# Workplace Assessment Task 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 **Workplace Assessment Task 2.**

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

## **Task Overview**

For this task, the candidate is required to meet with their workplace supervisor or a registered nurse and report the client’s health status and physical condition, including, any changes to the client’s physical health and wellbeing, e.g. continence, hydration, nutrition, etc.

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 healthy body systems
* Practical skills relevant to sharing information about the client’s health status and conditions using information about healthy body systems

## **Instructions to the Assessor**

### Before the assessment

* Contextualise the performance benchmarks outlined in this *Observation Form* so that they align with:
  + The specific community service context in which the candidate is completing this assessment, e.g. individual support, ageing support, home and community, disability, or community service.
  + The policies and procedures within the organisation/workplace where the candidate is completing this assessment.
  + The individualised support plans/care plans of clients, e.g. their goals, needs, preferences, health or medical background, etc.
* Organise workplace resources required for this assessment.
* Discuss this assessment task with the candidate, including the practical skills they need to demonstrate during this task and the criteria for satisfactorily demonstrating each skill.
* Review this form with the candidate and address any queries or concerns they may have about it.

### 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**

|  |  |  |
| --- | --- | --- |
| Assessment environment | Real workplace/organisation | Simulated environment |
| Mode of observation | Direct observation | Observation via video recording |
| Workplace/organisation |  | |
| Workplace supervisor/Registered nurse |  | |
| Community service contexts | Individual support  Aged care  Home and community  Disability  Community service  Others (please specify): | |
| The candidate is supporting/caring for | An ageing support client  Client living with disability | |

|  |  |
| --- | --- |
| Resources required for the assessment | A workplace within community services contexts e.g. aged care, home and community, disability, or community service organisation  Workplace supervisor/registered nurse  Individual support client (ageing or living with a disability)  Information about the client, e.g. individualised support plan, health or medical records, etc.  Progress notes template (or similar) |
| Policies and procedures for reporting client’s health status and physical conditions  The assessor must contextualise the criteria in this checklist to align with these policies and procedures. | Policies |
|  | Procedures |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form:  State/territory legislation, regulations, and standards  Workplace systems, policies, and procedures  Equipment, tools, and facilities available in the candidate’s workplace/training organisation  The client’s goals, preferences, needs as identified in their individualised support plan  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 on 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

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate holds the discussion with the workplace supervisor/registered nurse in a private space, i.e. no other people can hear the discussion about the client’s individualised plan.   Assessor to specify where the discussion was conducted: | YES  NO |  |  |
| 1. The candidate discusses the following with their workplace supervisor/registered nurse: |  |  |  |
| * 1. Client’s progress in the support activity/ies conducted. | YES  NO |  |  |
| * 1. Level or degree of participation in the support activity/ies | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * 1. Changes in the client’s physical health and wellbeing |  |  |  |
| * + 1. Indicators of changes, signs or symptoms of body system issues relating to:   For a satisfactory performance, the candidate’s submission must cover at least one below:  Continence  Nutrition  Hydration  Weight  Oral health  Appetite  Dysphagia  Bowel health  Bone health  Food intolerance  Skin integrity  Dementia  Cognitive changes  Others (please specify): e.g. pain | YES  NO |  |  |
| * 1. Changes in the client’s behaviour | YES  NO |  |  |
| * 1. Situations of potential risks to the client’s health, safety and wellbeing | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * 1. Situations of actual risks to the client’s health, safety and wellbeing. | YES  NO |  |  |
| * 1. Reportable incidents that occurred during the support activity/ies. | YES  NO |  |  |
| * 1. Indicators of additional needs | YES  NO |  |  |
| * 1. Indicators of unmet needs | YES  NO |  |  |
| 1. The candidate consults with the workplace supervisor/registered nurse about whom to refer the client’s additional and unmet needs. | YES  NO |  |  |
| 1. The candidate consults with the workplace supervisor/registered nurse process for referring the client’s additional and unmet needs. | YES  NO |  |  |
| 1. The candidate follows policies and procedures for reporting changes to client’s health status and physical condition. |  |  |  |
| 1. The candidate reports to the relevant personnel.   The assessor to specify the personnel:  Registered nurse  Supervisor/team leader | YES  NO |  |  |
| 1. The candidate reports changes to client’s health status and physical condition in a private space, i.e. no other person can hear their conversation. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, report the client’s health status and conditions to their workplace supervisor/registered nurse.  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 Workplace Assessment – Observation Form