



# CONSULTING ROOM

*Your Aesthetic Partner*

## FEATURE ARTICLE

Advanced Consultation Training  
What's it All About?



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## Feature Article

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### Advanced Consultation Training – What’s it All About?

To meet the demand for a more rigorous consultation framework, particularly in the post-Keogh and revalidation environment, an Advanced Consultation Training course has been introduced to the UK. Comprehensive patient evaluation is key to ensuring successful outcomes from aesthetic procedures, yet, in an unregulated market, with no industry-wide standards, both practitioners and patients are putting themselves at risk, and litigation is rising because of the variable standard of the initial patient engagement.

CPD approved Advanced Consultation Training (A.C.T.) is the brainchild of micropigmentation specialist, Anouska Cassano and has been developed in collaboration with Glenn M. Callaghan, PhD, Professor of Psychology and Director of Clinical Training at the Department of Psychology San Jose State University.

I took the opportunity to meet with Anouska to discuss what A.C.T. really involves.

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#### Lorna: What inspired you to create Advanced Consultation Training (A.C.T.)?

**Anouska:** As a micropigmentation practitioner offering aesthetic and medical tattooing, I connect with multiple disciplines within the non-surgical and surgical sectors. What became evident when working with dermatologists, surgeons and aestheticians, is how blurred the lines have become between the different disciplines and the impact that these range of treatments have on patients.

The reoccurring theme from my discussions with the specialists that I work with within other disciplines was the need for a comprehensive and consistent screening process to help us identify when to treat and, more importantly, when not to treat individuals seeking cosmetic aesthetic or surgical procedures.

Being an expert in our chosen field and having the technical expertise to perform the aesthetic treatments we provide does not necessarily mean that those same skills translate into giving a comprehensive, patient centric consultation.

Without the correct training and skills, in terms of questioning, understanding of patient personality types and psychology traits, a consultation has the potential to be a very one sided dialogue. The initial information exchange can potentially set the tone for our consultations as the starting point for any aesthetic procedure is a patient’s medical history. Medical history questions have the following characteristics: answers provide facts; they are easy to answer; and answers are given quickly and require little to no thought.

The importance of questioning techniques for aesthetic consultations cannot be understated. During my 20 years as C-suite executive head-hunter I was trained to assess a candidate’s motivations (not always money!) and manage their expectations. In the case of recruitment, it’s to influence rather than giving impartial advice, but the importance of using open ended questioning to understand candidate’s motivations and drivers are the same. Answers to open ended questions will not be facts, but personal



**Anouska Cassano** is a highly experienced micro-pigmentation practitioner who specialises in the areas of scalp micro-pigmentation, aesthetic permanent makeup, medical and reconstructive (areola restoration, vitiligo, cleft lip reconstruction, asymmetry, burns), scar camouflage and reduction (MCA dry needling, Meso ReVital), chemical tattoo removal and correction. She is a member of BABTAC and SPCP and is a recognised expert within the broader field of micro-pigmentation where she is the technical expert for CIBTAC advising on all forms of micro-pigmentation.

Anouska works with a number of the UK’s leading medical professionals in the fields of psychology, dermatology, hair restoration surgery, reconstructive and cosmetic surgery as well as non-surgical aesthetic practitioners. Working with such a broad and diverse network of medical and aesthetic professionals led to the inception of Advanced Consultation Training (A.C.T.) which she created in collaboration with the Glenn M. Callaghan Professor of Psychology and Director of Clinical Training at San Jose State University.

feelings, opinions, or ideas about a subject or treatment. They encourage patient participation in the consultation, which should lead to additional questions or act as a prompt to delve deeper into answers the patient has given. Asking closed-ended questions makes our assessment feel more like an interview; an interrogation or sales pitch rather than a consultation. The ability to assess effectively is not an innate skill we are all born with, but something that requires specific training and practice.

**L: What is A.C.T.?**

**A:** Advanced Consultation Training or A.C.T. promotes the use of a consistent framework and protocol that we use during the consultation process to ensure a consistent standard in the verbal and written documentation we provide to patients. Conducting a thorough and worthwhile consultation has many components, which incorporates verbal, written and technical knowledge. Each of these components requires structure and evidence of competence and helps ensure that the last consultation of our busy day is of the same high standard as our first. It's human nature to develop short cuts and it's easy to miss out information or believe the procedure is just routine. The A.C.T. framework ensures that all information is given and genuinely informed patient consent obtained by the end of our consultation, irrespective of the order we got there.

What is currently happening with consultations is variable to say the least. I have never yet met a practitioner who believes they are giving inadequate consultation. But the quality of our consultation and the initial patient engagement is hugely important in delivering more successful outcomes from aesthetic procedures and a number of practitioners and patients are putting themselves at risk, due to the variable standard of the initial patient engagement. Whether due to a lack of training in this specific area or maybe complacency e.g. it's never happened before.

The Montgomery versus NHS Lanarkshire case really put the spotlight on what actually is "informed consent". Previously, consultation "training" has focused primarily on signature-based consultation; an example of this would be product training. However, this ruling has made it very clear that the collation of "signatures" is not evidence, by itself, of genuinely informed patient consent. Worryingly it's not uncommon with some aesthetic procedures, for "sign here" to be the entirety of the consent process. Even if you are imparting all of the information required under the heading of material evidence e.g. alternative options, risks, managing expectations etc. unless you can demonstrate that the information has been understood this is not informed consent or indeed one could argue a consultation.

**L: Clearly there is a psychological element to this process, and I believe that you have undertaken the development of this A.C.T. framework in conjunction with a specialist in psychology?**

**A:** Yes, that's correct. The course has been written in collaboration with Dr. Glenn Callaghan, the Professor of Psychology and Director of Clinical Training at San Jose State University. For the past 20 years Dr. Callaghan has developed assessment strategies to try to understand human struggles and to show how evidence based assessment can be useful to identify and treat "suffering". Glenn's background in clinical psychology looks at not just that someone is struggling with body image distress, but how and why?

As an industry, we are in a position where the start point of our consultation is that our patients have come to see us with some level of dissatisfaction about their appearance. Part of our job, before we even get to our technical skills and ability to perform our procedure is to understand can our aesthetic procedures ever live up to our patients' expectations? The answer of course is no, if it is something that isn't really changeable with an aesthetic procedure. The treatment could indeed give the patient a lift, but not change them as a person or of course make them actually younger. Therefore, it is important we have a unique understanding of a patient's goals as they relate to aesthetic changes. No two patients are the same and we should not adopt a "one size fits all" approach. We need to have real clarity on what they are trying to achieve and a key question we need to be asking ourselves, as ethical practitioners, is can we do it versus should we do it?

There are a variety of ways to assess people for various skills, deficits and problems and many of these focus on ultimately naming the problem, a nosological approach, which have proven successful in medicine. But, this type of assessment process has never really helped us understand the individual, with their own unique history and how they make their choices. This is an important part of our consultation, as without this level of understanding of our patient, we cannot really manage their expectations and ultimately less likely to have successful treatment outcomes for both parties.

There is a psychological assessment element within the framework, but it is important to stress that A.C.T. is most definitely not a crash course in psychology. And that's a very, very important message, given the current media interest in body dysmorphic disorder. It is important to remember that not all patients may be right for the treatments and procedures we provide. For example, they are looking to change something not changeable with a

procedure. In these cases, as ethical practitioners, we need to work on a compassionate basis to help the patient get the professional expertise they need. What I mean by this is that in some cases it will be prudent to exercise our right not to treat but it is very important that this is done respectfully, professionally and with empathy and compassion.

**L: A consultation is obviously a two-person process – on the one side, you have the patient and on the other side you have the practitioner, and there should be benefits for each party from that process. In terms of the patient, why is it going to be a better experience for them to see a practitioner who has had A.C.T. training, as compared to somebody who hasn't - what benefits are they going to get from their consultation?**

**A:** Patient motivation(s) for aesthetic changes can be varied and complex and the key issue here is that aesthetic procedures are elective and therefore training is hugely important to understand these motivations for treatment. The patient is going to have a genuinely informative consultation from anyone who is A.C.T. certified, and I think that's first and foremost one of the biggest benefits.

One of the key requirements in becoming an A.C.T. certified practitioner is that not only do they focus on their own area(s) of expertise, but if a patient is coming to them and wanting to discuss an aesthetic solution because they're trying to achieve X, Y or Z, it is the responsibility of that practitioner to be able to engage on a border level and give genuine advice in relation to alternative options and treatment planning.

Additionally, A.C.T. is there to help both patient and practitioner gain real clarity on aesthetic goals and ultimately be in full agreement as to if the treatment or procedure being discussed can realistically achieve these goals.

**L: Moving on to the practitioner in the consultation – many aesthetic practitioners have been in the industry for a long period of time, so may be inclined to say, “I've been doing consultations for years, I don't need to learn anything new”; why would you say they're wrong in that opinion and A.C.T. would actually be beneficial for them?**

**A:** A.C.T. is about promoting a replicable and measurable consultation framework and standard. It's not about saying to practitioners *'you don't know what you're doing'*. It's a means of enhancing their existing consultation skills, giving a framework and standard, industry wide, which will allow both patients and practitioners, from all aesthetic disciplines, a way of being able to document and obtain genuinely informed consents.

A consistent framework to both verbal and written information is needed as most of us fall down on our written documentation. This is not about experience “I've done this a 1,000 times” or “I'm not worried, so you don't need to be”. Sometimes, the more experienced practitioners are the ones more prone to making assumptions in relation to the information they give to patients. It is essential that we can demonstrate active patient participation, understanding and full disclosure of all information in the consultation process. Not adequately managing a patient's expectations is a key driver for claims being pursued against practitioners in the area of aesthetic treatments and procedures. Often this is because the key drivers have not been established at the initial consultation stage, assumptions creep in which can result in miscommunication and a lack of clarity around objectives and outcomes

But the key to it is that it's replicable and sets a standard; because as I said what's happening now is you've got amazing surgeons who are fantastic at sitting down and explaining things, but they're not documenting it, and you've got people who are documenting very well, but not really making sure or demonstrating that the patient has really understood. This is not good news from an insurance point of view, nor from an industry point of view as a whole, as it makes it very difficult for us all. From a patient point of view, people need a mark of recognition, that's why we all have our training, that's why we're affiliated with certain industry associations and professional registers - to give people a recognisable logo to think of and look for and A.C.T. is the same.

**L: How does A.C.T. fit in with our post-Keogh regulatory playing field?**

**A:** The recommendations from the HEE, which we could see implemented by 2018, make it clear that they are looking to credentialise and accredit within the aesthetic industry, and to do so specifically on key component parts, including the consultation and evidence based practice. A.C.T. has the involvement and expertise of Dr. Glenn Callaghan, he has an expertise in body dysmorphic disorder which is very much embedded into the process and the A.C.T. framework. A.C.T. addresses a number of the areas highlighted in the HEE report such as psychological patient evaluation, body image disturbance, integrated emotional support, so integrating A.C.T. is future-proofing the business. It is the way the market is going and I think quite rightly so.

Patients ultimately are the ones that make decisions as to where they go, and I think sometimes it's quite easy for practitioners to be quite internalised and feel that they control the market, whereas now we're in an environment where patients are on the Internet all the time, they are looking at feedback sites, they are looking for logos of recognition and they're looking for that security. So the days of adorning a white coat and people not questioning the practitioner are well and truly over.

**L: Tell me more about who is endorsing A.C.T. and recognising this accreditation. What has been the industry feedback?**

**A:** The industry feedback has been really positive with various individuals keen to get on board. We're globally accredited by the Skin Health Alliance and have key plastic surgeons, aesthetic nurses and dermatologists supporting the concept and will be launching as part of member benefits for the key pertinent industry bodies.

We have CPD accreditation. We have the equivalent of 15 hours CPD currently accredited to the course, which is around 25% of most doctors' annual CPD points requirement. Another key thing is that A.C.T. can potentially be integrated into the Doctors appraisal system on the way to revalidation. We're also looking to forge links with nursing groups for the NMC revalidation which is now in place also.

**L: Is being A.C.T. trained and A.C.T. certified going to have an impact on potentially reducing the risk of claims for that practitioner and their practice, and is this something that's going to be incorporated with insurance providers?**

**A:** Yes, it is. We're speaking to insurers about this in terms of how we can structure this with insurance products, both for an individual, but also on a clinic basis.

The other key thing to also point out here is that A.C.T. is purely focused on the consultation process, it is not going into the skills or technical ability of the practitioner to perform a treatment, nor accrediting them for that. You might have a practitioner that's very good technically speaking, but isn't very good at discussing what the treatment is all about, which of course can lead to a dissatisfaction and ultimately a claim, or you may have the reverse. It's about having a very clear message and educating the public in terms of what they should be looking for in a consultation with an aesthetic professional, because it does take many different components to have an overall good experience.

**L: Many thanks for your time Anouska.**

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A.C.T. is a competency based training course. The A.C.T. framework promotes the importance and use of a standard and consistent approach to both the verbal and written information which we provide to patients during the consultation process with the aim of obtaining genuine informed patient consent at each key stage of the consultation; thus minimising the risk to both parties by reducing the potential for any misunderstanding in the communication of information about the procedure.

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The one day CPD-accredited training is designed to give delegates the tools they need to better manage patient expectations; communicate more positively and constructively with their patients, so as to forge stronger bonds and relationships; improve their understanding of the broader psychological and emotional factors that may be impacting their patient during their treatment journey; and identify those patients who may not be psychologically suitable for treatment. The next courses will be available in June 2016, priced at £395 + VAT. For more information on Advanced Consultation Training (A.C.T.) courses please visit: [www.aesthetic-connections.com](http://www.aesthetic-connections.com)



**Lorna Jackson**

Lorna has been Editor of Consulting Room, the UK's largest aesthetic information website since 2003. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics, plus researching, investigating and writing feature articles, blogs, newsletters and reports for Consulting Room and various consumer and trade publications, including *Cosmetic News*, *Journal of Aesthetic Nursing*, *Body Language*, *PMFA News*, *Aesthetic Medicine* and *Aesthetic Dentistry Today*. Lorna has also been asked to present at various industry events, including Smart Ideas, FACE and the CCR Expo. She was awarded *Journalist of the Year* at the MyFaceMyBody Awards 2014