

# Case Study Assessment Form

## UBT466 – Provide cosmetic skin needling treatments

| Case Study/Internal Practical Assessment Criteria for Provide cosmetic needling treatments  |   |   |  |
|---|---|---|--|
| Learner name:   |   |   |  |
| Assessor/Tutor name:  |   |   |  |
| Client reference:   |   |   |  |
| I confirm that the learner has:   | P | R |  |
| Prepared client, area and self for treatment including the use of appropriate PPE, in line with health and safety protocols and legislation, ensuring that all resources are ergonomically placed, and the treatment area is well lit and ventilated. |   |   |  |
| Confirmed all consultation details, skin/body assessments and relevant tests had been performed, checked results and contra-indications.  |   |   |  |
| Discussed and confirmed the management of pain relief options and topical anaesthetic/numbing for the area if appropriate and required and recorded all details   |   |   |  |
| Performed skin sensitivity tests and visual examination of the condition and health of the client's skin to establish the skin characteristics and condition and confirmed the client's suitability for treatment.                                    |   |   |  |
| Used a range of communication skills, discussed and confirmed realistic and achievable treatment objectives and the likely healing process including associated time frames.  |   |   |  |
| Discussed possible contra-actions and expected treatment reactions and checked client understanding regarding the importance of adherence to aftercare protocols and future treatment intervals.  |   |   |  |
| Provided information regarding the 'cooling off period' and obtained the client's signed informed consent to proceed with the treatment.  |   |   |  |
| Gained consent for, and taken pre-treatment visual media records, discussed, agreed, and confirmed the desired treatment outcomes with the client.  |   |   |  |
| Demonstrated pre-treatment cleansing, agreed treatment area, and gained signed consent for the treatment to proceed.  |   |   |  |
| Prepared skin in line with manufacturers' instructions and protected sensitive areas where required.  |   |   |  |
| Ensured client's hair, clothes and modesty were protected appropriately.  |   |   |  |
| Selected, checked, and prepared the equipment and accessories suitable for the treatment objectives, and products if appropriate, followed manufacturers' protocols and recorded all details.   |   |   |  |
| Positioned client and self for the treatment ensuring full support and access to the treatment area and minimised risk of strain or injury.   |   |   |  |



|   |  |              |
|---|--|--------------|
| Worked in a methodical and systematic manner to ensure full and even coverage of the area(s) to be treated and performed a safe and effective treatment.  |  |              |
| Monitored the treatment area and checked client wellbeing and tolerance throughout the treatment giving reassurance, and used cooling methods if required.  |  |              |
| Observed clinical end points, adjusted equipment settings and needle depth, pressure, speed and angle as necessary according to client tolerance and treatment objectives in line with manufacturers' instructions.                             |  |              |
| Worked to a commercially acceptable time in line with treatment objectives, concluded the treatment appropriately and applied post treatment products according to manufacturer guidance.   |  |              |
| Demonstrated safe disposal of sharps and all treatment waste in line with organisational requirements and legislation.  |  |              |
| Evaluated treatment outcomes, took post treatment visual media records, and gained client feedback including signed approval accepting the results of the treatment.  |  |              |
| Given verbal and written aftercare recommendations including advice on further treatments and maintenance required with appropriate intervals and gained signature from the client agreeing to comply with all aftercare/post treatment advice. |  |              |
| Recorded all treatment details in line with organisational requirements and legislation.  |  |              |
| <b>Assessor/Tutor signature:</b>  |  | <b>Date:</b> |