# Case Study Task 3.2 – 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 Task 3.2.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Case Study Task 3.2.

## **Task Overview**

For this task, while being observed by the assessor, the candidate is required to:

* Meet with the supervisor to report the identified variations to Xiaoting’s wellbeing according to organisational policies and procedures, including situations beyond the scope of their own role.
* Seek appropriate support after the meeting.

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

* Practical knowledge relevant to organisational procedures related to reporting variations in a person’s wellbeing.
* Practical knowledge relevant to seeking appropriate support for aspects outside of knowledge, skills and/or job role.
* Practical skills relevant to reporting issues beyond the scope of one’s role.
* Practical skills relevant to seeking appropriate support.

## **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 candidate’s supervisor.
* Provide the candidate with copies of relevant policies and procedures (e.g reporting variations to a person’s wellbeing)
* Advise the candidate on the time and location of 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 volunteers 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 Case Study Task.

The candidate’s supervisor will also be present to supervise and instruct the candidate as they complete the workplace task assigned to them.

* 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**

|  |  |  |
| --- | --- | --- |
| Assessment environment | Real workplace/organisation | Simulated environment |
| Mode of observation | Direct observation | Observation via video recording |
| Workplace/organisation |  | |
| Resources required for the assessment | Organisation/workplace (or similar environment) where the candidate will complete this assessment.  A volunteer to act as the candidate’s supervisor  Progress Notes template | |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  State/territory legislation, regulations, and standards  Workplace systems  Others (please specify):  Summary:  Assessor to provide a summary of the contextualisation done here | |

## **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

## Part 1. Meeting with Supervisor

| **During the meeting with the supervisor:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate follows organisational procedures in reporting variations to wellbeing. |  |  |  |
| 1. Any changes to the client’s wellbeing must be reported verbally to the supervisor. | YES  NO |  |  |
| 1. The changes should be documented in the progress notes, immediately or as soon as practicable. | YES  NO |  |  |
| 1. The candidate reports what they have noticed as objectively as possible: |  |  |  |
| 1. The candidate only includes information that is explicitly stated in the scenario.   **Note to the assessor: An example of assumptions are the support worker neglecting the client for two months or the support worker physically abusing the client.** | YES  NO |  |  |
| 1. The candidate reports the identified variations to wellbeing   These must be consistent with what they answered in Case Study Task 3.1. | YES  NO |  |  |
| 1. The candidate answers any questions that the supervisor may have. | YES  NO |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **During the meeting with the supervisor:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| 1. The candidate enumerates situations that are beyond the scope of their knowledge, skills or role, including: |  |  |  |
| * 1. Not knowing much about enough about Chinese culture to be able comfort or relate with her. | YES  NO |  |  |
| * 1. Not being certified to provide counselling services to help her deal with emotional distress | YES  NO |  |  |
| 1. The candidate asks their supervisor for references to other health professionals and service providers who may help them deliver support to Xiaoting. | YES  NO |  |  |

## Part 2. Seeking Assistance

| **After the meeting:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate searches for information cultural groups that could help support Xiaoting be surrounded by people who share the same culture as her. | YES  NO |  |  |
| 1. The candidate checks the following information regarding the cultural support group they found: |  |  |  |
| * 1. Any accreditation of the cultural group | YES  NO |  |  |
| * 1. Its contact information | YES  NO |  |  |
| 1. The candidate sends an enquiry to the cultural group on programs that Xiaoting can be part of. | YES  NO |  |  |
| 1. The candidate searches for psychologists who may help Xiaoting for counselling | YES  NO |  |  |
| 1. The candidate checks the following information regarding the psychologist |  |  |  |
| * 1. Registration in the Australian Health Practitioner Regulation Agency register of practitioners. | YES  NO |  |  |
| * 1. Their contact information | YES  NO |  |  |
| 1. The candidate sends an enquiry to the psychologist for a possible schedule for Xiaoting. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, report the identified variations to a person’s wellbeing according to organisational policies and procedures, including situations beyond the scope of their own role.  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during their completion of the workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study – Observation Form