

DERMATOLOGY OUTPATIENTS

STUDENT WELCOME PACK



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Welcome to Dermatology Outpatients

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Introduction and Overview

The staff would like to welcome you to the department and hope you gain some benefit in terms of your learning needs.

Dermatology Outpatients provides a service for the Salford population and areas within the North-West region.

We have a Departmental Manager, Catherine Vickers, approximately thirty Consultants and twelve Specialist Registrars as well as several locum Consultants, who carry out clinics within the department in any given week, also Nurse Practitioners and Specialist Nurses, who specialise in their chosen fields.

The Dermatology department is currently situated on split sites in the Hospital. The main Dermatology Outpatients, including the Mohs Surgery Unit, Theatre, Laser and Daily Dressings, are situated in the Irving Building. There is also the Barnes Building where the Contact Dermatitis Investigation Unit is situated. The Photobiology Unit is situated on the ground floor of the Barnes building, just pass the pain centre before the exit facing Meadowbrook. The Dermatology Unit and Antenatal which are situated in the Brooke and Ladywell building. Phototherapy can also be found in the Irving Building, past the restaurant and then turn right.

Whilst there are numerous general Dermatology consultations, many clinics focus on Dermatology with a special interest, e.g. lymphoma, cancer, psoriasis and vulval. In addition to these, there are emergency clinics most days where General Practitioners can refer direct to the department via the on-call Dermatologist. We frequently have visiting medical students and colleagues, some from Dermatology departments abroad, who attend the unit in an observational capacity.

As you have probably gathered the system is complex and often busy. Whilst we will do our up most to accommodate you in the allocated timetable, there may be occasions when alterations may be made at very short notice.

We endeavor to adhere to the 18 weeks Referral to Treatment (RTT) pathway, which means that patients have a right to start consultant-led treatment within a maximum of 18 weeks, as set out in the NHS Operating Framework and NHS Constitution. Each patient's RTT clock starts and stops fairly and consistently, and provides the NHS with a framework within which to make clinically sound decisions locally about applying them, in consultation between clinicians, providers, commissioners and patients (Department of Health, [2012], Referral To Treatment Consultant-led Waiting Times – Rules Suite)

Placement Mission Statement in Dermatology Outpatients

Our aim is to create a welcoming environment for all our visitors and consistently provide high quality, safe and effective care delivered by compassionate staff, who recognise every patient as a unique individual.

Our nursing staff will be competent in their practice in line with the Nursing and Midwifery professional guidelines which require registrants to maintain and update their practice and facilitate effective working relationships with medical and nursing colleagues and foster an effective learning environment for our nursing and medical students.

Dermatology Outpatient Nursing Philosophy

Our aim in Dermatology Outpatients is to create a relaxed, friendly, welcoming environment. Our philosophy includes the following points:

1. We believe that all patients should be treated according to their individual needs.
2. We believe that all patients need to feel secure in order to maintain their self-esteem. It is therefore relevant to give as much information as possible with regard to facilities and layout of department.
3. We recognise that each patient has the right to the highest possible standard of nursing care, given by caring and competent nurses.
4. We believe that we should follow the Patients Charter and that all patients should be aware of the named clinic nurse.
5. All actions undertaken by nursing staff should follow the standards of care that have been set out by the Dermatology Outpatients nursing staff. Nursing audit should be used to measure these standards are being met.
6. We believe that learning is a life-long process and that we as teachers act as a resource for imparting relevant knowledge and developing appropriate skills within the learner.
7. We recognise the need for each learner to be provided with an assessor and supervisor, who will facilitate learning by recognising the learners' individual needs, working in partnership and using appropriate teaching methods.
8. We recognise the need to continually assess ourselves and that all nurses in the Dermatology Outpatients department will closely adhere to the Nursing and Midwifery Council (NMC) 'The Code: Standards of conduct, performance and ethics for nurses and midwives' and will take every opportunity to update themselves in their practice.

General Housekeeping Reminders

Please report any sickness/absence/lateness at the earliest possible opportunity to a member of trained staff on 0161 206 1010/1021. Any episodes will be reported to the school of nursing via the web page.

Emergency Number for Resuscitation is 2222, Fire is 3333, Security is 5555 and Major Haemorrhage is 4444. Non-urgent security is 64436 and the car parking 60330. A member of staff will familiarise you to the appropriate equipment and fire drill on your first visit.

The Infection Control Policy should be adhered to at all times. Examination couches and chairs should be cleaned after single use with chlorclean / disinfectant wipes. Orange bags should be emptied at the end of the day or sooner, if required. It is useful to familiarise yourself with common infections and viruses that occur within the department. These include MRSA, chickenpox, shingles and scabies.

Please familiarise yourself with the health and safety protocols.

The unit adheres to the no lift policy enforced by the trust. The department does not have a hoist but if needed one can be loaned from an adjacent ward. Please liaise with nursing staff.

Please feel free to use the kitchen facilities for beverages; however, we do facilitate a tea/coffee fund. Please ensure that you clean up after yourself and leave things as you would expect to find them.

We hope you enjoy your placement with us and will endeavor to ensure all your objectives are met.

Shift Patterns and Assessor/Supervisor Arrangements.

Our working hours in the Dermatology department are Monday to Friday with the majority of our clinics commencing at 09:00 am with the occasional clinic starting at 08.30am or 07.00am if you are rostered into the Mohs clinic or Daily Dressings. We will plan your shift patterns out on your first day with us depending on the clinics to enable you to achieve the most out of your placement.

As soon as we are informed of your placement, we will allocate a named Assessor and Supervisor on PARE and adhere to the Nursing and Midwifery Standards for Student Supervision and Assessment (NMC 2018).

Aims and Objectives of the Department.

- To recognise the importance of confidentiality within the Dermatology Outpatients department.
- To gain a basic overview of the complexity of the Dermatology Outpatients and the various specialties.
- To develop an understanding of the nurse's role within the clinical setting in relation to health promotion.
- To gain observational exposure to skin diseases.
- To identify at least one common dermatology condition, in order to review the literature surrounding your chosen topic from a holistic perspective.
- To develop an understanding of the nurse's role in relation to patient advocacy
- To demonstrate an insight into the nurse's role regarding defensible documentation.

Resources

- Please feel free to use the on-site library facilities, computers, patient information leaflets.
- An Assessor and Supervisor will be allocated to you on PARE prior to the start of your placement.
- Practice learning and support of students will be the responsibility of every registered practitioner and this will aid in the eventuality of Annual Leave (AL) and sickness.
- All staff within the unit, including support staff and medical staff, can act as a resource.
- Please feel free to bring a pad and pen into the clinic. It is often difficult to ask questions during consultation. Time will be made available following clinic to address any issues.
- Do not forget that your patients are your biggest resource and are usually more than willing to help.

Learning Opportunities for Year 1 and 2 students

- To be aware of the anatomy and physiology of the skin and by the end of the placement to be able to discuss at least one skin condition from a holistic viewpoint.
- To be able to identify how nurses promote health and act as a patient advocate within the clinical setting.
- To recognise the relevance of social and environmental influences which may affect skin disease, for e.g., sun, dust, smoking.
- Understand the importance of taking a medical and social history, alongside a physical examination, in order to build a comprehensive picture to aid diagnosis.
- To be aware of the potential impact that skin conditions can have on a person's quality of life physically and psychologically by using the appropriate assessment tools.
- The importance of Aseptic Non-Touch Technique (ANTT) which is especially incorporated into our theatres and the Mohs Surgery Unit.
- To be aware of all the Multi-Disciplinary Team (MDT) associated with Dermatology and be able to liaise with them.
- To be aware of how nutritional needs play an important role in the healing of wounds and leg ulcers. How certain skin conditions can lead to constipation and dehydration and the importance of referral to the dietician.
- Have access to all the spoke placements which are listed in the PEL folder and on the student notice board in the Dermatology library.

Learning Opportunities for Year 3 students

- All of the above learning opportunities and:
- The recording of clinical observations and the ward admission of a patient from the department using the transfer document and intentional rounding chart.
- Delegating skills and being able to manage the smooth running of a clinic under supervision and be able to work alongside members of the MDT.
- Managing a patient and following them through their treatment, e.g., in the Mohs Surgery Unit and in whilst a patient is being patch tested and enhance the patient experience during their journey.
- To be able to identify the importance and utilisation of research and evidence-based practice within the department.

Dermatology Spoke Placements

Contact Dermatitis Investigations Unit (situated in the Barnes Building)	0161 206 1007
Daily Dressings (situated in the Irving Building)	0161 206 1958
Photobiology (situated in the Irving Building)	Contact through mentor
Phototherapy (situated in the Barnes Building)	0161 206 1343
Pendleton Gateway (Paediatric Clinic)	Contact through mentor

Staff Expertise and Link Roles

A list of link nurse roles and student learning opportunities can be found on the student nurse notice board in the Dermatology library and in the PEL folder in the Nurse's Office in the Dermatology department. Link Nurse folders are in the Nurse's Office in Dermatology department.

In the department, there are Nurse Practitioners and Specialist Nurses, who have an important role in their chosen fields. These include drug monitoring clinics, theatre, skin cancer, laser and patch testing.

Insight into Skin Disease

The skin is the largest organ in the body and covers an area of approximately 2 square metres and weighs approximately 2.5 kg. Skin conditions are very common, 33% of the population have a skin condition at any one time, this accounts for 15% of all patients who attend for a consultation in primary care with their GP (All Party Parliamentary Group on Skin).

Despite these figures, Dermatology has traditionally been given a relatively low priority within the health service. Dermatology is not a compulsory part of GP and nurse training schemes and, on average, GPs undertake less than six days Dermatology training during their entire undergraduate and post-graduate medical training.

In part, no doubt, this is a reaction to the fact that although skin disease can kill, mortality rates are generally low. Services are largely outpatient-based, with few hospitals having dedicated beds for treatment of Dermatology patients. However, skin conditions are an underestimated source of physical suffering, psychological distress and often have far reaching social implications. Any skin condition can have a profound impact on quality of life for patients and their families.

Demand for Dermatology services has risen steadily over the last decade and continues to rise. Nurses play an important role in helping patients to cope with the physical, psychological and social effects of skin conditions. An All-Party Parliamentary Group on Skin Report (1997) endorsed this by stating that nurses are an essential resource for Dermatology at every level from specialist nurse to community. Nurses play a vital role in Dermatology: they are the key to educating and informing patients, especially on individual and effective treatment regimes.

Dermatology Outpatients and CDIU Building

There are various general and specialised Dermatology clinics held in Dermatology Outpatients both in the blue area and the CDIU area, these include the Psoriasis clinic, DPC, Mohs Surgery Assessment clinic, Paediatric clinic, Porphyrria clinic and numerous general clinics throughout the week including daily Emergency clinics, which GPs have access to.

In these clinics simple procedures are performed such as skin scrapes, skin swabs, viral swabs and nail clippings and all the associated paperwork that is needed.

Aims

- Learn about two of the most common skin conditions of your choice
- Learn about various medications available, both topical and systemic
- To gain insight into the physical and the psychological effects of certain conditions
- Be able to coordinate a clinic by the end of placement so that it runs smoothly with efficient timing and communication.
- Importance of promoting privacy and dignity.

Objectives/Learning Outcomes

- For the student to understand some of the most common dermatological conditions and how it affects the patients holistically
- To understand Topical Steroid Ladder, fingertip guides and Emollient regimes
- To understand and learn how to use some of the grading tools used in the department, e.g., Psoriasis Area Severity Index (PASI) and Dermatology Life Quality Index (DLQI)
- For the student to be able to run an efficient clinic

Photobiology

Aims

- To develop basic knowledge of Photoinvestigation and Photodermatosis.
- For the student nurse to follow a patient through their investigations/treatment while in the unit, including observing the use of specialist equipment/investigational techniques and treatment options.

Objectives / Learning Outcomes

- The student will develop a basic understanding of the conditions and equipment used to investigate and treat within the unit.
- To attain basic knowledge of Photoinvestigation tests
- To attain basic knowledge of Photodermatosis
- To understand the need for sun protection
- To be aware of the need and importance of Ultraviolet (UV) Radiation safety for both the staff and photosensitive patients
- To observe and note the interaction and interpersonal skills required while dealing with patients and colleagues.
- To attain a basic knowledge on Photodynamic Therapy (PDT)
- To understand the use of PDT as a treatment option for malignant and pre-malignant lesions

What is Photobiology?

Photobiology is the interaction of non-ionising (UV-A, UV-B and visible light) radiation with the skin. This causes a range of different skin diseases. Non-ionising can also be used as a treatment.

The Photobiology Unit encompasses the following services:

- Photo Investigation (PI): The investigation and management of skin disorders caused by light (photosensitivity disorders).
- Photo Assessment (PA) This is an assessment clinic, where doctors assess if the patient should attend for the 4 days of testing to work out what their sun related problem is.
- Photodynamic Therapy (PDT): Non-ionising radiation (red light) treatment for skin cancers and pre-malignant skin lesions.

Nurse-led Education/Advice Clinics

- Provides advice on all aspects of sunlight and UV avoidance, this includes sun-cream application demonstrations, correct clothing advice and avoidance measures.

Contact Dermatitis Investigation Unit

Learning Outcomes

- For the Student to have a clear understanding of Contact Allergy
- Will be able to describe the difference between Irritant and Allergic Dermatitis
- Will understand the importance of a patient history in relation to Patch Testing
- Observe the preparation and application of Patch Tests
- The Student will follow a 'Patient Journey' through the unit and describe the outcome

Contact Dermatitis Clinic

Patch Testing

The terms Eczema and Dermatitis have the same meaning, both refer to a particular type of inflammatory reaction in the skin which may be caused by several external (exogenous) or internal (endogenous) factors.

Patch testing is primarily concerned with discovering the reasons for an exogenous dermatitis. Exogenous

dermatitis can be further subdivided into:

- Primary Irritant Dermatitis
- Allergic Contact Dermatitis

Primary Irritant Dermatitis

Primary irritants are agents such as detergents, soaps and caustics, which cause physical damage to the barrier function of the skin. Anyone who has suffered from atopic eczema, even if as a child, remains at increased risk of irritant dermatitis in adult life.

Much occupational hand dermatitis is irritant in nature and is a common reason for referral to the Dermatology department. Some occupations are more at risk than others, for example, junior hairdressers whose hands are constantly wet and in contact with shampoo.

Allergic Contact Dermatitis

A contact allergy is considered a defence mechanism of the body against external allergens or sensitisers with which the skin has come into contact.

There are many substances that can act as allergens, but most of them do not cause any problems. Some chemicals are such strong allergens that they will sensitise after one exposure, but many require multiple exposure before sensitisation occurs. It is possible to be exposed to an allergen, regularly, for several years before a hypersensitivity reaction occurs.

In summary ACD can be defined as eczema caused by a specific allergen, coming into direct contact with the skin of a sensitised person.

Treatment of Irritant and Allergic Dermatitis

Treatment of irritant and allergic contact dermatitis is difficult. It is important to remember that many people with allergic contact dermatitis will also be exposed to irritants. The first principle is to remove contact with the offending irritants and allergens (identified by Patch Testing). This can be very difficult particularly when it may involve giving up a career.

Excellent skin care is vital to repair the damaged barrier function of the skin. Protection using gloves and frequent use of moisturisers is essential.

This must be continued long after the skin has apparently healed.

References and Further Reading

Ratcliffe, J., (2001), Reactions to Topical Medicaments and Wound Care Products. *Nursing Times*, 97:35, 59-62

Wilkinson, M., (1999), Patch Testing to Investigate Contact Dermatitis. *Dermatology in Practice* 7:2, 12-15

Rook, A. et al, (1998), *Textbook of Dermatology*. London: Blackwell Science
Rycroft, R., et al, (1995) *Textbook of Contact Dermatitis*. Berlin: Springer-Verla

Mohs Micrographic Surgery Unit

Aims

The aims are for the student to have developed an insight into the principles of Mohs Surgery and to understand the roles of the various members of the team.

Objectives

- To follow a patient's journey through the Unit
- To be able to explain the basic principles and indications for Mohs Surgery.
- To understand the various roles of the members of the Mohs Surgery team and specifically the nursing role in both the treatment and aftercare of patients in the Unit.
- To develop an understanding of the three main types of skin cancer, their causes and presentation.

Introduction

Mohs Surgery is a technique for the treatment of certain types of skin tumours (principally basal cell carcinoma [BCC] and squamous cell carcinoma [SCC]). The procedure ensures that 100% of the surgical margin is examined, under total microscopic control.

It is important to realise that Mohs Surgery is only one of several forms of treatment available for non-melanoma skin cancer. However, because of its high cure rate and the preservation of the maximum amount of normal tissue, the main application has been in the treatment of facial skin cancers, especially those around the vital structures such as the eyes, ears, nose and mouth.

Mohs Surgery has two main benefits:

1. A high cure rate, 98-99% of primary tumours have not recurred at 5 years.
2. Maximum conservation of normal tissue.

Once tumour clearance has been achieved the resulting wound may be repaired. The type of wound repair option will depend on the site, size and depth of the final surgical defect (wound).

Reference

Rowe, D.E., Carroll, R.J., Day, C.L.J.R., (1989), Long Term Recurrence Rates in Previously Untreated Primary Basal Cell Carcinoma: Implications for Follow Up. *Journal of Dermatologic Surgery and Oncology*, 15, 315-328

Dermatology Theatres

Surgical intervention plays a large part in the treatment and diagnosis of many skin conditions. Consequently, there is a busy and varied caseload of patients attending the department for theatre treatment.

Aims

The aims of this learning package are for the student to have developed an insight into the role of the Surgical Team in the treatment and diagnosis of dermatological conditions.

Objectives

- To follow a series of patients undergoing surgical procedures.
- To understand the role surgery plays in the treatment and diagnosis of skin disease.
- To observe the role of the surgical team in the care of patients.

The main procedures undertaken are listed below:

Biopsies	A biopsy is the taking of a sample of tissue to confirm a diagnosis
Punch Biopsy	Punches are circular cutting instruments of varying diameters and can be used to provide full thickness biopsies.
Excision Biopsy	This is performed as an elliptical excision. It is used when the removal of an entire lesion is required.
Incisional Biopsy	An incisional biopsy is undertaken for diagnostic purposes. A small piece of a lesion or rash is taken to help confirm or exclude a diagnosis.
Curettage	There are different types of curette, most used are disposable ring curettes; a circle of metal with a sharp edge attached to a handle, or a Volkmann spoon; a small spoon-shaped scoop with sharp edges used to scoop or scrape tissue.
Electro-cautery	Electro-cautery secures haemostasis and destroys tissue. This can either be by means of hot wire cautery or diathermy (the use of an electrical current).
Shave excision	A shave excision is useful in the treatment of some benign papular lesions. It is possible to use this technique to biopsy some lesions.
Snip and Cautery	This is a useful technique for the removal of skin tags.

Once a patient has undergone their procedure they may be reviewed by the referring doctor in clinic and offered further treatment of their condition depending on the diagnosis.

Laser Unit

There is a Laser Unit within the Dermatology Department at Salford Royal Hospital

1. The Candela Pulsed Dye Laser (PDL): this is used for the treatment of vascular lesions, e.g., port wine stains, telangiectasia and spider naevi. This laser is operated by Nurse Practitioners.
2. The Trivantage Laser: this is a "3 in 1" laser. It contains a Neodymium YAG Laser (Nd: YAG). It has three settings used to treat tattoos and pigmented lesions. This laser is operated by Nurse Practitioners.
3. The Carbon Dioxide (CO₂) Laser: this laser has a variety of uses but unlike the other two lasers is non-selective and destroys tissue. Its main use within the unit is to remove acne scarring, but it can also be used in the treatment of nodular skin conditions and congenital naevi. This laser is operated by medical staff only, but nursing staff assist as scrub nurses.

Aims

- For the student, at the end of their placement, to develop a basic understanding of laser treatment, its applications and limitations.
- To observe the nursing role within the Laser Unit.

Objectives

- The student will develop a basic understanding of the types of conditions treated by the lasers.
- To understand the need for post-treatment skin care advice.
- To be aware of the importance of laser safety from both a staff and patient prospective.
- For the student to observe the nurse practitioner and recognise the practical and interpersonal skills required.

Links to Useful Websites

British Association of Dermatology Website	www.bad.org.uk
British Society for Cutaneous Allergy Website	www.bcads.org.uk
New Zealand Dermatology Website	www.dermnetnz.org
Placement Evaluation Website	https://onlinepare.net/

Anatomy and Physiology of the Skin Interactive Learning

Functions of the Skin

List 4 of the 5 functions of the skin

- 1.
- 2.
- 3.
- 4.

Skin colour

List the 3 pigments that determine skin colour and indicate the colour of each pigment 1.

- 2.
- 3.

Which cells produce melanin?

What ultimately determines the colour of our skin? What

is the protein in cells forming hair and nails? Name the

oily secretion that helps keep skin soft?

Temperature regulation

Provide the missing words in the paragraph below.

Humans have a normal body temperature of _____ degrees Centigrade or _____ degrees Fahrenheit. The heat that maintains the body temperature is generated as a by-product of cellular respiration, especially in active organs like the liver and skeletal_. Overall regulation of body temperature is controlled by the _____, while the _____ serves as an important regulatory organ.

When the body temperature falls below normal, the flow of _____ to the skin is decreased, which reduces secretion of _____ by sweat glands and minimises heat _____ by radiation. Shivering increases cellular respiration in muscles, which generates more _____.

When the body temperature rises above normal, blood flow to the skin is _____, which increases heat loss by radiation and activates _____ sweat glands to produce perspiration. The evaporation of perspiration from the surface of the skin increases _____ loss and cools the body surface.

Aging of skin

Indicate whether each statement is true or false.

A baby skin is thinner than an adult	_____
A decrease in melanin production often occurs in the elderly	_____
Wrinkled skin results from an excess of active elastic fibres	_____
Ultraviolet radiation accelerates the aging of the skin	_____
Excess subcutaneous fat increases sensitivity to temperature changes	_____

Disorders of the skin

Write the name of the disorder described by each statement.

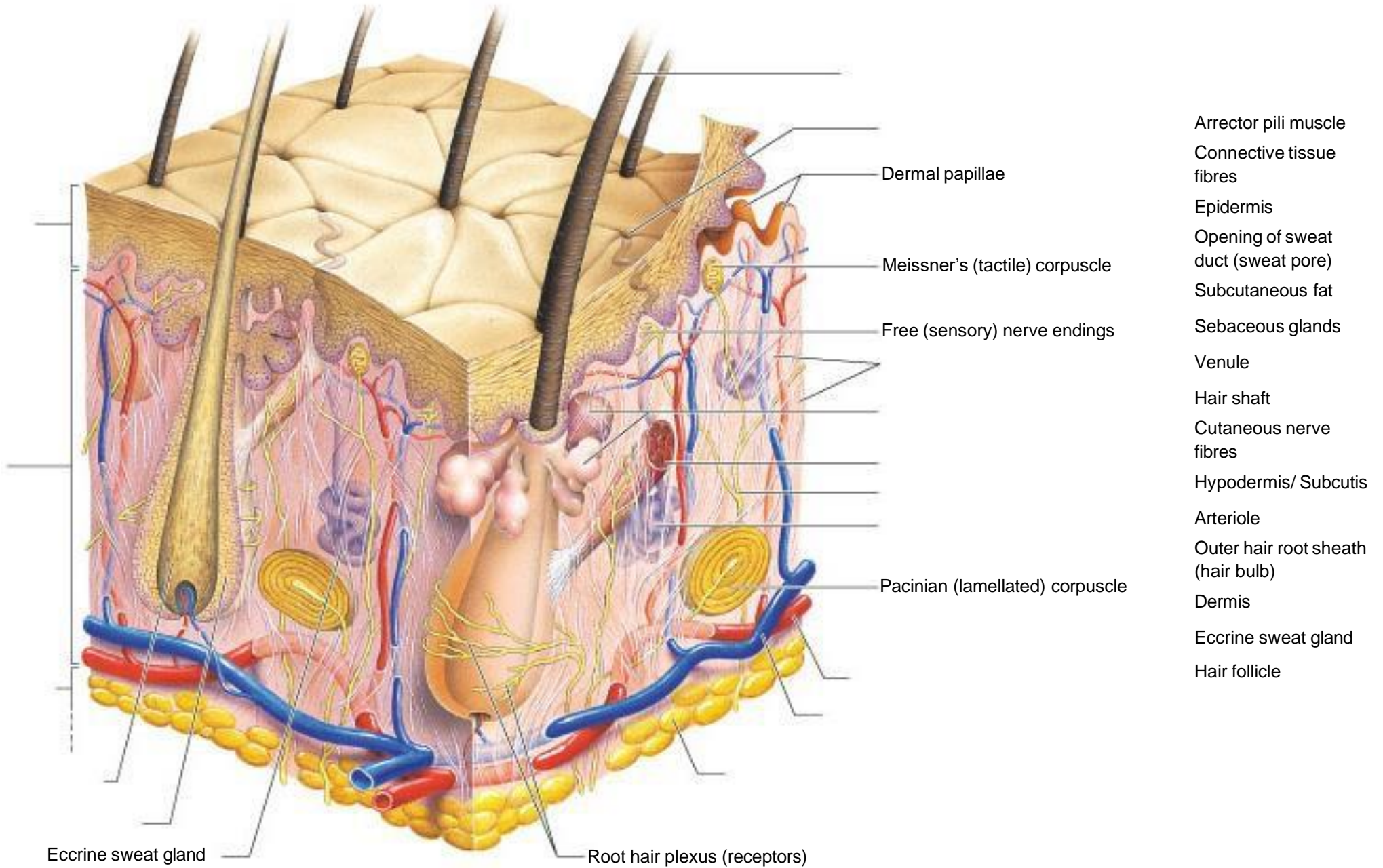
Results from a chronic deficiency of circulation to a portion of the skin	_____
Loss of hair as in male pattern baldness	_____
Reddish, raised scaly patches on scalp, knees or elbows	_____
The general term for any inflammation of the skin	_____
Itching, flaking skin between toes due to a fungal infection	_____
Inflammation causing red, itching, scaling skin; may involve sebaceous glands	_____
Skin coloured tumours caused by a virus	_____
Cancer of the melanocytes	_____

Nutrition and the skin

Write a brief summary on how each of the named Vitamins below plays an important part in the function of the skin:

1. Vitamin A
2. Vitamin C
3. Vitamin D
4. Vitamin E

Please label the diagram of skin structure



- Arrector pili muscle
- Connective tissue fibres
- Epidermis
- Opening of sweat duct (sweat pore)
- Subcutaneous fat
- Sebaceous glands
- Venule
- Hair shaft
- Cutaneous nerve fibres
- Hypodermis/ Subcutis
- Arteriole
- Outer hair root sheath (hair bulb)
- Dermis
- Eccrine sweat gland
- Hair follicle

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Common Terminology Used In Dermatology.

Acne	A chronic inflammatory skin condition.
Abscess	A localised collection of pus formed by necrotic tissue.
Alopecia	Absence of hair from normally hairy head.
Atrophy	Wrinkled, silver white or reddened area of sunken epidermis.
Autoimmune Disease	A group of diseases caused by abnormal immune system functioning whereby it produces antibodies acting against your own tissue.
Bulla	A large, elevated lesion containing fluid e.g. blister.
Chelitis	Inflammation and cracking of skin around lips.
Comedones	Plugs of sebum and keratin in the dilated orifice of the pilosebaceous gland. Open comedones: blackheads. Closed comedones: whiteheads.
Cyst	A nodule consisting of an epithelial-lined cavity filled with fluid of a semi-solid material.
Dermatosis	Any skin disease esp. one that does not produce inflammation.
Dermis	Middle layer of the 3 layers of the skin. Contains hair follicles, sebaceous or oil glands, apocrine (scent) glands and eccrine (sweat) glands, nerve endings and blood vessels.
Discoid	Disc shaped.
Epidermis	Outer layer of the skin.
Erosion	Superficial break in the epidermis.
Erythema	Congestion of capillaries in lower layer of skin causing redness.
Fissure	A split in the skin caused by dryness/inflammation.
Flexural	Skin surfaces with creases/folds e.g. armpits.
Folliculitis	Inflammation of the hair follicles.
Haemangioma	Red or purple vascular skin markings/birthmarks.
Histamine	A protein involved in many allergic reactions.
Hirsutism	Excessive male pattern hair growth.
Keloid	Elevated and progressive scar caused by overgrowth of fibrous tissue.
Lichenification	Chronic thickening of skin due to excessive rubbing/scratching.
Lymphoedema	Swelling of the subcutaneous tissues caused by obstruction of the lymphatic system.
Macule	Flat lesion less than 5mm diameter.
Milium	A small white cyst containing keratin.
Nodule	A large, solid, elevated lesion greater than 0.5cm diameter e.g. dermatofibroma.
Oncholysis	Separation of the nail from nail bed.
Papilloma	A nipple like projection from skin surface.
Papule	A small, solid elevation less than 0.5cm diameter.
Photosensitivity	An abnormal skin reaction to light.
Pruritus	Itching of the skin
Psoriasis	A chronic skin disease characterised by scaling and inflammation.
Rhinophyma	Enlarged, red nose with telangiectasia, caused by hypertrophy of sebaceous glands.
Telangiectasia	Dilated, superficial dermal blood vessels giving rise to visible markings.
Teratogenic	A substance that causes birth defects.
Urticaria	A temporary skin disorder usually caused by an allergic reaction.
Vesicle	A small, elevated papule containing clear fluid.
Vitiligo	Skin with non-pigmented white patches.



Learning Experience Charter

This Charter demonstrates the learning environment's commitment to provide a safe and high-quality learning environment for all learners to prepare them for their future roles working collaboratively in multi-professional teams. The 'Placement Pledges' and the 'Rights, Roles and Responsibilities of learners' instil the values embedded within the NHS Constitution (DH 2013) and Health Education England's NHS Education Outcomes Framework (DH 2012) and NMC Education Standards (2018).

Learning Experience Pledges	Rights, Roles and Responsibilities of Learners
Ensure all learners are welcomed, valued, and provided with an inclusive, safe, stimulating, and supportive learning experience	Prepare adequately for the learning experience, including contact with the learning environment in advance. Disclose any health or learning needs that may impact on the learning experience, or the achievement of learning outcomes
Promote a healthy and 'just' workplace culture built on openness and accountability, encouraging all learners to raise any concerns they may have about poor practice or 'risk', including unacceptable behaviours and attitudes they observe at the earliest reasonable opportunity. Respond appropriately when concerns are raised.	Raise any serious concerns about poor practice or 'risk', including unacceptable behaviours and attitudes observed at the earliest opportunity. Be clear who to report any concerns to ensure that high quality, safe care to patients / service users and carers is delivered by all staff.
Provide all learners with a named and appropriately qualified / suitably prepared learning experience educator to supervise support and assess all learners during their learning experience.	Actively engage as an independent learner, discuss learning outcomes with an identified named learning experience educator, and maximise all available learning opportunities.
Provide role modelling and leadership in learning and working, including the demonstration of core NHS 'values and behaviours' of care and compassion, equality, respect, and dignity, promoting and fostering those values in others.	Observe effective leadership behaviour of healthcare workers and learn the required NHS 'values and behaviours' of care and compassion, equality, respect, and dignity, promoting and fostering those values in others.
Facilitate a learner's development, including respect for diversity of culture and values around collaborative planning, prioritisation, and delivery of care, with the learner as an integral part of the multi-disciplinary team.	Be proactive and willing to learn with, from and about other professions, other learners and with service users and carers in the learning environment. Demonstrate respect for diversity of culture and values, learning and working as part of the multi-disciplinary team.
Facilitate breadth of experience and inter-professional learning, structured with the patient, service user and carer at the centre of care delivery, e.g., patient care pathways and commissioning frameworks.	Maximise the opportunity to experience the delivery of care in a variety of practice settings, and seek opportunities to learn with and from patients, service users and carers.
Adopt a flexible approach, utilising generic models of learner support, information, guidance, feedback, and assessment to support the achievement of placement learning outcomes for all learners.	Ensure effective use of available support, information, and guidance, reflect on all learning experiences, including feedback given, and be open and willing to change and develop on a personal and professional level.
Offer a learning infrastructure and resources to meet the needs of all learners, ensuring that all staff who supervise learners undertake their responsibilities with the due care and diligence expected by their respective professional and regulatory body and organisation.	Comply with placement policies, guidelines, and procedures, and uphold the standards of conduct, performance and ethics expected by respective professional and regulatory bodies and organisations.
Respond to feedback from all learners on the quality of the learning experience to make improvements for all learners.	Evaluate the placement to inform realistic improvements, ensuring that informal and formal feedback is provided in an open and constructive manner.

- 'Learner' refers to all health, education and social care students, trainees, hosted learners.
- 'Learning environment/experience' has previously been referred to as a 'placement' and relates to all work-based practical elements of a programme.
- Practice Assessor/ Practice Supervisor/ 'Mentor'/ 'placement educator' relates to all trainers / supervisors / coordinators appropriately qualified / suitably prepared to support learners.
- 'Professional and regulatory body and organisation' relates to standards required to ensure patient and public safety, and professional behaviours.



Developed in the North West by healthcare learners, service users, carers, and health and social care staff from all professions in the North West region.



Health Education North West

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