Supporting Technical Education Teaching:

**Curriculum Resources**

Teaching Guide

Topic: Skin integrity (Health)

Version information

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| **Route** | Health & Science |
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| **Topic** | Skin integrity (Health) |
| **Specification coverage** | **Occupational specialism – Option A: Supporting the Adult Nursing Team**  **Performance outcome 3: Assist with skin integrity assessments and with the care and treatment of skin conditions**  K3.1, K3.2, K3.3 – *acquired skin conditions only,* K3.4, K3.5, K3.6 – *specialist equipment to prevent pressure ulcers only* S3.7, S3.8, S3.9, S3.10, S3.11 |

This resource is part of a series of materials to support technical education teaching. The approach to developing the materials draws from research led by Professor Kevin Orr that sets out a model for understanding of technical education pedagogy.

The curriculum development begins with the knowledge that students are working to learn and apply. Teachers draw from their subject and industry expertise, and their knowledge of their students, to make decisions about the core concepts the curriculum will focus on, how they will sequence these concepts, and the activities that are selected to support students’ learning. The decisions behind the resources suggested in this topic are the result of choices made by the curriculum development team, which will be reviewed and improved by teachers’ decision-making and ongoing reflection in their own circumstances.

The materials also seek to support teachers in bringing classroom and industry closer together, by providing assets that draw from authentic industry materials, and using opportunities to capture workplace practice that can be shared with students.



Materials for other topics are available at: [www.technicaleducationnetworks.org.uk](http://www.technicaleducationnetworks.org.uk)

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**Introduction**

This document for teachers outlines both the topic area covered, and approach to using the suite of resources and assets for each lesson. Unless otherwise stated, definitions of key terms have been developed by the authoring team and reviewed in the context of the activities. Teachers may choose to revise definitions as necessary and should review the content in advance of delivery to ensure it is appropriate for learners.

Throughout this topic the terms 'pressure injury' and 'pressure ulcer' are both used. Pressure injury is used in the T Level Health specification and is an inclusive term as it also covers early-stage damage before an open ulcer forms but, in clinical practice, organisations such as the NHS and healthcare professionals may just use pressure ulcer.

# Topic purpose

This topic will take students through the underpinning knowledge and skills needed to identify, assess and treat pressure injuries. It is designed to be flexible, with a choice of resources to allow the tailoring of the topic to the specific needs of the students.

There is one taught lesson (assumed to be 1.5 hours long), which revisits key knowledge from prior learning (B2.23 Integumentary system), specifically focusing on skin layers and the role of blood capillaries. Students will then explore the causes of pressure injuries, identifying factors that contribute to skin vulnerability. It is recommended that the Introductory lesson is taught first, as an introduction to pressure injuries.

Following the Introductory lesson, there is a choice of four structured learning resources each covering specific knowledge and skills through a combination of videos, practical activities and assessments. The resources can be used in any order. These resources cover skin assessment, classification of pressure injuries, pressure injury prevention and skin integrity practitioners. There are a series of templates used to support this topic and teachers may choose to use their own documents, for example when undertaking assessments for skin integrity.

Throughout the topic, students will complete reflective tasks that contribute to their reflective portfolio, a key requirement for the Occupational Specialism Assessment (OSA) Task 3. Reflection and problem-solving activities will also help students differentiate between quality care and poor practice, linking directly to the Occupational Practical Assessments (OPA) 6–9 and their corresponding mark bands. Students will get opportunities to apply interpersonal skills and use the six ‘Cs’ of nursing to ensure person-centred care via role-play activities.

There are also opportunities to build several essential skills that are developed during the course and general competencies for maths, English and digital.

The content in the topic can be reinforced throughout the course to support students’ learning. For example, when discussing a forthcoming industry placement, one objective can be for students to locate the manual handling policy and link this to an episode of patient care and note this learning in their logbook. For example: [support.tlevels.gov.uk/hc/en-gb/articles/360015345420-Industry-placement-logbook-for-students](https://support.tlevels.gov.uk/hc/en-gb/articles/360015345420-Industry-placement-logbook-for-students)

# Industry importance

Preventing hospital acquired pressure ulcers is an important aspect of adult nursing. One study found that adult patients who develop pressure ulcers had an extended stay of over four days. Another study found patients over 75 years of age, who develop a pressure ulcer in hospital, had a ten day longer stay. Treating pressure ulcers costs the NHS more than £1.4 million every day: <https://www.gov.uk/guidance/pressure-ulcers-applying-all-our-health>

In the UK, over 700 000 people are affected by pressure ulcers each year. Of these, 180 000 are newly acquired each year. Over 60% of ulcers occur in people over 70 years of age: [cks.nice.org.uk/topics/pressure-ulcers/background-information/incidence/](https://cks.nice.org.uk/topics/pressure-ulcers/background-information/incidence/) The Department of Health and Social Care summarise the importance as: ‘'Pressure ulcers, which are largely preventable, cause distress to individuals and their families and create financial pressures for the NHS. While the treatment of pressure ulcers is mainly clinical, prevention is a shared responsibility.”: <https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults>

“*The impact of developing a pressure ulcer is wide reaching, and for the patient, this can lead to increasing risk of complications such as deteriorating health and mental wellbeing. Skin assessment and the implementation of patient-centred preventative measures are a vital component to avoiding harm caused by pressure.”*

***Victoria Wilding, Senior Practice Development Sister – The Royal Surrey NHS Foundation Trust***

# Industry links

* National Institute for Health and Care Excellence (NICE) guidelines for pressure ulcer prevention and management: <https://www.nice.org.uk/Guidance/CG179>
* National Wound Care Strategy Programme – Pressure Categorisation Tool 2024 [www.dbth.nhs.uk/wp-content/uploads/2025/03/NWCSP-Pressure-Ulcer-Categorisation-Tool-2024.pdf](http://www.dbth.nhs.uk/wp-content/uploads/2025/03/NWCSP-Pressure-Ulcer-Categorisation-Tool-2024.pdf)
* The European Pressure Ulcer Advisory Panel advises on how to provide relief for persons suffering from, or at risk of, pressure ulcers, through research and education of the public and by influencing policy: [epuap.org/](https://epuap.org/)
* Tips from the NHS on how to move, lift and handle someone else: [www.nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/how-to-move-lift-and-handle-someone-else/](http://www.nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/how-to-move-lift-and-handle-someone-else/)
* Introduction to Learn from Patient Safety Events (LFPSE) service: <https://www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/learn-from-patient-safety-events-service/>
* NCFE YouTube channel provides materials to support Health and Science T-Levels: [www.youtube.com/playlist?list=PL05CIlRfHw9h6efjyrW\_-jadtc\_meDgLq](http://www.youtube.com/playlist?list=PL05CIlRfHw9h6efjyrW_-jadtc_meDgLq)

# Prior learning

Students should be familiar with the following Health concepts:

* A2.9 The meaning of evidence-based practice, its application and how it benefits and improves the healthcare sector
* A9.12 Methods of supporting people to look after themselves at various stages of life
* B1.23 How the body reacts to injury and trauma
* B2.23 The role of the components in performing the functions of the integumentary system
* B2.24 The components and processes involved in temperature regulation
* B2.25 The development, impact and management of atopic eczema
* K1.3 The requirements for following a duty of care and duty of candour within the scope of the supporting healthcare role
* K1.7 The range of clinical skills undertaken to promote and support wellbeing in relation to condition of skin, hair and nails in adult nursing
* K1.9 How the collection of specimens and undertaking individual observations in adult nursing supports a range of risk assessments and clinical assessments undertaken by registered professionals
* K1.11 How to safely move and handle individuals using the following moving and handling aids
* K2.1 The purpose and importance of supporting the individual with a range of activities of daily living
* S1.25 Safeguard individuals and their wider family/carers if required and promote principles to others in practice

# Accessibility

The teaching materials have been designed to provide teachers with a flexible framework, including different approaches to activities, suggested consolidation activities to further embed knowledge, and adaptable study questions to assess learning. As with all resources, teachers will wish to consider the specific needs of their students when using the materials, including Special Educational Needs and Disabilities (SEND). Although content has been reviewed, accessibility in externally linked resources cannot be guaranteed.

Opportunities for students to observe professionals at work may be limited due to age restrictions and the need for patient and relative consent. Students' understanding and experience of the world of work will be varied, which may mean they find applying the content to an industry environment challenging. Engaging in whole group discussions where appropriate and sharing your own and students' experiences will help expose students to different experiences.

**Learning outcomes and specification coverage**

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| --- | --- | --- | --- | --- |
| **Lesson / Resource** | **Learning outcomes** | **Specification coverage** | **Skills and general competencies** | **Links to other specification content** |
| **Introductory lesson** | Students will be able to:   * Summarise the function and structure of the skin * Define skin integrity and pressure injury * Explain how ageing changes the structure of the skin * Explain risk factors for pressure injuries | **K3.1** The function and structure of the skin  **K3.2** The pathophysiology of the skin ageing process and the factors affecting skin integrity  **K3.3** Common skin conditions seen in individuals and the possible causes of skin conditions – *acquired skin condition only*  **K3.4** How pressure injuries develop, the common sites, early symptoms and the preventative measures to avoid the development of a pressure injury | Skills  **CS5.1** Apply research skills  General competencies  English:  **GEC2** Present information and ideas  **GEC4** Summarise information/ideas  **GEC5** Synthesise information  Digital:  **GDC1** Use digital technology and media effectively | **B1.23** How the body reacts to injury and trauma  **B2.24** The components and processes involved in temperature regulation  **K1.7** The range of clinical skills undertaken to promote and support wellbeing in relation to condition of skin, hair and nails in adult nursing  **K1.9** How the collection of specimens and undertaking individual observations in adult nursing supports a range of risk assessments and clinical assessments undertaken by registered professionals |
| **Resource 1** | Students will be able to:   * Evaluate the use of the six ‘Cs’ during nursing pressure ulcer risk assessment * Complete a Braden scale * Complete a Waterlow score * Complete an MST assessment * Evaluate different skin integrity assessments * Describe how to carry out a skin assessment | **K3.4** How pressure injuries develop, the common sites, early symptoms and the preventative measures to avoid the development of a pressure injury  **K3.5** How to carry out assessments of skin integrity and why it is important to do so  **S3.7** Assist with skin integrity assessments, treatment and care of skin conditions, working within scope of role, knowledge and responsibilities  **S3.8** Check skin integrity using appropriate assessment documentation and inform others  **S3.9** Demonstrate the ability to provide the appropriate care to reduce the risk of pressure ulcers developing or deteriorating and record interventions  **S3.10** Undertake and record interventions to treat and prevent skin conditions (for example, repositioning of the individual) in line with their roles and responsibilities | Skills  **CS1.2** Provide person-centred care  **CS4.1** Undertake reflective practice and record reflections and experiences  General competencies  English:  **GEC2** Present information and ideas  **GEC4** Summarise information/ideas  **GEC5** Synthesise information | **K1.3** The requirements for following a duty of care and duty of candour within the scope of the supporting healthcare role |
| **Resource 2** | Students will be able to:   * Define evidenced-based practice (EBP) in the context of pressure ulcer risk assessing * Consider the purpose of The National Wound Care Strategy Programme (NWCSP) in assessments * Identify NWCSP pressure ulcers categories 1 to 4 | **K3.4** How pressure injuries develop, the common sites, early symptoms and the preventative measures to avoid the development of a pressure injury  **K3.5** How to carry out assessments of skin integrity and why it is important to do so  **S3.8** Check skin integrity using appropriate assessment documentation and inform others  **S3.9** Demonstrate the ability to provide the appropriate care to reduce the risk of pressure ulcers developing or deteriorating and record interventions | Skills  **CS1.2** Provide person-centred care  **CS4.1** Undertake reflective practice and record reflections and experiences  General competencies  English:  **GEC2** Present information and ideas  **GEC4** Summarise information/ideas  **GEC5** Synthesise information  Mathematics:  **GMC3** Working with proportion  Digital:  **GDC1** Use digital technology and media effectively | **B1.23** How the body reacts to injury and trauma |
| **Resource 3** | Students will be able to:   * Summarise a range of pressure ulcer repositioning and prevention equipment * Safely move and handle individuals * Use effective communication and interpersonal skills | **K3.4** How pressure injuries develop, the common sites, early symptoms and the preventative measures to avoid the development of a pressure injury  **K3.6** The types of treatment that can be used to care for skin and prevent or treat skin conditions  **S3.9** Demonstrate the ability to provide the appropriate care to reduce the risk of pressure ulcers developing or deteriorating and record interventions  **S3.10** Undertake and record interventions to treat and prevent skin conditions (for example, repositioning of the individual) in line with their roles and responsibilities | Skills  **CS1.2** Provide person-centred care  **CS4.1** Undertake reflective practice and record reflections and experiences  General competencies  English:  **GEC2** Present information and ideas  **GEC4** Summarise information/ideas  **GEC5** Synthesise information | **K1.11** How to safely move and handle individuals using moving and handling aids  **K1.13** When monitoring, recording and supporting the overall care and wellbeing of individuals, the range of equipment and resources used, where to source and how to check them |
| **Resource 4** | Students will be able to:   * Explore job roles with skin integrity clinical tasks * Demonstrate effective communication skills and follow the six ‘Cs’ to provide person-centred care * Reflect and assess their skills | **K3.4** How pressure injuries develop, the common sites, early symptoms and the preventative measures to avoid the development of a pressure injury  **K3.6** The types of treatment that can be used to care for skin and prevent or treat skin conditions  **S3.9** Demonstrate the ability to provide the appropriate care to reduce the risk of pressure ulcers developing or deteriorating and record interventions  **S3.11** Demonstrate the ability to advise and discuss with both individuals and carers about how to prevent pressure injuries | Skills  **CS1.2** Provide person-centred care  **CS4.1** Undertake reflective practice and record reflections and experiences  General competencies  English:  **GEC4** Summarise information/ideas  **GEC5** Synthesise information | **K2.1** The purpose and importance of supporting the individual with a range of activities of daily living |

**Resource guidance**

# Introductory lesson: Pressure injuries

This lesson provides students with a foundational understanding of skin integrity and the factors that contribute to pressure injuries. Students will refresh their prior knowledge of the integumentary system, explore conditions that impact skin health and develop a deeper understanding of pressure injuries and their prevention.

## Preparation

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| **Resources provided** | * IL Slide deck * IL Glossary * IL Activity 1 Worksheet * IL Activity 4 Worksheet * IL Activity 4 Worksheet answers * IL Consolidation Worksheet * IL Consolidation Worksheet answers |
| **Equipment needed** | None |
| **Safety factors** | None |
| **Prior learning** | Students will need to understand how the body reacts to injury and trauma, the integumentary system, and methods of supporting people to look after themselves at various stages of life. |
| **Common misconceptions** | * Pressure injuries are only found on older people. In fact, pressure injuries can affect people of any age – not just older adults. While older people have higher risk (due to thinner skin, reduced fat and mobility issues), anyone who is experiencing unrelieved pressure, shear or friction can develop a pressure injury. * Only bedridden patients get pressure injuries. While it is true that immobile patients are at higher risk, pressure injuries can also develop in individuals who use wheelchairs, have reduced mobility or experience prolonged pressure in one position, for example, the use of medical devices. |
| **Accessibility** | * Basic animation is used in the slides in this lesson to improve cognitive load, stagger information or present instructions. Teachers may wish to remove this feature if it is unsuitable for students. * Seek to ensure wide representation for any visiting speakers and case studies used. * You may wish to group students of similar abilities so that they can support each other when working on group tasks. |

## Activity guide

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| **Introduction**  Suggested time:  10 minutes  Resources:   * IL Slide deck – slides 2–11 * Glossary | * Display the lesson objectives and talk through what the students will be covering in the lesson. * Hand out copies of the glossary, which students will use throughout the topic. Ask students to use this as a revision resource to note down the key terms and the definitions they come across. Encourage them to think about the source of the information and use only credible/official sources. * Use the quiz on slides 4-11 to assess prior understanding of the skin from Core B, B2.23. Fill in any gaps in knowledge using the information on the answer slides. |
| **Activity 1: Skin structure and function**  Suggested time:  10 minutes  Resources:   * IL Slide deck – slides 12–17 * IL Activity 1 Worksheet | * Give students Activity 1 Worksheet, which students will fill in during the presentation of slides 12–17. Encourage students to add more detail, including diagrams. * Use slide 13 to introduce the names of the three layers of tissue in the skin. * On slide 14, introduce a key term not necessarily used in the first year of learning – ‘avascular’ (absence of blood vessels). Make a point in describing the top layer of the skin – the epidermis – as having dead skin cells that are shedding continuously and ask students to reflect on the importance of supporting personal hygiene in nursing. Draw attention to the bottom layer of the epidermis; this is where healthy cells are made and requires an adequate supply of nutrients and oxygen. Highlight the fact that malnourished patients may not have good skin health. * Use slide 15 to describe the middle layer of the skin – the dermis. Contrast with the epidermis, which is avascular, as the dermis is vascular. Describe the function of the collagen and elastin fibres in the dermis. Point out the other features of the dermis. * Slide 16 revisits more detail from B2.23 The components of the integumentary system; where they are located, their function and structure including how they are organised – in particular, the cutaneous sensations. * Using slide 16, point out that there are different types of nerve endings receiving and transporting sensory messages as negative feedback, which the brain processes. In the first year, students learned about atopic eczema in B2.25, which is relevant to the topic of skin and the sense which causes itching. * Use slide 17 to describe the bottom layer of the skin – the hypodermis/subcutaneous layer. Focus on its role in cushioning and explain that the hypodermis absorbs pressure and distributes weight across a broader area. When this layer is thin, there is less protection against pressure from prolonged sitting or lying in one position, increasing the risk of tissue damage. |
| **Activity 2: Skin scenarios**  Suggested time:  15 minutes  Resources:   * IL Slide deck – slides 18–21 | * Use slides 18–21 to introduce students to different conditions that affect skin health. * After showing each slide, ask students to discuss the slide questions in pairs and feedback ideas to the rest of the class.   Suitable answers:   * Slide 18 – Multiple Sclerosis (MS) is an autoimmune disorder that damages the protective covering of nerve fibres (myelin) in the central nervous system. It can cause sensory disturbances, such as numbness, tingling, and reduced sensation, often in the limbs or face. * Slide 19 – Psoriasis is a chronic autoimmune disease that primarily affects the skin, leading to the rapid growth of skin cells and inflammation. Symptoms include scales made up of dead skin cells that accumulate due to the rapid turnover of skin cells. * Slide 20 – Vitiligo affects the melanocytes: cells in the epidermis that produce melanin. This pigment is what gives skin its tone. * Slide 21 – Raynaud's disease is characterised by excessive vasoconstriction (narrowing of blood vessels), which occurs when the body reacts to cold or stress. The blood vessels in the extremities (fingers and toes) constrict more than they should, leading to insufficient blood flow to these areas. The tissues in the affected areas (skin, muscles, nerves) lack oxygen and nutrients when the blood flow is reduced for prolonged periods, which can result in cellular damage. |
| **Activity 3: Risk factors for pressure injuries**  Suggested time:  20 minutes  Resources:   * IL Slide deck – slides 22–43 | * Use slides 22–25 to explain the effects of ageing on the skin. On each slide are questions to test students understanding before moving on to the next one. A click will reveal the answers. * Slide 22 builds on any student contributions to ensure they include the thinning of the skin, moisture loss caused by the reduction in collagen and how blood flowing through arteries may be impaired due to old age causing a slower healing rate. * Slide 23 revisits the detail about older people’s fat layer thinning and its relevance to pressure. Discuss the different fat levels for people who are underweight and overweight, relating this to the force of tissue on skin for someone who may have had a rapid weight gain. * Slide 24 refers to cutaneous sensations, in particular touch (pressure) and pain nerve endings, which can be impaired as individuals age or can be caused by a neurological condition, such as MS or dementia. Ask students to reflect on how these changes may impact on skin vulnerability. * Slide 25 discusses how reduced nutrient absorption might impact skin health. Encourage students to think about how this would affect the skin and why it would increase the risk of pressure injuries. * Slide 26 introduces the term ‘skin integrity’. Introduce the role of healthcare workers and the specialist job roles/teams, which must accurately assess, monitor and treat issues with skin integrity. Ask students to reflect on why these are necessary specialists. * Instruct students to press their index finger into their forearm with reasonable force. They should notice the skin goes white or significantly lighter in darker skin tones. Ask them to consider why this happens. With slide 27, the answer should become apparent – pressure on the skin surface stops the necessary blood flow to ensure skin cells in the dermis and bottom layer of the epidermis have oxygen and nutrients. Ask students why pressure can cause lasting damage to the skin (without adequate nutrients and oxygen, skin cells will die). * Slide 28 compares healthy skin and fragile skin. Students could use their knowledge to describe the different layers and speculate on why body-weight pressure and surface pressure affect healthy and fragile skin differently. Use the diagram on slides 29 and 30 to describe to students the impact on skin integrity when body-weight pressure and surface pressure act on healthy and fragile skin. * Use slides 31 and 32 to introduce the concept of pressure injuries. Explain that when discussing pressure injuries with a patient or relative, these may also be referred to as pressure sores, pressure ulcers or bedsores. ‘Pressure injury’ is the broader and more inclusive term, as it also covers early-stage damage before an open ulcer forms. * Students may not be aware there is a range of severity with pressure injuries. Ask them how medical teams could communicate/describe the severity of a pressure injury verbally to ensure the extent is known without the removal of a dressing. Tell them that a classification system for pressure injuries is used and this will be covered in detail in Resource 2. * Slide 33 contains a student task. Students will discuss in pairs why they think each of the displayed risk factors increases the risk of pressure injuries by applying what they have learnt so far. Students will then conduct their own online research to check their ideas and fill in any missing knowledge. Students may want to use open AI to help with their research. Remind them that this is a useful tool, but they should find out the provenance of the information and make sure it is a reliable source for the information to be valid. * Students feedback what they have found out for each risk factor. Use slides 34–43 to supplement student research if needed. Use this as an opportunity to make sure that students have a good understanding of the pathophysiology of the skin ageing process and the factors affecting skin integrity. * These slides tackle the common misconception that pressure ulcers are only found on older people and that only bedridden patients get pressure injuries. While it is true that immobile patients are at higher risk, pressure injuries can also develop in individuals who use wheelchairs, have reduced mobility or experience prolonged pressure in one position, e.g. the use of medical devices. * Mention that immunocompromised individuals are at high risk of pressure injuries and ask students to consider why. Inform them that having a weakened immune system can result in slower healing from injuries, which are more likely to then develop into pressure injuries. * Option to provide further information on shear and friction (slide 42):   + Shear forces distort blood vessels and tissues, which reduces blood flow and oxygen delivery, leading to ischemia (reduced blood supply) and tissue damage.   + Friction weakens the skin’s protective barrier, making it more vulnerable to damage from pressure and shear. It can cause superficial injuries (like blisters or abrasions) that can worsen into pressure injuries if combined with pressure or shear. |
| **Activity 4 – Case studies**  Suggested time:  25 minutes  Resources:   * IL Slide deck – slides 44–46 * IL Activity 4 Worksheet * IL Activity 4 Worksheet answers | * Supply students with Activity 4 Worksheet and introduce the task on slide 44. * Introduce the Jim case study (slide 45) and play the video where Jim talks about his recovery: <https://www.nhs.uk/conditions/stroke/recovery/> Introduce some UK statistics – the median age of a stroke in males was 70 years compared to 76 years in females. The largest number of strokes in males occurred in those aged 70–79 years and in those aged 80–89 years in females. However, this is not always the case, approximately 10–15% of strokes occur in adults aged 18–50. * Next, introduce the Bhavin case study (slide 46). Ask a student to read the case study (repeated in Activity 4 Worksheet). Embellish on this, life expectancy from diagnosis of Motor Neuron Disease (MND) until death is between two and three years. * Doubly incontinent means there maybe pressure from the positioning of a catheter bag which maybe secured around his lower leg when in a wheelchair. A head support will be needed on the wheelchair, too. * Use slide 46 to introduce Activity 4. Split students into two groups to complete the research tasks; half will complete the Jim case study task and half will complete the Bhavin case study task on the Activity 4 Worksheet. Students researching the symptoms of advanced MND should use a suitable website, such as the Brain and Spine Foundation website (search for ‘MND’). * Once the research is complete, bring the class back together. Answers to both tasks are supplied in Activity 4 Worksheet answers. Ask students to read through this to check their ideas and initiate a class discussion on their findings. The answers contain information not covered in this lesson, for example, use of equipment to reduce risk of pressure injuries, but this will be covered in later lessons so aids as an introduction to this. * Note that diabetes can also cause diabetic peripheral neuropathy which may also contribute to the numbness/reduced sensation. High blood sugar levels can damage the small blood vessels that supply nerves, leading to diabetic peripheral neuropathy which is damage to the nerve ending causing reduced sensory perception; therefore, not being able to feel damage in the extremities. |
| **Plenary**  Suggested time:  10 minutes  Resources:   * IL Slide deck – slide 47 | * Show the lesson objectives on slide 47. Check lesson objectives have been met using questioning. Some suitable questions to ask the students are:   + Name the three tissue layers of skin.   + Give a function of the epidermis/dermis/hypodermis.   + Define skin integrity/pressure injury.   + Give three risk factors for pressure injuries.   + Explain why old age is a risk factor for pressure injuries.   + Point to some bony prominence areas when sitting. |
| **Follow-up/consolidation**  (to be completed outside of lesson)  Suggested time:  20 minutes  Resources:   * IL Slide deck – slide 48 * IL Consolidation Worksheet * IL Consolidation answers | * Give students a copy of the Consolidation Worksheet and show slide 48. This contains information about a case study of Delilah, an 81-year-old woman who suffers from dementia. She is currently being cared for at home by her elderly partner. * The students identify the risk factors for pressure injuries with explanation and suggest actions that will help reduce the risks. * Answers are supplied, which can be used as self/peer assessment in the following lesson or for teacher assessment. |

# Resource 1: Skin assessment

This resource contains several activities to develop students’ understanding of pressure injury risk assessment, a key responsibility for a trainee adult healthcare assistant. Using a video case study, students will observe skin assessment in action and learn how to apply the Braden and Waterlow risk assessment tools. Students will also get an opportunity to take part in a hands-on role-play activity, simulating a skin assessment on a mannequin. This will allow them to practise identifying pressure risks, documenting findings and reflecting on their communication skills.

These resources are designed to be flexible. It is recommended that Activities 1–3 be used in the same lesson, but Activity 4 can be used as a carousel along with other teaching resources.

## Preparation

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| **Resources provided** | * R1 Activity 1 Worksheet * R1 Activity 1 Worksheet answers * R1 Activity 2 MST Worksheet * R1 Activity 2 Braden Worksheet * R1 Activity 2 Braden Worksheet answers * R1 Activity 2 Waterlow Worksheet * R1 Activity 2 Waterlow Worksheet answers * R1 Activity 4 Scenario 1 * R1 Activity 4 Scenario 2 * R1 Activity 4 Skin assessment form * Skin integrity: Introduction to assessments video:  <https://vimeo.com/1105131731/3fbafae8df> |
| **Equipment needed** | * Mannequin in hospital bed (Activity 4) * Red stickers (Activity 4) |
| **Safety factors** | Equipment must be used safely and own risk assessment carried out. |
| **Prior learning** | Students will need to understand:   * how the body reacts to injury and trauma; * temperature regulation; * the purpose and importances of supporting the individual with the activities of daily living; * the six ‘Cs’ and NHS values; * how to safely move and handle individuals using moving and handling aids. |
| **Common misconceptions** | * Specialist staff, such as a skin integrity healthcare assistant, will only assess pressure injuries, meaning this is not a job for nursing staff in general. In fact, maintaining good skin integrity is the responsibility of the whole healthcare team. |
| **Accessibility** | * Seek to ensure wide representation for any visiting speakers and case studies used. * You may wish to group students of similar abilities so that they can support each other when working on group tasks. |

## Activity guide

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| **Activity 1: Evaluating the six ‘Cs’**  Suggested time:  15 minutes  Resources:   * R1 Activity 1 Worksheet * R1 Activity 1 Worksheet answers * Skin integrity: Introduction to assessments video:  <https://vimeo.com/1105131731/3fbafae8df> | * Students may not realise there are different situations that require pressure injury risk assessments, and why these are important. They may have already observed this process in placement. Ask students to discuss relevant placement experience. * Introduce the fact that people who arrive with a pressure ulcer need a risk assessment to prevent further ulcers developing, in addition to treatment for ulcer wounds. These are referred to as pressure ulcer on admission (POA). * Discuss that it is the responsibility of all staff to prevent the development of a Hospital Acquired Pressure Injury (HAPI) and to have a care plan with actions to maintain good skin integrity – this could be risk assessing and repositioning. This activity tackles the common misconception that specialist staff, such as a skin integrity healthcare assistant, will only assess pressure injuries, meaning this is not a job for nursing staff in general. * Students will now watch a simulated Skin integrity: Introduction to assessments video about a patient, Douglas, who has Alzheimer's disease. They will assess how the team can apply the six 'Cs' in the first activity, and in the following two activities they will use and evaluate scoring systems for the risk of pressure injury. * Alzheimer’s disease is the most common form of dementia in the UK. It leads to gradual memory loss, confusion and cognitive decline. The term 'dementia' describes a group of conditions that impair mental abilities, such as memory, thinking and daily functioning, and NHS England emphasises the importance of early diagnosis, personalised care plans, and ongoing support for individuals and carers. For more information see: <https://www.nhs.uk/conditions/alzheimers-disease/> and <https://www.nhs.uk/conditions/dementia/> and <https://www.england.nhs.uk/mental-health/resources/dementia/> * Hand out Activity 1 Worksheet and ask students to work in pairs to identify how each of the six ‘Cs’ (care, compassion, competence, communication, courage and commitment) should be applied, learning from K1.3D and S1.25. Task 2 (to identify where actions reflect aspects of the NHS Values) could be an additional task for students to complete when they have watched the whole video. * Play the first part of the video until 02:12 minutes: <https://vimeo.com/1105131731/3fbafae8df>. Ask students to reflect on and add to their answers in the Worksheet. Suggested answers are provided in Activity 1 Worksheet answers. * Ask students if there is any other equipment that could be used to make Douglas more comfortable. Answers could include:   + A pressure-relieving mattress or overlay, along with cushions or pressure-relieving pads for chairs or wheelchairs to minimise pressure points.   + Positioning aids such as foam wedges or pillows to help maintain proper posture and relieve pressure on vulnerable areas.   + An adjustable bed could enable frequent repositioning and allow for comfort adjustments throughout the day.   + Moisture management products, including barrier creams and incontinence pads, may be used to protect the skin from moisture-related damage. |
| **Activity 2: Completing assessments**  Suggested time:  15 minutes  Resources:   * R1 Activity 2 MST Worksheet * R1 Activity 2 Worksheet Braden * R1 Activity 2 Worksheet Waterlow * R1 Activity 2 Braden answers * R1 Activity 2 Waterlow answers * Skin integrity: Introduction to assessments video:  <https://vimeo.com/1105131731/3fbafae8df> | * Start the video again at 02:12 and stop at 02:48. * Explain to students that the Braden scale is mostly used in North America, while the Waterlow score is widely used in England. They are not used together in clinical practice. * Explain that MST stands for Malnutrition Screening Tool. In placements, students may come across different versions, including a MUST tool: <https://www.bapen.org.uk/pdfs/must/must_full.pdf> * Hand out the Activity 2 Worksheets and ask students to complete these using the information from the video. Alternatively, you could use different versions for students to complete if these vary due to your setting or awarding body. * Students can self-assess using the Activity 2 Worksheet answers documents. They must be able to explain why each section of the score is relevant to good or poor skin integrity. * Ask students what their overall assessment is and the next steps, in terms of recording and escalation. * Some suggestions to prompt responses are based on the fact that Douglas is a highly vulnerable patient with complex needs related to skin integrity, nutrition, incontinence, dementia and mobility. His high risk scores highlight the need for:   + reporting patient assessment immediately to the nurse in charge;   + a multidisciplinary approach to prevent deterioration;   + close monitoring, hands-on care, and effective communication with the wider nursing and clinical team;   + support from tissue viability, dietitian, and possibly speech and language therapist (if swallowing issues are suspected);   + documenting the assessment results and pressure injury (location, size, colour, dressing);   + encouraging fluids and food;   + support with continence;   + following the turning schedules;   + encouraging dignity and comfort in care (especially with dementia and incontinence). * Answers for Activity 2 MST Worksheet:   + Have you lost weight recently without trying?Yes   + If yes, how much weight (kilograms) have you lost? 11 – 15 kg (3)   + Have you been eating poorly because of a decreased appetite? Yes (1)   + Total = 4 (patient is at risk of malnutrition) |
| **Activity 3: Evaluating assessments**  Suggested time:  15 minutes  Resources:   * R1 Activity 1 Worksheet | * Continue with the last part of the video. Optionally, students can answer the questions at the end of the video or reflect on the whole demonstration by completing task 2 on Activity 1 Worksheet. * Ask students to look back at the Braden scale and Waterlow score and compare them. Students discuss in groups which scale/score they think is more accurate and why. * Ask students to design a simple method for a research study that could be used to determine which scale is the most accurate. They should consider the number of people in the study and how accurate each method is at determining the likelihood of a pressure injury developing in a patient. An example is: [www.scielo.br/j/rlae/a/7ccbRpbHZcYpvZjcWNX4XYL/?lang=en](https://www.scielo.br/j/rlae/a/7ccbRpbHZcYpvZjcWNX4XYL/?lang=en) * Ask students: Why assess skin integrity? What is the importance of the Braden scale/Waterlow score interpretation? * Ask for feedback and make sure the following ideas are covered:   + Early risk identification – the score helps identify individuals at risk of pressure injury early on, allowing for timely preventive measures.   + Individualised risk assessment – the tool considers multiple factors, providing a personalised risk assessment rather than a generic approach.   + Nursing intervention guide – the score guides nursing interventions tailored to the specific risk factors identified.   + Monitoring risk changes – regular assessments allow for monitoring risk changes and adapting preventive measures accordingly.   + Cost-effective prevention – preventing pressure injuries reduces healthcare costs and improves patient outcomes. |
| **Activity 4: Carrying out a skin assessment**  Suggested time:  40 minutes  Resources:   * Mannequin in hospital bed * Red stickers * R1 Activity 4 Scenario 1 * R1 Activity 4 Scenario 2 * R1 Activity 4 Skin assessment form | * In this role-play activity, students work in pairs to carry out a simulated skin assessment over two scenarios. * The patient in this practical activity is a mannequin lying in a hospital bed. As centres typically only have one mannequin, this activity can be used on rotation with others outlined in this topic. * Ask students to work in pairs. Give each pair a copy of Activity 4 Worksheet – Scenario 1 and Activity 4 Skin assessment form. * The instructions tell the student in the role of the assessor to place red stickers on the mannequin to signify areas of redness. Some mannequins already have pressure sores and injuries, so you can adapt the task based on the resources available to you. * The assessor will watch the assessment and provide feedback. * The student in role of the healthcare assistant will carry out a skin assessment on the mannequin and complete a body map to show affected areas. * The roles are swapped, and pairs carry out scenario 2 using Activity 4 Worksheet – Scenario 2. * To consolidate this activity, ask the class to reflect on their performance using a reflective cycle. This reflection will serve as supportive material for their final exam – Assessment 3 (Professional Discussion). |

# Resource 2: Pressure ulcer categories

This resource introduces students to identifying pressure injuries through skin assessments and the importance of evidence-based practice (EBP) in prevention and treatment. Students will analyse images of pressure injuries, classify them, and discuss their formation.

## Preparation

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| **Resources provided** | * R2 Slide deck * R2 Activity Worksheet * R2 Activity Worksheet answers |
| **Equipment needed** | None |
| **Safety factors** | None |
| **Prior learning** | Students will need to understand:   * how the body reacts to injury and trauma; * temperature regulation; * the purpose and importances of supporting the individual with the activities of daily living; * evidence-based practice; * the six ‘Cs’ and NHS values; * how to safely move and handle individuals using moving and handling aids. |
| **Common misconceptions** | * Pressure injuries are just a skin problem. In fact, pressure injuries can extend deep into tissues, muscles, and even bone, leading to severe infections such as cellulitis, osteomyelitis or sepsis. * Red skin (erythema) always means a pressure injury is developing. Not all redness indicates a pressure injury. Blanching erythema (where skin turns white under pressure) is a normal response. However, non-blanching redness (Stage 1 pressure injury) is a warning sign that requires intervention. |
| **Accessibility** | * Seek to ensure wide representation for any visiting speakers and case studies used. * You may wish to group students of similar abilities so that they can support each other when working on group tasks. |

## Activity guide

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| **Pressure ulcer categories**  Suggested time:  45 minutes  Resources:   * R2 Slide deck, slide 1-17 * R2 Activity Worksheet * R2 Activity Worksheet answers | * Display the lesson objectives on slide 2 of the slide deck and talk through what the students will be covering in the lesson. * Ask students to suggest ways that pressure injuries can be identified through skin assessments. Ask students if they can define evidence-based practice (EBP), which they first learnt about in A2.9 and evidence-based research from the Employer Set Project (ESP). * Present slide 3 and ask students the relevance of EBP when dealing with pressure injury prevention and treatment across hospitals in the UK. * Use slide 4 to introduce the concept of a systematic approach to identify pressure injury risk factors and the measuring of the severity of injuries, which then dictates what care and treatment is needed. Discuss how this creates uniform, evidence-based practice. * Display slide 5 and explain that medical professionals benefit from having a consistent approach to identifying pressure injury severity, using the NWCSP (National Wound Care Strategy Programme) guidance. Make sure to point out that the term ‘pressure ulcer’ is used here, rather than the updated term ‘pressure injury’. * This resource focuses on the NWCSP, but you could make students aware of the National Pressure Injury Advisory Panel (NPIAP) category system: [npiap.com/page/PressureInjuryStages](https://npiap.com/page/PressureInjuryStages) which has revised the definitions and categories of pressure injury adding additional categories, deep tissue injury and unstageable pressure ulcer. * Students could also be made aware of the European Pressure Ulcer Advisory Panel chart (EPUAP). Students could visit: <https://epuap.org/> for more information. The EPUAP are currently updating their guidelines, and these are expected to be published in late 2025. Although, please note that NHS England has moved away from EU (and international) categorising, replacing EPUAP referencing with the English NWCSP standards. * Option to inform students about the Pan Pacific Pressure Injury Alliance (PPPIA) here, as this is sometimes referred to when patients and professionals are in the UK from Australia, New Zealand, Hong Kong and Singapore: [pppia.org/](https://pppia.org/) * Slide 6 shows the NWCSP classification system. In the NWCSP ‘ungradable’ and ‘Deep Tissue Injuries (DTIs)’ are approached differently. Talk these through with students as they will come across relevant examples later in the activity:   + Pressure ulcers where the skin is broken but the wound bed is not visible due to slough or necrosis (formally referred to as ‘unstageable’) should initially be recorded as Category 3 pressure ulcers but immediately re-categorised and re-recorded in the patient’s records if debridement reveals Category 4 pressure ulceration.   + DTIs should not be reported as pressure ulcers unless they result in broken skin or they fail to resolve and it is evident on palpation that there is deep tissue damage present, at which point, they should immediately be categorised and reported. However, the skin change must be recorded within the clinical record as ‘vulnerable skin’ and appropriate preventative care delivered as soon as the damage is noted. * Use slide 7 to explain the term ‘non-blanchable erythema’. This slide tackles the common misconception that red skin (erythema) always means a pressure injury is developing. Not all redness indicates a pressure injury. Blanching erythema (where skin turns white under pressure) is a normal response. However, non-blanching redness (Stage 1 pressure injury) is a warning sign that requires intervention. * Provide pairs with copies of information sheets that show the different NWCSP categories. An example is: [www.dbth.nhs.uk/wp-content/uploads/2025/03/NWCSP-Pressure-Ulcer-Categorisation-Tool-2024.pdf](http://www.dbth.nhs.uk/wp-content/uploads/2025/03/NWCSP-Pressure-Ulcer-Categorisation-Tool-2024.pdf) Please make sure that any documentation you use is up to date. * The following document can help students understand how the pressure injuries could look in dark skin tones: [www.directhealthcaregroup.com/app/uploads/2.-DHG-Pressure-Ulcer-Assessment-Classification-in-Different-Skin-Tones.pdf](http://www.directhealthcaregroup.com/app/uploads/2.-DHG-Pressure-Ulcer-Assessment-Classification-in-Different-Skin-Tones.pdf) * Explain the task on slide 8 to students. The images are supplied on slides 9–16 and in the Activity Worksheet if you wish to place copies of the images around the room. Students look at each image of a pressure injury and:   + decide what category they are;   + for any they are ensure of, discuss why;   + suggest what area of the body they are from and why they may have formed. * Ask pairs to feed back their answers. Answers are provided in the Activity Worksheet answers document. * Note that some of the images are a mix of real and simulated pressure injuries. * This activity should help tackle the common misconception that pressure injuries are just a skin problem. These categories make it clear that pressure injuries can extend deep into tissues, muscles, and even bone. * To consolidate this activity, show the learning objectives again on slide 17 and ask students to RAG rate their understanding of each objective. |

# Resource 3: Pressure injury prevention

In this resource, students will explore ways to prevent pressure injuries, focusing on the importance of repositioning and using appropriate support surfaces.

To apply understanding, students will participate in role-playing scenarios where they will practise safe moving and handling techniques, including the proper use of a hoist and coordinating two-person moves.

## Preparation

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| **Resources provided** | * R3 Activity 1 Worksheet * R3 Activity 1 Worksheet answers * R3 Activity 2 Worksheet * R3 Activity 3 Worksheet * R3 Activity 3 Worksheet answers * Skin integrity; Introduction to repositioning equipment video: <https://vimeo.com/1105132120> |
| **Equipment needed** | * Repositioning equipment: hospital bed, sling, slide sheet, transfer board, transfer belt * Mobility aids: crutches, wheelchair * Pressure ulcer prevention equipment: mattresses, cushions, heel pads, repose boots, pressure cushions * Recording equipment for reflection on demonstrations |
| **Safety factors** | Equipment must be used safely and own risk assessment carried out. |
| **Prior learning** | Students will need to understand:   * the six ‘Cs’ and NHS values; * how to safely move and handle individuals using moving and handling aids. |
| **Common misconceptions** | * Relieving pressure for a few minutes prevents pressure injuries. In reality, short breaks may not be enough. Regular repositioning schedules, use of pressure-relieving equipment (alternating air mattresses, cushions) and skin assessments are essential for prevention. * Patients feel safer when held directly by a caregiver and not using a hoist. When in fact, proper use of assistive devices can make transfers smoother and safer, which increases patient confidence. |
| **Accessibility** | * Seek to ensure wide representation for any visiting speakers and case studies used. * You may wish to group students of similar abilities so that they can support each other when working on group tasks. * If a student has physical limitations that prevent them from taking an active role in Activity 2 (moving and handling a patient), then provide them with an alternative role such as acting as a facilitator, recording the activity and providing feedback. |

## Activity guide

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| **Activity 1: Repositioning equipment**  Suggested time:  30 minutes  Resources:   * Skin integrity; Introduction to repositioning equipment video: <https://vimeo.com/1105132120> * R3 Activity 1 Worksheet * R3 Activity 1 answers | * Provide students with Activity 1 Worksheet and play the Skin integrity; Introduction to repositioning equipment video: <https://vimeo.com/1105132120> * Pause for each piece of equipment to give students time to note down their ideas on the worksheet (Task 1). * Discuss answers as a class, filling in gaps in knowledge. Answers can be found on Activity 1 Worksheet answers. * Students answer the questions in Task 2 using their existing knowledge, writing their answers on the worksheet. * Finally, students complete Task 3. It is optional to have the pressure relieving equipment on display to refer to. Students could research the equipment online if necessary. * Answers from Task 2 and 3 can be used to aid discussion or to assess the level of the students’ knowledge. Students could peer mark answers, if appropriate. * Students complete Task 4, which is a reflection task. |
| **Activity 2: Repositioning practical**  Suggested time:  40 mins  Resources:   * R3 Activity 2 Worksheet * Repositioning equipment: hospital bed, sling, slide sheet, transfer board, transfer belt * Recording equipment   P | * In this activity, students will demonstrate moving and handling techniques for safe repositioning and using a hoist correctly. The focus of this activity is an introduction to repositioning to avoid pressure injuries. Please ensure appropriate training has been undertaking if demonstrating the use of any of this equipment. * Put students in groups of three: one person to act as the patient and the other two to act as the healthcare assistants. Alternatively, a mannequin could be used. Students will swap roles between each scenario. If a student has physical limitations that prevent them from acting as the patient or healthcare assistant, they can take on a facilitator role, ensuring proper technique and safety are followed and possibly recording the activity, as well as giving feedback. * Their task is to complete the three scenarios in Activity 2 Worksheet and discuss a question based on the common misconceptions. Students should use effective communication and interpersonal skills throughout. * Answers to the discussion questions from Activity 2 Worksheet: * A: When individuals spend many hours lying down, blood pools in   the legs, lower volumes of blood are pumped through the body even though the heart works harder, oxygen uptake is reduced, and the risk of blood clots is increased, particularly in the legs and lungs.   * B: No. Adjusting the cushions may not be effective, as it can lead to shear forces, increasing the risk of skin breakdown and pressure ulcers. Repositioning by assisting the patient into a supported standing position, such as using a walking frame, helps relieve pressure more effectively, reduces discomfort, and maintains skin integrity. * C: Safe moving prevents a strain on the patient's joints and skin, which is easier to manage with two people coordinating the movement. Also, some people assume that correct lifting is only about avoiding back injuries for caregivers when reality is that a considerable amount of discomfort and injuries to the patient may be caused and often, a loss of dignity. Skipping assistance for a single lift can result in immediate injury or cumulative damage over time. * Students should reflect on how well they carried out the task. Ask them what went well, what they found hard and what might they do differently next time. * As centres may have a limited amount of equipment, you may wish for different groups of students to carry out one practical task from the Activity 2 Worksheet whilst other students observe and give feedback for each demonstration. Alternatively, this activity can be part of a larger carousel along with activities from other resources. * Ask students to research patient repositioning charts from different NHS trusts to find out what needs to be filled in whilst caring for a patient at risk from pressure injuries. |
| **Activity 3: Safety factors for repositioning**  Suggested time:  20 mins  Resources:   * R3 Activity 3 Worksheet * R3 Activity 3 Answers | * Explain to students that there are factors which need to be considered before planning a repositioning regime which will be recorded in the patients care plan. In addition, there may be information directly from patient/relative which will ensure the most appropriate repositioning techniques are used. * Ask students to work in small groups and to list these factors using Activity 3 Worksheet. * This will challenge students. Provide a few examples (from Activity 3 Worksheet answers) to facilitate discussions. * Ask groups to share examples on their list and use Activity 3 Worksheet answers to help the class compile a detailed list of factors. |

# Resource 4: Skin integrity practitioners

In this resource, students will explore the roles of different healthcare professionals in maintaining skin integrity. Through role-play, they will practise conducting a pressure injury risk assessment and providing care advice. This activity reinforces clinical decision-making and the application of the six ‘Cs’ in patient interactions. Reflection and discussion will help students evaluate their approach and identify areas for improvement.

## Preparation

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| **Resources provided** | * R4 Activity Worksheet * R4 Activity Assessment * R4 Activity Help sheet * Skin integrity Industry insights video: <https://vimeo.com/1105132352> |
| **Equipment needed** | None |
| **Safety factors** | Please ensure appropriate training has been completed before undertaking the activities suggested in this resource. For example, appropriate manual handling training and equipment is used if undertaking the role plays. |
| **Prior learning** | Students will need to understand:   * the six ‘Cs’ and NHS values; * how to safely move and handle individuals using moving and handling aids. |
| **Common misconceptions** | * Skin integrity assessments are only carried out in clinical settings and by specialist staff. In fact, these are carried out by a variety of staff in different settings, including healthcare assistants. |
| **Accessibility** | * Seek to ensure wide representation for any visiting speakers and case studies used. * You may wish to group students of similar abilities so that they can support each other when working on group tasks. |

## Activity guide

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| **Activity 1: Skin integrity practitioners**  Suggested time:  10 minutes  Resources:   * Skin integrity Industry insights video: <https://vimeo.com/1105132352> | * Ask students to discuss in pairs what professionals they think might be involved in skin integrity. * After listening to their ideas, play the Skin integrity Industry insights video: <https://vimeo.com/1105132352> * The first half of the video recaps and reinforces information they may already know. The second half asks the questions: How important is multidisciplinary working? What are the challenges in preventing and treating pressure injuries? Use the video as a springboard for discussion around these questions. * The NHS use the aSSKING framework (assess risk; skin assessment and skin care; surface; keep moving; incontinence and moisture; nutrition and hydration; and giving information or getting help) to ensure all fundamental aspects of pressure ulcer prevention are included in patient care. This goes beyond the specification requirements but could be useful for students. * This video could be used at the start of the topic to introduce skin integrity and engage students. |
| **Activity 2: Role-play**  Suggested time:  30 mins  Resources:   * R4 Activity Worksheet * R4 Activity Help sheet * R4 Activity Assessment | * Students will take part in a role-play activity in pairs, where one person will play the role of a district/community healthcare assistant and the other as an elderly patient. * Instructions for carrying out the role-play are provided in the Activity Worksheet. * There are two scenarios and students will swap roles in-between. * In the first scenario, the healthcare assistant meets the patient in their home for the first time to conduct an initial assessment of the patient’s risk of developing pressure injuries. The healthcare assistant will also provide advice on prevention. * In the second scenario, the healthcare assistant is conducting a follow-up visit for the patient who has developed a pressure injury on their sacrum. They provide care and advice for recovery. * Students carry out each scenario, swapping roles for the second one. * If students need more support in the role of the healthcare assistant, provide them with the Activity Help sheet which contains a structure for the role-play. Alternatively, this can be used after the students have carried out their role-play to reflect on how well they did. * After students complete each scenario, they use the Activity Assessment sheet in their pairs and decide whether it was excellent, good, fair or poor using the grid provided. Encourage students to reflect on how well they did, and what they would do differently – they could make notes in the reflection box at the bottom of the sheet. * This activity tackles the common misconception that skin integrity assessments are only carried out in clinical settings and by specialist staff. |

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| **Location** | **Link** (with permission if required) | **Owner** | **Date last accessed** |
| Teaching Guide page 3 | <https://www.ncfe.org.uk/qualification-search/qualification-detail/t-level-technical-qualification-in-health-level-3-delivered-by-ncfe-1644> | NCFE\* | August 2025 |
| Teaching Guide pages 3 and 30 | [www.technicaleducationnetworks.org.uk](http://www.technicaleducationnetworks.org.uk) | Technical Education Networks | August 2025 |
| Teaching Guide page 5 | [support.tlevels.gov.uk/hc/en-gb/articles/360015345420-Industry-placement-logbook-for-students](https://support.tlevels.gov.uk/hc/en-gb/articles/360015345420-Industry-placement-logbook-for-students) | GOV.UK | August 2025 |
| Teaching Guide page 6 | <https://www.gov.uk/guidance/pressure-ulcers-applying-all-our-health> | GOV.UK | August 2025 |
| Teaching Guide page 6 | [cks.nice.org.uk/topics/pressure-ulcers/background-information/incidence/](https://cks.nice.org.uk/topics/pressure-ulcers/background-information/incidence/) | NICE | August 2025 |
| Teaching Guide page 6 | <https://www.gov.uk/government/publications/pressure-ulcers-how-to-safeguard-adults> | GOV.UK | August 2025 |
| Teaching Guide page 6 | <https://www.nice.org.uk/Guidance/CG179> | NICE | August 2025 |
| Teaching Guide pages 6 and 21 | [www.dbth.nhs.uk/wp-content/uploads/2025/03/NWCSP-Pressure-Ulcer-Categorisation-Tool-2024.pdf](http://www.dbth.nhs.uk/wp-content/uploads/2025/03/NWCSP-Pressure-Ulcer-Categorisation-Tool-2024.pdf) | National Wound Care Strategy Programme | August 2025 |
| Teaching Guide pages 6 and 21 | [epuap.org/](https://epuap.org/) (with permission) | EPUAP | August 2025 |
| Teaching Guide page 6 | [www.nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/how-to-move-lift-and-handle-someone-else/](http://www.nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/how-to-move-lift-and-handle-someone-else/) | NHS | August 2025 |
| Teaching Guide page 6 | <https://www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/learn-from-patient-safety-events-service/> | NHS | August 2025 |
| Teaching Guide page 6 | [www.youtube.com/playlist?list=PL05CIlRfHw9h6efjyrW\_-jadtc\_meDgLq](http://www.youtube.com/playlist?list=PL05CIlRfHw9h6efjyrW_-jadtc_meDgLq) (with permission) | NCFE / YouTube | August 2025 |
| Teaching Guide page 14, Introductory lesson slide 44, Introductory lesson Activity 4 Worksheet and Worksheet answers | <https://www.nhs.uk/conditions/stroke/recovery/> | NHS | August 2025 |
| Teaching Guide page 17 | <https://www.nhs.uk/conditions/alzheimers-disease/> | NHS | August 2025 |
| Teaching Guide page 17 | <https://www.nhs.uk/conditions/dementia/> | NHS | August 2025 |
| Teaching Guide page 17 | <https://www.england.nhs.uk/mental-health/resources/dementia/> | NHS | August 2025 |
| Teaching Guide page 18 | <https://www.bapen.org.uk/pdfs/must/must_full.pdf> | BAPEN | August 2025 |
| Teaching Guide page 18 | [www.scielo.br/j/rlae/a/7ccbRpbHZcYpvZjcWNX4XYL/?lang=en](https://www.scielo.br/j/rlae/a/7ccbRpbHZcYpvZjcWNX4XYL/?lang=en) | SciELO | August 2025 |
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| Teaching Guide page 21 | [pppia.org/](https://pppia.org/) | PPPIA | August 2025 |
| Teaching Guide page 22 | [www.directhealthcaregroup.com/app/uploads/2.-DHG-Pressure-Ulcer-Assessment-Classification-in-Different-Skin-Tones.pdf](http://www.directhealthcaregroup.com/app/uploads/2.-DHG-Pressure-Ulcer-Assessment-Classification-in-Different-Skin-Tones.pdf) | DHG | August 2025 |
| Introductory Lesson slide 34 | <https://oska.uk.com/what-is-the-impact-of-body-weight-on-pressure-ulcer/#:~:text=Obese%20and%20extremely%20obese%20people,for%20those%20caring%20for%20them.%20(Baumgarten%20et%20al,%202006%20in%20Hyun%20et%20al,%202014)> | OSKA | August 2025 |
| Resource 1, Activity 2 Waterlow Worksheet | [blackwaterlaw.co.uk/understanding-the-waterlow-score/](https://blackwaterlaw.co.uk/understanding-the-waterlow-score/) | Blackwater Law | August 2025 |

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