	No	NA
Clean and rinsed all instruments thoroughly			
Turned on ultrasonic correctly, didn't overload the ultrasonic with equipment			
Removed equipment from ultrasonic and left to dry in a clean environment			
Packed the sterile pouches appropriately without over filling			
Placed the packs into the steriliser with no packs overlapping each other and equipment spread out evenly			
All forceps placed into pouches in an open position			
Turned steriliser on correctly			
Set the program to run correctly			
Checked the steriliser in a timely fashion and removed pouches within the hour			
Checked water levels and topped up water			
Drained water from the used water tank correctly (must do this step for each prac sign off sheet even if water is low to ensure competency)			
Labelled all steriliser pouches correctly			
Put a 2nd steriliser sticker on 1 pouch for cycle record			
Entered cycle details into steriliser log correctly including cycle number and types of pouches and their name			
After sterilisation complete, the sterilisation log was signed as a pass and sticker recorded in book correctly			

Confident in performing sterilisation?

Yes / No

Confident in preparing dermatological surgery packs?

Yes / No

Confident in record keeping (log book and cycle downloads)?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Sterilisation Prac Sheet

Type of sterilisation completed (please tick any that apply):

- ☐ Small face packs
- ☐ Medium packs
- ☐ Large body packs
- ☐ Individual pieces of equipment
- ☐ Biopsy packs

	Yes	No	NA
Clean and rinsed all instruments thoroughly			
Turned on ultrasonic correctly, didn't overload the ultrasonic with equipment			
Removed equipment from ultrasonic and left to dry in a clean environment			
Packed the sterile pouches appropriately without over filling			
Placed the packs into the steriliser with no packs overlapping each other and equipment spread out evenly			
All forceps placed into pouches in an open position			
Turned steriliser on correctly			
Set the program to run correctly			
Checked the steriliser in a timely fashion and removed pouches within the hour			
Checked water levels and topped up water			
Drained water from the used water tank correctly (must do this step for each prac sign off sheet even if water is low to ensure competency)			
Labelled all steriliser pouches correctly			
Put a 2nd steriliser sticker on 1 pouch for cycle record			
Entered cycle details into steriliser log correctly including cycle number and types of pouches and their name			
After sterilisation complete, the sterilisation log was signed as a pass and sticker recorded in book correctly			

Confident in performing sterilisation? Yes / No

Confident in preparing dermatological surgery packs? Yes / No

Confident in record keeping (log book and cycle downloads)? Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Sterilisation Prac Sheet

Type of sterilisation completed (please tick any that apply):

- ☐ Small face packs
- ☐ Medium packs
- ☐ Large body packs
- ☐ Individual pieces of equipment
- ☐ Biopsy packs

	Yes	No	NA
Clean and rinsed all instruments thoroughly			
Turned on ultrasonic correctly, didn't overload the ultrasonic with equipment			
Removed equipment from ultrasonic and left to dry in a clean environment			
Packed the sterile pouches appropriately without over filling			
Placed the packs into the steriliser with no packs overlapping each other and equipment spread out evenly			
All forceps placed into pouches in an open position			
Turned steriliser on correctly			
Set the program to run correctly			
Checked the steriliser in a timely fashion and removed pouches within the hour			
Checked water levels and topped up water			
Drained water from the used water tank correctly (must do this step for each prac sign off sheet even if water is low to ensure competency)			
Labelled all steriliser pouches correctly			
Put a 2nd steriliser sticker on 1 pouch for cycle record			
Entered cycle details into steriliser log correctly including cycle number and types of pouches and their name			
After sterilisation complete, the sterilisation log was signed as a pass and sticker recorded in book correctly			

Confident in performing sterilisation?

Yes / No

Confident in preparing dermatological surgery packs?

Yes / No

Confident in record keeping (log book and cycle downloads)?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Sterilisation Prac Sheet

Type of sterilisation completed (please tick any that apply):

- ☐ Small face packs
- ☐ Medium packs
- ☐ Large body packs
- ☐ Individual pieces of equipment
- ☐ Biopsy packs

	Yes	No	NA
Clean and rinsed all instruments thoroughly			
Turned on ultrasonic correctly, didn't overload the ultrasonic with equipment			
Removed equipment from ultrasonic and left to dry in a clean environment			
Packed the sterile pouches appropriately without over filling			
Placed the packs into the steriliser with no packs overlapping each other and equipment spread out evenly			
All forceps placed into pouches in an open position			
Turned steriliser on correctly			
Set the program to run correctly			
Checked the steriliser in a timely fashion and removed pouches within the hour			
Checked water levels and topped up water			
Drained water from the used water tank correctly (must do this step for each prac sign off sheet even if water is low to ensure competency)			
Labelled all steriliser pouches correctly			
Put a 2nd steriliser sticker on 1 pouch for cycle record			
Entered cycle details into steriliser log correctly including cycle number and types of pouches and their name			
After sterilisation complete, the sterilisation log was signed as a pass and sticker recorded in book correctly			

Confident in performing sterilisation?

Yes / No

Confident in preparing dermatological surgery packs?

Yes / No

Confident in record keeping (log book and cycle downloads)?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Sterilisation Prac Sheet

Type of sterilisation completed (please tick any that apply):

- ☐ Small face packs
- ☐ Medium packs
- ☐ Large body packs
- ☐ Individual pieces of equipment
- ☐ Biopsy packs

	Yes	No	NA
Clean and rinsed all instruments thoroughly			
Turned on ultrasonic correctly, didn't overload the ultrasonic with equipment			
Removed equipment from ultrasonic and left to dry in a clean environment			
Packed the sterile pouches appropriately without over filling			
Placed the packs into the steriliser with no packs overlapping each other and equipment spread out evenly			
All forceps placed into pouches in an open position			
Turned steriliser on correctly			
Set the program to run correctly			
Checked the steriliser in a timely fashion and removed pouches within the hour			
Checked water levels and topped up water			
Drained water from the used water tank correctly (must do this step for each prac sign off sheet even if water is low to ensure competency)			
Labelled all steriliser pouches correctly			
Put a 2nd steriliser sticker on 1 pouch for cycle record			
Entered cycle details into steriliser log correctly including cycle number and types of pouches and their name			
After sterilisation complete, the sterilisation log was signed as a pass and sticker recorded in book correctly			

Confident in performing sterilisation? Yes / No

Confident in preparing dermatological surgery packs? Yes / No

Confident in record keeping (log book and cycle downloads)? Yes / No

Observing Nurse Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

05

WORKSPACE MAINTENANCE

Keeping your workspace clean and clear is not only important for patient privacy and security, but also for ensuring a clinically sterile environment.

Please make sure that you are contributing to a well functioning, sterile environment that upholds the highest of patient confidentiality.

This online module reminds you of the aspects of tidiness and

cleanliness in the workplace that will contribute to a well run dermatology practice.

Please complete the online reading and exam, and then fill out the attached practical and sign off sheets.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "medical staff -> workspace maintenance")
2. Watch online video (refer to "medical staff -> workspace maintenance")
3. Complete online exam (refer to "modules & exams -> workspace maintenance")
4. Complete practical sheets in this workbook

Workspace Maintenance Sign off Sheet
Please complete at Level 2 nurse station, Newstead.

Staff Name: _____

Type	Session Date	Experienced staff member present	Manager's initials (on the day)
Observation			
Observation			
Observation			
Observation			
Observation			
Supervised			
Supervised			
Supervised			
Supervised			
Supervised			

Sterilisation Module Completed?

Yes / No

Infection Control Module Completed?

Yes / No

Pathology Collection Module Completed?

Yes / No

Module Completed and approved by manager?

Yes / No

Manager's Name: _____

Signature: _____

Staff Name: _____

Signature: _____

Date: ____/____/____

Workspace Maintenance Prac Sheet

	Yes	No
All equipment sterilised and put away		
All benchtops clear of any paperwork/equipment		
All laser proformas/medical notes taken to admin for scanning		
All clipboards placed in wall mounts		
Benches sprayed with disinfectant and wiped down		
Computer/keyboard / mouse sprayed with disinfectant and wiped down		
Intrays on wall empty		
Documents and equipment on shelving neat & tidy		
All pathology checked as being correctly written up & collection called if required		
Any consumables running out advised to manager (eg cryo; tips; drugs)		

Confident in performing workspace maintenance?

Yes / No

Confident in sterilising?

Yes / No

Confident in pathology requirements?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Workspace Maintenance Prac Sheet

	Yes	No
All equipment sterilised and put away		
All benchtops clear of any paperwork/equipment		
All laser proformas/medical notes taken to admin for scanning		
All clipboards placed in wall mounts		
Benches sprayed with disinfectant and wiped down		
Computer/kepyboard / mouse sprayed with disinfectant and wiped down		
Intrays on wall empty		
Documents and equipment on shelving neat & tidy		
All pathology checked as being correctly written up & collection called if required		
Any consumables running out advised to manager (eg cryo; tips; drugs)		

Confident in performing workspace maintenance?

Yes / No

Confident in sterilising?

Yes / No

Confident in pathology requirements?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Workspace Maintenance Prac Sheet

	Yes	No
All equipment sterilised and put away		
All benchtops clear of any paperwork/equipment		
All laser proformas/medical notes taken to admin for scanning		
All clipboards placed in wall mounts		
Benches sprayed with disinfectant and wiped down		
Computer/keyboard / mouse sprayed with disinfectant and wiped down		
Intrays on wall empty		
Documents and equipment on shelving neat & tidy		
All pathology checked as being correctly written up & collection called if required		
Any consumables running out advised to manager (eg cryo; tips; drugs)		

Confident in performing workspace maintenance?

Yes / No

Confident in sterilising?

Yes / No

Confident in pathology requirements?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Workspace Maintenance Prac Sheet

	Yes	No
All equipment sterilised and put away		
All benchtops clear of any paperwork/equipment		
All laser proformas/medical notes taken to admin for scanning		
All clipboards placed in wall mounts		
Benches sprayed with disinfectant and wiped down		
Computer/keyboard / mouse sprayed with disinfectant and wiped down		
Intrays on wall empty		
Documents and equipment on shelving neat & tidy		
All pathology checked as being correctly written up & collection called if required		
Any consumables running out advised to manager (eg cryo; tips; drugs)		

Confident in performing workspace maintenance?

Yes / No

Confident in sterilising?

Yes / No

Confident in pathology requirements?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Workspace Maintenance Prac Sheet

	Yes	No
All equipment sterilised and put away		
All benchtops clear of any paperwork/equipment		
All laser proformas/medical notes taken to admin for scanning		
All clipboards placed in wall mounts		
Benches sprayed with disinfectant and wiped down		
Computer/keyboard / mouse sprayed with disinfectant and wiped down		
Intrays on wall empty		
Documents and equipment on shelving neat & tidy		
All pathology checked as being correctly written up & collection called if required		
Any consumables running out advised to manager (eg cryo; tips; drugs)		

Confident in performing workspace maintenance?

Yes / No

Confident in sterilising?

Yes / No

Confident in pathology requirements?

Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

06

PATHOLOGY COLLECTION

Sending specimens for review requires attention to detail and excellent recording skills.

Please ensure that you follow all protocols with the specimens you are handling, and ensure they are picked up by the pathology group in a timely fashion (the same day or next day).

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "medical staff -> pathology")
2. Watch online video (refer to "medical staff -> pathology")
3. Complete online exam (refer to "modules & exams")
4. Complete practical sheets in this workbook

Pathology Collection Sign off Sheet

Staff Name: _____

Type	Date	No. specimens collected & prepared by staff member	No. specimens collected by others, checked by staff member	Supervising staff member
Observation				
Observation				
Observation				
Observation				
Observation				
Supervised path preparation				
Supervised path preparation				
Supervised path preparation				
Supervised path preparation				

Infection Control Module Completed? Yes / No

Confident in assisting with pathology collection? Yes / No

Confident in pathology collection documentation? Yes / No

Module Completed and approved by manager? Yes / No

Manager's Name: _____

Signature: _____

Staff Name: _____

Signature: _____

Date: ____/____/____

Pathology Prac Sheet

Type of collection completed (please tick any that apply):

- ☐ Biopsy
- ☐ Swab
- ☐ Fungal scraping

	Yes	No	NA
Collection completed or assisted correctly			
Specimen stored in correct medium			
Pathology form filled correctly, signed by doctor and placed in bag pouch			
Specimen labelled correctly immediately post collection			
Specimen placed in collection bag with path form immediately post collection			
Pathology log completed correctly (with patient name, date, site of collection, type, number of specimens etc and signed by nurse).			
Pathology provider called for collection if end of day			

Competent in assisting in pathology collection? Yes / No / na

Competent in performing pathology collection? Yes / No / na

Competent in preparing pathological specimens for collection? Yes / No

Competent in record keeping? Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Pathology Prac Sheet

Type of collection completed (please tick any that apply):

- ☐ Biopsy
- ☐ Swab
- ☐ Fungal scraping

	Yes	No	NA
Collection completed or assisted correctly			
Specimen stored in correct medium			
Pathology form filled correctly, signed by doctor and placed in bag pouch			
Specimen labelled correctly immediately post collection			
Specimen placed in collection bag with path form immediately post collection			
Pathology log completed correctly (with patient name, date, site of collection, type, number of specimens etc and signed by nurse).			
Pathology provider called for collection if end of day			

Competent in assisting in pathology collection? Yes / No / na

Competent in performing pathology collection? Yes / No / na

Competent in preparing pathological specimens for collection? Yes / No

Competent in record keeping? Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Pathology Prac Sheet

Type of collection completed (please tick any that apply):

- ☐ Biopsy
- ☐ Swab
- ☐ Fungal scraping

	Yes	No	NA
Collection completed or assisted correctly			
Specimen stored in correct medium			
Pathology form filled correctly, signed by doctor and placed in bag pouch			
Specimen labelled correctly immediately post collection			
Specimen placed in collection bag with path form immediately post collection			
Pathology log completed correctly (with patient name, date, site of collection, type, number of specimens etc and signed by nurse).			
Pathology provider called for collection if end of day			

Competent in assisting in pathology collection? Yes / No / na

Competent in performing pathology collection? Yes / No / na

Competent in preparing pathological specimens for collection? Yes / No

Competent in record keeping? Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Pathology Prac Sheet

Type of collection completed (please tick any that apply):

- ☐ Biopsy
- ☐ Swab
- ☐ Fungal scraping

	Yes	No	NA
Collection completed or assisted correctly			
Specimen stored in correct medium			
Pathology form filled correctly, signed by doctor and placed in bag pouch			
Specimen labelled correctly immediately post collection			
Specimen placed in collection bag with path form immediately post collection			
Pathology log completed correctly (with patient name, date, site of collection, type, number of specimens etc and signed by nurse).			
Pathology provider called for collection if end of day			

Competent in assisting in pathology collection? Yes / No / na

Competent in performing pathology collection? Yes / No / na

Competent in preparing pathological specimens for collection? Yes / No

Competent in record keeping? Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Pathology Prac Sheet

Type of collection completed (please tick any that apply):

- ☐ Biopsy
- ☐ Swab
- ☐ Fungal scraping

	Yes	No	NA
Collection completed or assisted correctly			
Specimen stored in correct medium			
Pathology form filled correctly, signed by doctor and placed in bag pouch			
Specimen labelled correctly immediately post collection			
Specimen placed in collection bag with path form immediately post collection			
Pathology log completed correctly (with patient name, date, site of collection, type, number of specimens etc and signed by nurse).			
Pathology provider called for collection if end of day			

Competent in assisting in pathology collection? Yes / No / na

Competent in performing pathology collection? Yes / No / na

Competent in preparing pathological specimens for collection? Yes / No

Competent in record keeping? Yes / No

Observing Nurse Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

07

DRUGS & POISONS REGULATION

Know how to stay safe and compliant with prescription medications for our patients.

It is a strict term of your employment that all staff are familiar with the drugs and poisons regulation and our protocol on prescription medications.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "medical staff -> health (drugs & poisons) regulation")
2. Familiarise yourself with the drugs and poisons regulation
3. Complete online exam (refer to "modules & exams")

I have read and understood the drugs and poisons regulation.

I have read and understood the Brisbane Skin prescription medicines protocol.

I have completed the drugs & poisons regulation module.

I am confident in preparing medications in accordance with the health regulation and in a dermatological setting.

Manager's Name: _____

Signature: _____

Staff Name: _____

Signature: _____

Date: ____/____/____

08

PRE-OP CALLS TO PATIENTS

Pre-Op calls to patients need to be completed to ensure that patients are prepared for their treatments.

Important preparatory items need to be completed at this stage including checking that the patient is well and able to go ahead with treatment, that they are fully prepared for their treatment, and all payment/post-op follow up is arranged.

There is a form on the medical desktop that must be filled out for each patient having a laser or needling treatment with downtime, for each time that they are having a treatment (not just the first time).

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "medical staff -> laser support for dr manoharan -> pre-laser calls")
2. Watch online video (refer to "medical staff -> laser support for dr manoharan -> pre-laser calls")
3. Complete online exam (refer to "modules & exams -> laser support for dr manoharan -> pre-laser calls")
4. Complete practical sheets in this workbook

Pre-Op Call Sign off Sheet

Staff Name: _____

Type	Date	Number of pre-op calls completed	Types of treatments (eg Fraxel, BBL & Pico)	Supervising staff member
Observation				
Observation				
Observation				
Observation				
Observation				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				

Confident in making pre-op calls?

Yes / No

Confident in pre-op call documentation?

Yes / No

Module Completed and approved by manager?

Yes / No

Manager's Name: _____

Signature: _____

Staff Name: _____

Signature: _____

Date: ____/____/____

Pre-Op Call Prac Sheet

Type of treatment patient booked for (please tick any that apply):

- ☐ BBL
- ☐ RF needling
- ☐ Fraxel
- ☐ Pico
- ☐ Hair removal

	Yes	No
Pre-Op call completed 3-5 days prior to treatment		
Treatment checked against the laser proforma correctly and easily prior to phone call to patient		
Identified themselves at start of call and asked if patient was free to talk		
Pre-Op form filled out fully (no missing sections)		
Was able to correctly answer any questions patient raised		
Any concerns tasked to Dr Manoharan immediately with patient name attached correctly to task		
Kind, courteous and helpful with patient during call		
Patient payment / IFC / FU bookings checked and/or arranged today through admin.		
Scripts required have been correctly identified by staff member		
Scripts required have been requested through task today		

Competent in checking patient laser proformas? Yes / No

Competent in making pre-op calls? Yes / No

Competent in answering patient questions? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Pre-Op Call Prac Sheet

Type of treatment patient booked for (please tick any that apply):

- ☐ BBL
- ☐ RF needling
- ☐ Fraxel
- ☐ Pico
- ☐ Hair removal

	Yes	No
Pre-Op call completed 3-5 days prior to treatment		
Treatment checked against the laser proforma correctly and easily prior to phone call to patient		
Identified themselves at start of call and asked if patient was free to talk		
Pre-Op form filled out fully (no missing sections)		
Was able to correctly answer any questions patient raised		
Any concerns tasked to Dr Manoharan immediately with patient name attached correctly to task		
Kind, courteous and helpful with patient during call		
Patient payment / IFC / FU bookings checked and/or arranged today through admin.		
Scripts required have been correctly identified by staff member		
Scripts required have been requested through task today		

Competent in checking patient laser proformas? Yes / No

Competent in making pre-op calls? Yes / No

Competent in answering patient questions? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Pre-Op Call Prac Sheet

Type of treatment patient booked for (please tick any that apply):

- ☐ BBL
- ☐ RF needling
- ☐ Fraxel
- ☐ Pico
- ☐ Hair removal

	Yes	No
Pre-Op call completed 3-5 days prior to treatment		
Treatment checked against the laser proforma correctly and easily prior to phone call to patient		
Identified themselves at start of call and asked if patient was free to talk		
Pre-Op form filled out fully (no missing sections)		
Was able to correctly answer any questions patient raised		
Any concerns tasked to Dr Manoharan immediately with patient name attached correctly to task		
Kind, courteous and helpful with patient during call		
Patient payment / IFC / FU bookings checked and/or arranged today through admin.		
Scripts required have been correctly identified by staff member		
Scripts required have been requested through task today		

Competent in checking patient laser proformas? Yes / No

Competent in making pre-op calls? Yes / No

Competent in answering patient questions? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Pre-Op Call Prac Sheet

Type of treatment patient booked for (please tick any that apply):

- ☐ BBL
- ☐ RF needling
- ☐ Fraxel
- ☐ Pico
- ☐ Hair removal

	Yes	No
Pre-Op call completed 3-5 days prior to treatment		
Treatment checked against the laser proforma correctly and easily prior to phone call to patient		
Identified themselves at start of call and asked if patient was free to talk		
Pre-Op form filled out fully (no missing sections)		
Was able to correctly answer any questions patient raised		
Any concerns tasked to Dr Manoharan immediately with patient name attached correctly to task		
Kind, courteous and helpful with patient during call		
Patient payment / IFC / FU bookings checked and/or arranged today through admin.		
Scripts required have been correctly identified by staff member		
Scripts required have been requested through task today		

Competent in checking patient laser proformas? Yes / No

Competent in making pre-op calls? Yes / No

Competent in answering patient questions? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Pre-Op Call Prac Sheet

Type of treatment patient booked for (please tick any that apply):

- ☐ BBL
- ☐ RF needling
- ☐ Fraxel
- ☐ Pico
- ☐ Hair removal

	Yes	No
Pre-Op call completed 3-5 days prior to treatment		
Treatment checked against the laser proforma correctly and easily prior to phone call to patient		
Identified themselves at start of call and asked if patient was free to talk		
Pre-Op form filled out fully (no missing sections)		
Was able to correctly answer any questions patient raised		
Any concerns tasked to Dr Manoharan immediately with patient name attached correctly to task		
Kind, courteous and helpful with patient during call		
Patient payment / IFC / FU bookings checked and/or arranged today through admin.		
Scripts required have been correctly identified by staff member		
Scripts required have been requested through task today		

Competent in checking patient laser proformas? Yes / No

Competent in making pre-op calls? Yes / No

Competent in answering patient questions? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

09

ADMINISTERING NUMBING CREAM

Many procedures will need numbing cream applied 1hr prior to their treatment.

It is important to understand how to do this safely, and how to record this correctly to comply with the drugs and poisons regulation.

Please complete the theory and exam through the intranet, and the observations and practical sessions outlined in the sign-off sheet before approaching your manager for sign off to administer numbing cream to patients.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "medical staff -> ")
2. Watch online video (refer to "medical staff -> ")
3. Complete online exam (refer to "modules & exams -> ")
4. Complete practical sheets in this workbook

Numbing Cream Application Sign off Sheet

Staff Name: _____

Type	Date	Patient Name	Treatment being done today	Supervising staff member
Observation				
Observation				
Observation				
Observation				
Observation				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				

Confident in applying numbing cream?

Yes / No

Module Completed and approved by manager?

Yes / No

Manager's Name: _____

Signature: _____

Staff Name: _____

Signature: _____

Date: ____/____/____

Numbing Cream Application Prac Sheet

	Yes	No
All equipment required for application was prepared and ready, prior to patient being collected from waiting room		
Proforma checked competently to confirm area of application, prior to patient being collected from waiting room		
Patient collected from waiting room in a professional manner		
Patient advised of numbing cream application courteously		
Patient full name and date of birth confirmed prior to application		
Application to full area (including up to hairline for face, and around ears/mouth) done competently.		
5ml (10 pumps) of numbing cream used for face, less for smaller areas.		
Application was competent, professional and timely		

Area treated (please circle): Face / Body Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Numbing Cream Application Prac Sheet

	Yes	No
All equipment required for application was prepared and ready, prior to patient being collected from waiting room		
Proforma checked competently to confirm area of application, prior to patient being collected from waiting room		
Patient collected from waiting room in a professional manner		
Patient advised of numbing cream application courteously		
Patient full name and date of birth confirmed prior to application		
Application to full area (including up to hairline for face, and around ears/mouth) done competently.		
5ml (10 pumps) of numbing cream used for face, less for smaller areas.		
Application was competent, professional and timely		

Area treated (please circle): Face / Body Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Numbing Cream Application Prac Sheet

	Yes	No
All equipment required for application was prepared and ready, prior to patient being collected from waiting room		
Proforma checked competently to confirm area of application, prior to patient being collected from waiting room		
Patient collected from waiting room in a professional manner		
Patient advised of numbing cream application courteously		
Patient full name and date of birth confirmed prior to application		
Application to full area (including up to hairline for face, and around ears/mouth) done competently.		
5ml (10 pumps) of numbing cream used for face, less for smaller areas.		
Application was competent, professional and timely		

Area treated (please circle): Face / Body Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/_____

Numbing Cream Application Prac Sheet

	Yes	No
All equipment required for application was prepared and ready, prior to patient being collected from waiting room		
Proforma checked competently to confirm area of application, prior to patient being collected from waiting room		
Patient collected from waiting room in a professional manner		
Patient advised of numbing cream application courteously		
Patient full name and date of birth confirmed prior to application		
Application to full area (including up to hairline for face, and around ears/mouth) done competently.		
5ml (10 pumps) of numbing cream used for face, less for smaller areas.		
Application was competent, professional and timely		

Area treated (please circle): Face / Body Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/_____

Numbing Cream Application Prac Sheet

	Yes	No
All equipment required for application was prepared and ready, prior to patient being collected from waiting room		
Proforma checked competently to confirm area of application, prior to patient being collected from waiting room		
Patient collected from waiting room in a professional manner		
Patient advised of numbing cream application courteously		
Patient full name and date of birth confirmed prior to application		
Application to full area (including up to hairline for face, and around ears/mouth) done competently.		
5ml (10 pumps) of numbing cream used for face, less for smaller areas.		
Application was competent, professional and timely		

Area treated (please circle): Face / Body Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

10

FOLLOWING UP YOUR PATIENTS POST TREATMENT

Calling patients to see how they are feeling after their treatment is an important part of good patient and medical care.

To complete this section, please complete the sign off sheet and approach you manager to sign off.

This section must be completed prior to being signed off for doing any treatments on patients.

HOW TO FINISH THIS MODULE

1. Complete practical sheets in this workbook

Patient Follow Up Post Treatment - Sign off Sheet

Staff Name: _____

Type	Date	Patient Name	Treatment being followed up	Supervising staff member
Observation				
Observation				
Observation				
Observation				
Observation				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				
Supervised calls				

Confident in making follow up calls?

Yes / No

All calls recorded with detail in medical desktop?

Yes / No

Module Completed and approved by manager?

Yes / No

Manager's Name: _____

Signature: _____

Staff Name: _____

Signature: _____

Date: ____/____/____

11

CHEMICAL PEELS

Chemical peels are the most common treatment provided to patients in dermatology.

Being able to provide safe, effective peels to patients is very important, and all protocols regarding dosages, skin types and selection of peel type are to be strictly adhered to.

To complete this section, please read the online material and complete the exam to 100%. You

have 3 attempts to pass this exam before you will need to contact your manager for access.

For your practical sessions, please observe 3 salicylic acid peels, 1 lactic peel and 1 glycolic peel. You will also need to do 3 salicylic acid peels, 1 lactic peel and 1 glycolic peel under supervision to be signed off to treat patients for chemical peels.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "treatments -> chemical peels")
2. Complete online exam (refer to "modules & exams -> chemical peels")
3. Complete practical sheets in this workbook.

Treatment Sign off Sheet - Chemical Peels

Staff Name: _____

Type	Date	Patient Name	Procedure	Settings	Procedure performed by	Procedure observed by
Observation						
Observation						
Observation						
Observation						
Observation						
Supervised treatment						
Supervised treatment						
Supervised treatment						
Supervised treatment						
Supervised treatment						

Online protocols have been read & understood.

Online exam completed to 100%

Approval to begin treatments:

Staff Name: _____

Staff Name: _____

Manager Name: _____

Signature: _____

Signature: _____

Signature: _____

Date: ____/____/____

Date: ____/____/____

Date: ____/____/____

Chemical Peel Prac Sheet

	Yes	No
Has correct materials set out prior to peel: cotton tips, gauze, fibrella, fan, peel and prep solution, cleanser, moisturizer and sunscreen		
Ensured all equipment was sterile and recorded appropriate cycle number in medical notes		
Staff member introduced themselves to the patient appropriately		
Patient collected from waiting room and brought to treatment room correctly		
Patient has signed consent form if first time peel and completed consent form correctly and fully (if required)		
Pre-peel checklist completed appropriately and fully		
Photos have been taken correctly		
Prepped patient – headband and jewellery removed if needed		
Cleansed patients skin in a relaxing manner, removing all traces of foundation		
Used Vaseline to protect sides of nose, tattooed eyebrows, lips and broken areas of skin		
Applied peel prep, advising patient on smell and sensation		
Reminded patient on how peel will feel		
Applied peel using gauze with slow firm pressure for better penetration and displayed good application technique including advising the patient what was happening as appropriate		
Applied peel within timeframe provided (30mins) and treated patient gently and appropriately		
Observed patient and ensured client comfort		
Spoke to patient throughout procedure regarding their general skin health		
Neutralised Peel if appropriate		
Waited until patient was comfortable before applying aftercare gently		
Advised and given peel aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient in 2 weeks for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		
Called patient the next day to follow up on treatment		

Area treated (please circle): Face / Body

Competent? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Chemical Peel Prac Sheet

	Yes	No
Has correct materials set out prior to peel: cotton tips, gauze, fibrella, fan, peel and prep solution, cleanser, moisturizer and sunscreen		
Ensured all equipment was sterile and recorded appropriate cycle number in medical notes		
Staff member introduced themselves to the patient appropriately		
Patient collected from waiting room and brought to treatment room correctly		
Patient has signed consent form if first time peel and completed consent form correctly and fully (if required)		
Pre-peel checklist completed appropriately and fully		
Photos have been taken correctly		
Prepped patient – headband and jewellery removed if needed		
Cleansed patients skin in a relaxing manner, removing all traces of foundation		
Used Vaseline to protect sides of nose, tattooed eyebrows, lips and broken areas of skin		
Applied peel prep, advising patient on smell and sensation		
Reminded patient on how peel will feel		
Applied peel using gauze with slow firm pressure for better penetration and displayed good application technique including advising the patient what was happening as appropriate		
Applied peel within timeframe provided (30mins) and treated patient gently and appropriately		
Observed patient and ensured client comfort		
Spoke to patient throughout procedure regarding their general skin health		
Neutralised Peel if appropriate		
Waited until patient was comfortable before applying aftercare gently		
Advised and given peel aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient in 2 weeks for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		
Called patient the next day to follow up on treatment		

Area treated (please circle):

Face / Body

Competent? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Chemical Peel Prac Sheet

	Yes	No
Has correct materials set out prior to peel: cotton tips, gauze, fibrella, fan, peel and prep solution, cleanser, moisturizer and sunscreen		
Ensured all equipment was sterile and recorded appropriate cycle number in medical notes		
Staff member introduced themselves to the patient appropriately		
Patient collected from waiting room and brought to treatment room correctly		
Patient has signed consent form if first time peel and completed consent form correctly and fully (if required)		
Pre-peel checklist completed appropriately and fully		
Photos have been taken correctly		
Prepped patient – headband and jewellery removed if needed		
Cleansed patients skin in a relaxing manner, removing all traces of foundation		
Used Vaseline to protect sides of nose, tattooed eyebrows, lips and broken areas of skin		
Applied peel prep, advising patient on smell and sensation		
Reminded patient on how peel will feel		
Applied peel using gauze with slow firm pressure for better penetration and displayed good application technique including advising the patient what was happening as appropriate		
Applied peel within timeframe provided (30mins) and treated patient gently and appropriately		
Observed patient and ensured client comfort		
Spoke to patient throughout procedure regarding their general skin health		
Neutralised Peel if appropriate		
Waited until patient was comfortable before applying aftercare gently		
Advised and given peel aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient in 2 weeks for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		
Called patient the next day to follow up on treatment		

Area treated (please circle): Face / Body

Competent? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Chemical Peel Prac Sheet

	Yes	No
Has correct materials set out prior to peel: cotton tips, gauze, fibrella, fan, peel and prep solution, cleanser, moisturizer and sunscreen		
Ensured all equipment was sterile and recorded appropriate cycle number in medical notes		
Staff member introduced themselves to the patient appropriately		
Patient collected from waiting room and brought to treatment room correctly		
Patient has signed consent form if first time peel and completed consent form correctly and fully (if required)		
Pre-peel checklist completed appropriately and fully		
Photos have been taken correctly		
Prepped patient – headband and jewellery removed if needed		
Cleansed patients skin in a relaxing manner, removing all traces of foundation		
Used Vaseline to protect sides of nose, tattooed eyebrows, lips and broken areas of skin		
Applied peel prep, advising patient on smell and sensation		
Reminded patient on how peel will feel		
Applied peel using gauze with slow firm pressure for better penetration and displayed good application technique including advising the patient what was happening as appropriate		
Applied peel within timeframe provided (30mins) and treated patient gently and appropriately		
Observed patient and ensured client comfort		
Spoke to patient throughout procedure regarding their general skin health		
Neutralised Peel if appropriate		
Waited until patient was comfortable before applying aftercare gently		
Advised and given peel aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient in 2 weeks for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		
Called patient the next day to follow up on treatment		

Area treated (please circle): Face / Body

Competent? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Chemical Peel Prac Sheet

	Yes	No
Has correct materials set out prior to peel: cotton tips, gauze, fibrella, fan, peel and prep solution, cleanser, moisturizer and sunscreen		
Ensured all equipment was sterile and recorded appropriate cycle number in medical notes		
Staff member introduced themselves to the patient appropriately		
Patient collected from waiting room and brought to treatment room correctly		
Patient has signed consent form if first time peel and completed consent form correctly and fully (if required)		
Pre-peel checklist completed appropriately and fully		
Photos have been taken correctly		
Prepped patient – headband and jewellery removed if needed		
Cleansed patients skin in a relaxing manner, removing all traces of foundation		
Used Vaseline to protect sides of nose, tattooed eyebrows, lips and broken areas of skin		
Applied peel prep, advising patient on smell and sensation		
Reminded patient on how peel will feel		
Applied peel using gauze with slow firm pressure for better penetration and displayed good application technique including advising the patient what was happening as appropriate		
Applied peel within timeframe provided (30mins) and treated patient gently and appropriately		
Observed patient and ensured client comfort		
Spoke to patient throughout procedure regarding their general skin health		
Neutralised Peel if appropriate		
Waited until patient was comfortable before applying aftercare gently		
Advised and given peel aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient in 2 weeks for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		
Called patient the next day to follow up on treatment		

Area treated (please circle):

Face / Body

Competent? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

12

EXTRACTIONS

Extractions are the physical removal of papules with an extraction tool and are usually done in combination with chemical peels and red light treatments.

We also recommend the use of a hyfercator for papules that are difficult to extract, to avoid causing trauma to the skin. Please watch the online video and complete the attached prac sheets to be signed off to use the hyfercator for extractions.

Please complete the online theory and exam, and then approach your manager for sign off before you begin extractions on your patients.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "treatments -> extractions")
2. Complete online exam (refer to "modules & exams -> extractions")
3. Complete practical sheets and sign off sheet in this workbook to be able to use the hyfercator for extractions.

Treatment Sign off Sheet - Extractions

Staff Name: _____

Online protocols have been read & understood.

Online exam completed to 100%

Approval to begin treatments:

Staff Name: _____

Staff Name: _____

Manager Name: _____

Signature: _____

Signature: _____

Signature: _____

Date: ____/____/____

Date: ____/____/____

Date: ____/____/____

Treatment Sign off Sheet - Extractions with hypercator

Type	Date	Patient Name	Procedure	Settings	Procedure performed by	Procedure observed by
Observation						
Supervised treatment						

Approval to begin treatments:

Staff Name: _____

Signature: _____

Date: ____/____/____

13

L.E.D TREATMENT

To be able to assist in theatre successfully, you need to first be able to competently complete all aspects of the nursing role outlined in this booklet.

This is the last module of your nursing workbook, and will bring together much of what you have learnt so far and more.

The surgical assisting nurse needs to be confident, careful, orderly, prepared, timely, compassionate and competent.

Please carefully complete the online module and exam before completing any practical sessions, with each session signed off fully by an observing nurse as required.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "treatments -> red light treatment")
2. Complete online exam (refer to "modules & exams -> L.E.D.

Online protocols have been read & understood.

Staff Name: _____

Signature: _____

Date: ____/____/____

Approval to begin treatments:

Manager Name: _____

Signature: _____

Date: ____/____/____

Online exam completed to 100%

Staff Name: _____

Signature: _____

Date: ____/____/____

14

HAIR REMOVAL

Hair removal is a very commonly requested treatment, with most women and many men seeking this treatment in a safe environment.

This treatment should be offered to all patients through the practice, as it is suitable and relevant for most people.

Providing this treatment to your patients will require that you have a training licence for hair removal as a minimum. If you are currently on a training licence, then a fully licenced practitioner must be onsite when you are performing these treatments.

To complete this module, please read the online material, exam and practical sheets before approaching your manager for sign off.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "medical staff -> hair removal")
2. Watch online video (refer to "medical staff -> hair removal")
3. Complete online exam (refer to "modules & exams -> hair removal")
4. Complete practical sheets in this workbook section

Treatment Sign off Sheet - Hair Removal

Staff Name: _____

Type	Date	Patient Name	Procedure	Settings	Procedure performed by	Procedure observed by
Observation						
Observation						
Observation						
Observation						
Observation						
Supervised treatment						
Supervised treatment						
Supervised treatment						
Supervised treatment						
Supervised treatment						

Online protocols have been read & understood.

Online exam completed to 100%

Approval to begin treatments:

Staff Name: _____

Staff Name: _____

Manager Name: _____

Signature: _____

Signature: _____

Signature: _____

Date: ____/____/____

Date: ____/____/____

Date: ____/____/____

Hair Removal Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Confidently identified correct wavelength to use		
Able to correctly identify Fitzpatrick Skin Type		
Patient advised correctly of hair growth periods and retreatment times for the area they were having treated		
Checked for sun exposure / fake tan prior to beginning treatment		
Correct spot size used for treatment		
Correct fluence identified/used for treatment		
Pulse duration correct		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage of spots was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: 755nm / 1064nm Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Hair Removal Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Confidently identified correct wavelength to use		
Able to correctly identify Fitzpatrick Skin Type		
Patient advised correctly of hair growth periods and retreatment times for the area they were having treated		
Checked for sun exposure / fake tan prior to beginning treatment		
Correct spot size used for treatment		
Correct fluence identified/used for treatment		
Pulse duration correct		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage of spots was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: 755nm / 1064nm Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Hair Removal Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Confidently identified correct wavelength to use		
Able to correctly identify Fitzpatrick Skin Type		
Patient advised correctly of hair growth periods and retreatment times for the area they were having treated		
Checked for sun exposure / fake tan prior to beginning treatment		
Correct spot size used for treatment		
Correct fluence identified/used for treatment		
Pulse duration correct		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage of spots was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: 755nm / 1064nm Competent? Yes / No

Observing Clinician Name: _____

Signature: _____

Staff Member in Training: _____

Signature: _____

Date: ____/____/____

Hair Removal Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Confidently identified correct wavelength to use		
Able to correctly identify Fitzpatrick Skin Type		
Patient advised correctly of hair growth periods and retreatment times for the area they were having treated		
Checked for sun exposure / fake tan prior to beginning treatment		
Correct spot size used for treatment		
Correct fluence identified/used for treatment		
Pulse duration correct		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage of spots was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: 755nm / 1064nm Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Hair Removal Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Confidently identified correct wavelength to use		
Able to correctly identify Fitzpatrick Skin Type		
Patient advised correctly of hair growth periods and retreatment times for the area they were having treated		
Checked for sun exposure / fake tan prior to beginning treatment		
Correct spot size used for treatment		
Correct fluence identified/used for treatment		
Pulse duration correct		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage of spots was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: 755nm / 1064nm Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

15

BROAD BAND LIGHT

BBL (BroadBand Light) is an intense IPL system. We use it to correct large areas of brown pigment to provide fast, effective results for patients.

This device does not require a laser licence, as it is a light based device, not a laser device. However, it is a powerful treatment and must be administered safely. To start using this device for your patients, please read the online material, watch the training video and complete the exam to 100%.

Once you have completed this theoretical component, please complete the attached sign off sheet and make sure that an experienced member of the team completes each of the observation assessments for each of the five treatments that you complete.

Once this has been done, please approach your manager to discuss sign off to start treating your patients with BBL.

HOW TO FINISH THIS MODULE

1. Read online theory and watch the video (refer to "medical staff -> treatment -> BBL")
2. Complete online exam (refer to "medical staff -> treatment -> BBL")
4. Complete practical sheets in this workbook section

Treatment Sign off Sheet - BBL

Staff Name: _____

Type	Date	Patient Name	Procedure	Settings	Procedure performed by	Procedure observed by
Observation						
Observation						
Observation						
Observation						
Observation						
Supervised treatment						
Supervised treatment						
Supervised treatment						
Supervised treatment						
Supervised treatment						

Online protocols have been read & understood.

Staff Name: _____

Signature: _____

Date: ____/____/____

Online exam completed to 100%

Staff Name: _____

Signature: _____

Date: ____/____/____

Approval to begin treatments:

Manager Name: _____

Signature: _____

Date: ____/____/____

BBL Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
Correct filter selected		
Filter securely and carefully inserted into the handpiece without touching the filter lens		
Patient advised correctly of retreatment times for the area they were having treated		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Filter was cleaned with alcowipe correctly (without risk of scratching) after treatment		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

BBL Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
Correct filter selected		
Filter securely and carefully inserted into the handpiece without touching the filter lens		
Patient advised correctly of retreatment times for the area they were having treated		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Filter was cleaned with alcowipe correctly (without risk of scratching) after treatment		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

BBL Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
Correct filter selected		
Filter securely and carefully inserted into the handpiece without touching the filter lens		
Patient advised correctly of retreatment times for the area they were having treated		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Filter was cleaned with alcowipe correctly (without risk of scratching) after treatment		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

BBL Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
Correct filter selected		
Filter securely and carefully inserted into the handpiece without touching the filter lens		
Patient advised correctly of retreatment times for the area they were having treated		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Filter was cleaned with alcowipe correctly (without risk of scratching) after treatment		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

BBL Prac Sheet

	Yes	No
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Collected patient from waiting room courteously and professionally		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
Correct filter selected		
Filter securely and carefully inserted into the handpiece without touching the filter lens		
Patient advised correctly of retreatment times for the area they were having treated		
Test patch was done correctly		
Handpiece was held at the correct angle		
Speed of treatment was a good pace (not too fast or too slow)		
Coverage was even and with good coverage		
Cleaning of the handpiece completed at the end of the treatment confidently		
Filter was cleaned with alcowipe correctly (without risk of scratching) after treatment		
Staff member aware of daily, monthly and annual checks and care of the machine		
Advised and given aftercare sheet		
Made the patient feel at ease during their treatment and developed a good rapport		
Discussed appropriate home care and actively encouraged use of appropriate home care		
Recommended the correct skincare for patient and actively encouraged to purchase		
Delivered patient to reception		
Rebooked patient for next treatment		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Wavelength: _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

16

FRACTIONATED LASER

Fractionated laser treatments are the most common treatments in our practice after chemical peels. They have high patient satisfaction rates with very quick results.

Providing this treatment to your patients will require that you have a training licence for rejuvenation as a minimum. If you are currently on a training licence, then a fully licenced practitioner must be

onsite when you are performing these treatments.

To complete this module, please complete the online theory and exam to 100%, followed by the sign off sheet. Please make sure that the prac sheet is completed for every treatment that you do under the observation of an experienced practitioner, then approach your manager for sign off.

HOW TO FINISH THIS MODULE

1. Read online theory (refer to "treatments -> fraxel")
2. Watch online video (refer to "treatments -> fraxel")
3. Complete online exam (refer to "treatments -> fraxel")
4. Complete practical sheets in this workbook section

Treatment Sign off Sheet - Fraxel (Full Face)

Staff Name: _____

Type	Date	Patient Name	Procedure	Settings	Procedure performed by	Procedure observed by
Observation						
Observation						
Observation						
Observation						
Observation						
Supervised treatment						
Supervised treatment						
Supervised treatment						
Supervised treatment						
Supervised treatment						

Online protocols have been read & understood.

Online exam completed to 100%

Approval to begin treatments:

Staff Name: _____

Staff Name: _____

Manager Name: _____

Signature: _____

Signature: _____

Signature: _____

Date: ____/____/____

Date: ____/____/____

Date: ____/____/____

Fraxel Prac Sheet (pg1)

Patient Name: _____

	Yes	No
PREPARING FOR TREATMENT		
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Has received confirmation from Dr Manoharan / supervisor regarding settings minimum 1 day prior		
Has completed pre laser call minimum 1 day prior to treatment		
Has confirmed cold sore history and arranged scripts if patient has history, minimum 1 day prior		
Has prepared antibiotic scripts minimum 1 day prior (if more than 4 passes being completed)		
Has confirmed skin check history and arranged skin check if patient has not had one in past 12 months prior to the day		
Has fired a test shot on the tongue depressor to ensure the laser is working correctly		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
PREPARING PATIENT		
Collected patient from waiting room courteously and professionally		
Has taken 5 point photography correctly		
Confirmed today's treatment plan with patient		
Explained consent forms fully and answered any questions appropriately		
Answered any questions the patient has regarding the procedure correctly, concisely and confidently		
Patient advised correctly of retreatment times for the area they were having treated		
Has booked 1 day, 1 week, 1 month follow ups for patient prior to treatment		
Has completed double cleanse correctly and in a relaxing manner		
Has applied numbing cream to all areas including hairline adequately and gently		
Has displayed correct hand hygiene during preparation		
Has delivered patient to internal recovery room, not waiting room		

Fraxel Prac Sheet (pg2)

Patient Name: _____

	Yes	No
TREATMENT		
Test patch was done correctly		
Has removed numbing cream prior to treatment with medical gauze (not Fibrella)		
Has wiped face with alcohol wipe and dry gauze completely		
Has used white pencil to map out the area of treatment on the patient		
Has installed tip and disposable rollers to the Fraxel hand piece correctly and confidently		
Has entered in settings to the machine in a confident manner, with no questions		
Has worn correct protective eyewear during treatment		
Has worked from the center of the face to the peripheral areas		
Has completed forehead passes from one side to the other (not stopping in the center)		
Has delivered all passes in an even and well-aligned manner		
Speed of treatment was a good pace (not too fast or too slow)		
Has treated patient correctly around orbital region		
Has spoken reassuringly to patient throughout entire experience		
Has taken photos on bed immediately post treatment		
Has replaced the hand piece securely with the Velcro in the cradle		
Has cleaned the Fraxel tip head with an alcohol wipe and cotton tip and disposed of the white rollers		
Has recorded the patient name and tip usage in the log correctly and immediately post treatment		
Has used an appropriate amount of tip for the treatment		
Has returned the Fraxel tip to the box in a safe and secure place		
Staff member aware of daily, monthly and annual checks and care of the machine		
Has explained post treatment care sheet correctly, concisely and confidently		
Recommended the correct skincare for patient and actively encouraged to purchase		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Fraxel Prac Sheet (pg3)

Patient Name: _____

	Yes	No
PATIENT FOLLOW UP - DAY 1		
Checked for any signs of infection including herpes		
Has taken swabs correctly and recorded correctly in pathology book, with supervising doctor's signature (unless treatment was a Fraxel LITE and pateint presents with no symptoms)		
Checked for any adverse reactions		
Checked patient has cleansed face with a gentle cleanser and is consistently applying gel so the skin does not dry out		
Has contacted Dr Manoharan if there are any concerns of infection		
Has reassured patient that skin should be flaking from tomorrow and reminded them to moisturise multiple times a day (eg 5-8) with hydra balm		
Has taken 5 point photographs correctly		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - WEEK 1		
Has taken 5 point photographs of patient correctly		
Has confirmed treatment results are correct and on track		
Has checked that the patient is using a gentle cleanser, C serum and growth factor		
Has checked that the patient has stopped using the hydra balm and is now using a moisturizer		
Has stressed the importance of sunscreen use on fresh new skin		
Has begun to discuss maintenance program		
Has confirmed 1 month follow up booking		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - MONTH 1		
Has taken 5 point photographs of patient correctly		
Has reviewed patient's results with the patient (before and afters)		
Has spoken to patient regarding maintenance plan and made bookings as appropriate (please note what bookings have been made today)		
Has checked home care regime and discussed product recommendations (please note what products the patient has taken today)		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

Fraxel Prac Sheet (pg1)

Patient Name: _____

	Yes	No
PREPARING FOR TREATMENT		
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Has received confirmation from Dr Manoharan / supervisor regarding settings minimum 1 day prior		
Has completed pre laser call minimum 1 day prior to treatment		
Has confirmed cold sore history and arranged scripts if patient has history, minimum 1 day prior		
Has prepared antibiotic scripts minimum 1 day prior (if more than 4 passes being completed)		
Has confirmed skin check history and arranged skin check if patient has not had one in past 12 months prior to the day		
Has fired a test shot on the tongue depressor to ensure the laser is working correctly		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
PREPARING PATIENT		
Collected patient from waiting room courteously and professionally		
Has taken 5 point photography correctly		
Confirmed today's treatment plan with patient		
Explained consent forms fully and answered any questions appropriately		
Answered any questions the patient has regarding the procedure correctly, concisely and confidently		
Patient advised correctly of retreatment times for the area they were having treated		
Has booked 1 day, 1 week, 1 month follow ups for patient prior to treatment		
Has completed double cleanse correctly and in a relaxing manner		
Has applied numbing cream to all areas including hairline adequately and gently		
Has displayed correct hand hygiene during preparation		
Has delivered patient to internal recovery room, not waiting room		

Fraxel Prac Sheet (pg2)

Patient Name: _____

	Yes	No
TREATMENT		
Test patch was done correctly		
Has removed numbing cream prior to treatment with medical gauze (not Fibrella)		
Has wiped face with alcohol wipe and dry gauze completely		
Has used white pencil to map out the area of treatment on the patient		
Has installed tip and disposable rollers to the Fraxel hand piece correctly and confidently		
Has entered in settings to the machine in a confident manner, with no questions		
Has worn correct protective eyewear during treatment		
Has worked from the center of the face to the peripheral areas		
Has completed forehead passes from one side to the other (not stopping in the center)		
Has delivered all passes in an even and well-aligned manner		
Speed of treatment was a good pace (not too fast or too slow)		
Has treated patient correctly around orbital region		
Has spoken reassuringly to patient throughout entire experience		
Has taken photos on bed immediately post treatment		
Has replaced the hand piece securely with the Velcro in the cradle		
Has cleaned the Fraxel tip head with an alcohol wipe and cotton tip and disposed of the white rollers		
Has recorded the patient name and tip usage in the log correctly and immediately post treatment		
Has used an appropriate amount of tip for the treatment		
Has returned the Fraxel tip to the box in a safe and secure place		
Staff member aware of daily, monthly and annual checks and care of the machine		
Has explained post treatment care sheet correctly, concisely and confidently		
Recommended the correct skincare for patient and actively encouraged to purchase		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Fraxel Prac Sheet (pg3)

Patient Name: _____

	Yes	No
PATIENT FOLLOW UP - DAY 1		
Checked for any signs of infection including herpes		
Has taken swabs correctly and recorded correctly in pathology book, with supervising doctor's signature (unless treatment was a Fraxel LITE and pateint presents with no symptoms)		
Checked for any adverse reactions		
Checked patient has cleansed face with a gentle cleanser and is consistently applying gel so the skin does not dry out		
Has contacted Dr Manoharan if there are any concerns of infection		
Has reassured patient that skin should be flaking from tomorrow and reminded them to moisturise multiple times a day (eg 5-8) with hydra balm		
Has taken 5 point photographs correctly		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - WEEK 1		
Has taken 5 point photographs of patient correctly		
Has confirmed treatment results are correct and on track		
Has checked that the patient is using a gentle cleanser, C serum and growth factor		
Has checked that the patient has stopped using the hydra balm and is now using a moisturizer		
Has stressed the importance of sunscreen use on fresh new skin		
Has begun to discuss maintenance program		
Has confirmed 1 month follow up booking		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - MONTH 1		
Has taken 5 point photographs of patient correctly		
Has reviewed patient's results with the patient (before and afters)		
Has spoken to patient regarding maintenance plan and made bookings as appropriate (please note what bookings have been made today)		
Has checked home care regime and discussed product recommendations (please note what products the patient has taken today)		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

Fraxel Prac Sheet (pg1)

Patient Name: _____

	Yes	No
PREPARING FOR TREATMENT		
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Has received confirmation from Dr Manoharan / supervisor regarding settings minimum 1 day prior		
Has completed pre laser call minimum 1 day prior to treatment		
Has confirmed cold sore history and arranged scripts if patient has history, minimum 1 day prior		
Has prepared antibiotic scripts minimum 1 day prior (if more than 4 passes being completed)		
Has confirmed skin check history and arranged skin check if patient has not had one in past 12 months prior to the day		
Has fired a test shot on the tongue depressor to ensure the laser is working correctly		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
PREPARING PATIENT		
Collected patient from waiting room courteously and professionally		
Has taken 5 point photography correctly		
Confirmed today's treatment plan with patient		
Explained consent forms fully and answered any questions appropriately		
Answered any questions the patient has regarding the procedure correctly, concisely and confidently		
Patient advised correctly of retreatment times for the area they were having treated		
Has booked 1 day, 1 week, 1 month follow ups for patient prior to treatment		
Has completed double cleanse correctly and in a relaxing manner		
Has applied numbing cream to all areas including hairline adequately and gently		
Has displayed correct hand hygiene during preparation		
Has delivered patient to internal recovery room, not waiting room		

Fraxel Prac Sheet (pg2)

Patient Name: _____

	Yes	No
TREATMENT		
Test patch was done correctly		
Has removed numbing cream prior to treatment with medical gauze (not Fibrella)		
Has wiped face with alcohol wipe and dry gauze completely		
Has used white pencil to map out the area of treatment on the patient		
Has installed tip and disposable rollers to the Fraxel hand piece correctly and confidently		
Has entered in settings to the machine in a confident manner, with no questions		
Has worn correct protective eyewear during treatment		
Has worked from the center of the face to the peripheral areas		
Has completed forehead passes from one side to the other (not stopping in the center)		
Has delivered all passes in an even and well-aligned manner		
Speed of treatment was a good pace (not too fast or too slow)		
Has treated patient correctly around orbital region		
Has spoken reassuringly to patient throughout entire experience		
Has taken photos on bed immediately post treatment		
Has replaced the hand piece securely with the Velcro in the cradle		
Has cleaned the Fraxel tip head with an alcohol wipe and cotton tip and disposed of the white rollers		
Has recorded the patient name and tip usage in the log correctly and immediately post treatment		
Has used an appropriate amount of tip for the treatment		
Has returned the Fraxel tip to the box in a safe and secure place		
Staff member aware of daily, monthly and annual checks and care of the machine		
Has explained post treatment care sheet correctly, concisely and confidently		
Recommended the correct skincare for patient and actively encouraged to purchase		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Fraxel Prac Sheet (pg3)

Patient Name: _____

	Yes	No
PATIENT FOLLOW UP - DAY 1		
Checked for any signs of infection including herpes		
Has taken swabs correctly and recorded correctly in pathology book, with supervising doctor's signature (unless treatment was a Fraxel LITE and pateint presents with no symptoms)		
Checked for any adverse reactions		
Checked patient has cleansed face with a gentle cleanser and is consistently applying gel so the skin does not dry out		
Has contacted Dr Manoharan if there are any concerns of infection		
Has reassured patient that skin should be flaking from tomorrow and reminded them to moisturise multiple times a day (eg 5-8) with hydra balm		
Has taken 5 point photographs correctly		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - WEEK 1		
Has taken 5 point photographs of patient correctly		
Has confirmed treatment results are correct and on track		
Has checked that the patient is using a gentle cleanser, C serum and growth factor		
Has checked that the patient has stopped using the hydra balm and is now using a moisturizer		
Has stressed the importance of sunscreen use on fresh new skin		
Has begun to discuss maintenance program		
Has confirmed 1 month follow up booking		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - MONTH 1		
Has taken 5 point photographs of patient correctly		
Has reviewed patient's results with the patient (before and afters)		
Has spoken to patient regarding maintenance plan and made bookings as appropriate (please note what bookings have been made today)		
Has checked home care regime and discussed product recommendations (please note what products the patient has taken today)		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

Fraxel Prac Sheet (pg1)

Patient Name: _____

	Yes	No
PREPARING FOR TREATMENT		
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Has received confirmation from Dr Manoharan / supervisor regarding settings minimum 1 day prior		
Has completed pre laser call minimum 1 day prior to treatment		
Has confirmed cold sore history and arranged scripts if patient has history, minimum 1 day prior		
Has prepared antibiotic scripts minimum 1 day prior (if more than 4 passes being completed)		
Has confirmed skin check history and arranged skin check if patient has not had one in past 12 months prior to the day		
Has fired a test shot on the tongue depressor to ensure the laser is working correctly		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
PREPARING PATIENT		
Collected patient from waiting room courteously and professionally		
Has taken 5 point photography correctly		
Confirmed today's treatment plan with patient		
Explained consent forms fully and answered any questions appropriately		
Answered any questions the patient has regarding the procedure correctly, concisely and confidently		
Patient advised correctly of retreatment times for the area they were having treated		
Has booked 1 day, 1 week, 1 month follow ups for patient prior to treatment		
Has completed double cleanse correctly and in a relaxing manner		
Has applied numbing cream to all areas including hairline adequately and gently		
Has displayed correct hand hygiene during preparation		
Has delivered patient to internal recovery room, not waiting room		

Fraxel Prac Sheet (pg2)

Patient Name: _____

	Yes	No
TREATMENT		
Test patch was done correctly		
Has removed numbing cream prior to treatment with medical gauze (not Fibrella)		
Has wiped face with alcohol wipe and dry gauze completely		
Has used white pencil to map out the area of treatment on the patient		
Has installed tip and disposable rollers to the Fraxel hand piece correctly and confidently		
Has entered in settings to the machine in a confident manner, with no questions		
Has worn correct protective eyewear during treatment		
Has worked from the center of the face to the peripheral areas		
Has completed forehead passes from one side to the other (not stopping in the center)		
Has delivered all passes in an even and well-aligned manner		
Speed of treatment was a good pace (not too fast or too slow)		
Has treated patient correctly around orbital region		
Has spoken reassuringly to patient throughout entire experience		
Has taken photos on bed immediately post treatment		
Has replaced the hand piece securely with the Velcro in the cradle		
Has cleaned the Fraxel tip head with an alcohol wipe and cotton tip and disposed of the white rollers		
Has recorded the patient name and tip usage in the log correctly and immediately post treatment		
Has used an appropriate amount of tip for the treatment		
Has returned the Fraxel tip to the box in a safe and secure place		
Staff member aware of daily, monthly and annual checks and care of the machine		
Has explained post treatment care sheet correctly, concisely and confidently		
Recommended the correct skincare for patient and actively encouraged to purchase		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Fraxel Prac Sheet (pg3)

Patient Name: _____

	Yes	No
PATIENT FOLLOW UP - DAY 1		
Checked for any signs of infection including herpes		
Has taken swabs correctly and recorded correctly in pathology book, with supervising doctor's signature (unless treatment was a Fraxel LITE and pateint presents with no symptoms)		
Checked for any adverse reactions		
Checked patient has cleansed face with a gentle cleanser and is consistently applying gel so the skin does not dry out		
Has contacted Dr Manoharan if there are any concerns of infection		
Has reassured patient that skin should be flaking from tomorrow and reminded them to moisturise multiple times a day (eg 5-8) with hydra balm		
Has taken 5 point photographs correctly		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - WEEK 1		
Has taken 5 point photographs of patient correctly		
Has confirmed treatment results are correct and on track		
Has checked that the patient is using a gentle cleanser, C serum and growth factor		
Has checked that the patient has stopped using the hydra balm and is now using a moisturizer		
Has stressed the importance of sunscreen use on fresh new skin		
Has begun to discuss maintenance program		
Has confirmed 1 month follow up booking		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - MONTH 1		
Has taken 5 point photographs of patient correctly		
Has reviewed patient's results with the patient (before and afters)		
Has spoken to patient regarding maintenance plan and made bookings as appropriate (please note what bookings have been made today)		
Has checked home care regime and discussed product recommendations (please note what products the patient has taken today)		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

Fraxel Prac Sheet (pg1)

Patient Name: _____

	Yes	No
PREPARING FOR TREATMENT		
Machine was turned on and all items prepared prior to patient being brought into the room		
Treatment details checked easily and confidently in VIP prior to patient being brought into the room		
Has received confirmation from Dr Manoharan / supervisor regarding settings minimum 1 day prior		
Has completed pre laser call minimum 1 day prior to treatment		
Has confirmed cold sore history and arranged scripts if patient has history, minimum 1 day prior		
Has prepared antibiotic scripts minimum 1 day prior (if more than 4 passes being completed)		
Has confirmed skin check history and arranged skin check if patient has not had one in past 12 months prior to the day		
Has fired a test shot on the tongue depressor to ensure the laser is working correctly		
Able to correctly identify Fitzpatrick Skin Type		
Confidently identified correct treatment parameters to use		
PREPARING PATIENT		
Collected patient from waiting room courteously and professionally		
Has taken 5 point photography correctly		
Confirmed today's treatment plan with patient		
Explained consent forms fully and answered any questions appropriately		
Answered any questions the patient has regarding the procedure correctly, concisely and confidently		
Patient advised correctly of retreatment times for the area they were having treated		
Has booked 1 day, 1 week, 1 month follow ups for patient prior to treatment		
Has completed double cleanse correctly and in a relaxing manner		
Has applied numbing cream to all areas including hairline adequately and gently		
Has displayed correct hand hygiene during preparation		
Has delivered patient to internal recovery room, not waiting room		

Fraxel Prac Sheet (pg2)

Patient Name: _____

	Yes	No
TREATMENT		
Test patch was done correctly		
Has removed numbing cream prior to treatment with medical gauze (not Fibrella)		
Has wiped face with alcohol wipe and dry gauze completely		
Has used white pencil to map out the area of treatment on the patient		
Has installed tip and disposable rollers to the Fraxel hand piece correctly and confidently		
Has entered in settings to the machine in a confident manner, with no questions		
Has worn correct protective eyewear during treatment		
Has worked from the center of the face to the peripheral areas		
Has completed forehead passes from one side to the other (not stopping in the center)		
Has delivered all passes in an even and well-aligned manner		
Speed of treatment was a good pace (not too fast or too slow)		
Has treated patient correctly around orbital region		
Has spoken reassuringly to patient throughout entire experience		
Has taken photos on bed immediately post treatment		
Has replaced the hand piece securely with the Velcro in the cradle		
Has cleaned the Fraxel tip head with an alcohol wipe and cotton tip and disposed of the white rollers		
Has recorded the patient name and tip usage in the log correctly and immediately post treatment		
Has used an appropriate amount of tip for the treatment		
Has returned the Fraxel tip to the box in a safe and secure place		
Staff member aware of daily, monthly and annual checks and care of the machine		
Has explained post treatment care sheet correctly, concisely and confidently		
Recommended the correct skincare for patient and actively encouraged to purchase		
Made billing and rebooking note in VIP		
Made comprehensive medical notes in patient chart		

Area treated (please indicate): _____ Competent? Yes / No

Observing Clinician Name: _____ Signature: _____

Staff Member in Training: _____ Signature: _____

Date: ____/____/____

Fraxel Prac Sheet (pg3)

Patient Name: _____

	Yes	No
PATIENT FOLLOW UP - DAY 1		
Checked for any signs of infection including herpes		
Has taken swabs correctly and recorded correctly in pathology book, with supervising doctor's signature (unless treatment was a Fraxel LITE and pateint presents with no symptoms)		
Checked for any adverse reactions		
Checked patient has cleansed face with a gentle cleanser and is consistently applying gel so the skin does not dry out		
Has contacted Dr Manoharan if there are any concerns of infection		
Has reassured patient that skin should be flaking from tomorrow and reminded them to moisturise multiple times a day (eg 5-8) with hydra balm		
Has taken 5 point photographs correctly		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - WEEK 1		
Has taken 5 point photographs of patient correctly		
Has confirmed treatment results are correct and on track		
Has checked that the patient is using a gentle cleanser, C serum and growth factor		
Has checked that the patient has stopped using the hydra balm and is now using a moisturizer		
Has stressed the importance of sunscreen use on fresh new skin		
Has begun to discuss maintenance program		
Has confirmed 1 month follow up booking		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

	Yes	No
PATIENT FOLLOW UP - MONTH 1		
Has taken 5 point photographs of patient correctly		
Has reviewed patient's results with the patient (before and afters)		
Has spoken to patient regarding maintenance plan and made bookings as appropriate (please note what bookings have been made today)		
Has checked home care regime and discussed product recommendations (please note what products the patient has taken today)		

Observing Clinician Name: _____ Signature: _____ Date: ____/____/____

CONGRATULATIONS

**You have completed all of the components of clinical
treatments induction required to do treatments at ou
practice!**

We hope you enjoy your time working with us.