# Case Study 2 Task 2.7 – Observation Form

*(This form is for the assessor’s use only)*

## **Purpose**

This *Observation Form* lists the practical skills that the candidate must demonstrate/perform while completing **Case Study 2 Task 2.7.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Case Study 2 Task 2.7.

## **Task Overview**

For this task, the candidate is required to meet with their supervisor to report the outcomes of their monitoring in Task 6. In this meeting, the candidate must report the following to the supervisor:

* The client’s feedback on support activities and whether they are meeting their needs.
* Any changes or improvements that can be made in the support activities according to the client’s feedback.
* Any potential or actual risks to the client’s health, safety, and wellbeing.
* The client’s additional needs and unmet needs.
* Gaps in assistive technology, including the aids, devices, equipment used during the support activities.

In consultation with your supervisor, they must also organise and facilitate referrals for the additional and unmet needs they have identified.

The candidate must be observed by the assessor while completing this task.

In this task, the candidate will be assessed on their:

* Practical knowledge of the person’s individualised support/care plan and relevant service standards, policies, and procedures.
* Practical skills relevant to reporting and referring outcomes of your monitoring with your client.

## **Instructions to the Assessor**

### Before the assessment

* Organise access to the environment and resources required to complete this assessment, including:
  + One volunteer to act as the supervisor
* Advise the candidate on the time and location of the assessment.
* Discuss with the candidate the requirements listed in the Assessor’s Checklist prior to the assessment.
* Discuss with the candidate the practical skills listed in the Observation Form prior to the assessment.
* Brief the candidate on their role in this assessment.
* Brief the volunteer/s on their role in the assessment.
* Address the candidate’s queries and concerns regarding this task.

### During the assessment

* Observe the candidate as they complete the Workplace Assessment Task.
* For each practical skill listed in this observation form:
  + Tick YES if you confirm you have observed the candidate demonstrate/perform the practical skill.
  + Tick NO if you have not observed the candidate demonstrate/perform the practical skill.
* If you ticked YES, provide the date when you observed the candidate demonstrate the skill.
* Write specific comments on the candidate’s performance in each criterion. Your feedback/insights will help address any area/s for improvement.

### After the assessment

* Complete all parts of the *Observation Form*, including the *Assessor Declaration* on the last page of this form. Your signature must be handwritten.

## **Candidate Details**

|  |  |
| --- | --- |
| Candidate name |  |
| Title/designation |  |

## **Assessor Details**

|  |  |
| --- | --- |
| Candidate is observed and assessed by |  |
| Training Organisation |  |
| Relevant qualifications held |  |

## **Context of the Assessment**

|  |  |
| --- | --- |
| Workplace/organisation |  |
| Workplace supervisor |  |
| Resources required for the assessment | Simulated environment where the candidate will complete this task  Workplace supervisor  Progress notes completed in Task 6  Organisational policies and procedures – Lotus Compassionate Care Staff Handbook |

**Candidate Assessment Briefing**

|  |  |
| --- | --- |
| Date of assessment briefing |  |

|  |  |
| --- | --- |
| **The assessor confirms:** | **YES/NO** |
| 1. They have discussed with the candidate the workplace task they are required to complete for this assessment. | YES  NO |
| 1. The candidate understands they will be assessed while completing this workplace task, as well as any document(s) they will complete as part of this task. | YES  NO |
| 1. They have discussed with the candidate instructions how they are to undertake the workplace task. | YES  NO |
| 1. They have provided the candidate guidance on how they can satisfactorily complete the task. | YES  NO |
| 1. They have discussed with the candidate the practical skills (listed below) they are required to demonstrate while completing this task. | YES  NO |
| 1. They have addressed the candidate’s questions or concerns about the workplace task and the assessment process. | YES  NO |

# Observation Form

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |
| Policies to be followed | **Lotus Compassionate Care Staff Handbook**  Any changes to the client’s physical and psychological condition and wellbeing must be reported verbally to the supervisor or Registered Nurse and documented in the progress notes, immediately or as soon as practicable. |
| Procedures to be followed | **Lotus Compassionate Care Staff Handbook**  *Reporting changes*  The following must be reported to the supervisor or Registered Nurse   * New risks identified to the client’s health, safety, and wellbeing * Additional needs * Unmet needs * Issues or concerns relating to their assistive technology, including any pain and discomfort observed and raised by the client regarding their aids, equipment, and devices   *Referring changes and unmet needs to the supervisor*  In relation to these, the support workers must:   * Document concerns and changes to their health status and physical conditions through progress notes. * Discuss and review concerns and changes to client’s health status and physical conditions with supervisor. * Review with supervisor if concerns and changes need to be referred or escalated to a health professional or other specialised services. * Determine which health professional or other specialised services are to be accessed to address client’s concerns and changes in their health status and physical conditions. |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate holds the discussion with the supervisor in a private space, i.e. no other people can hear the discussion about the client’s individualised plan, as per Lotus Compassionate Care’s policies and procedures for privacy and confidentiality   Assessor to specify where the discussion was conducted: | YES  NO |  |  |
| 1. The candidate discusses the following with their supervisor, as per Lotus Compassionate Care’s policies and procedures: |  |  |  |
| * 1. Client’s feedback on support activities | YES  NO |  |  |
| * 1. Progress on meeting the client’s needs | YES  NO |  |  |
| * 1. Improvements to be made in the support activities based on the client’s feedback | YES  NO |  |  |
| * 1. Potential risks to the client’s health, safety and wellbeing | YES  NO |  |  |
| * 1. Actual risks to the client’s health, safety and wellbeing. | YES  NO |  |  |
| * 1. Client’s additional needs, if any | YES  NO |  |  |
| * 1. Client’s unmet needs, if any | YES  NO |  |  |
| * 1. Gaps in assistive technology needs, e.g. any pain or discomfort as a result of using aids, equipment, and devices | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * 1. Reviewing with supervisor if concerns and changes need to be referred or escalated to a health professional or other specialised services. | YES  NO |  |  |
| * 1. Determining which health professional or other specialised services are to be accessed to address client’s concerns and changes in their health status and physical conditions. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, report the client’s progress to their supervisor and refer the client’s additional/unmet needs to other health professionals.  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during their completion of this task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study – Observation Form