ASSESSMENT TASK 2 DIRECT OBSERVATION (WRITTEN INSTRUCTIONS)

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Student Version

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HLT33115 – Certificate III Health Service Assistance

BSBMED301 – Interpret and apply medical terminology appropriately

Assessment Task 2 Direct Observation (Written Instructions)

# Document control

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| Version | Date released | Author | Description |
| 1 |  |  | Initial version |
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# Assessment cover sheet

This form must be attached to the front of all submitted hard copy assessments.

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| Student details: Student to complete | |
| **Student name** |  |
| **Student ID** |  |
| **Student declaration**  By signing below, I declare that the work submitted here is my own work and it does not include work which is plagiarised, copied in whole or in part from another student or other source such as published books, internet or journals without due acknowledgement in the text. | |
| **Student signature** | **Date** |

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| Assessment details: Teacher to complete | | | |
| **Course national ID and title** | | HLT33115 – Certificate III Health Service Assistance | |
| **Unit/s national ID and title** | | BSBMED301 – Intepret and apply medical terminology appropriately | |
| **Assessment task number and name** | | Assessment Task 2 Direct Observation (Written Instructions) | |
| **Pre-requisite unit/s** | | Nil | |
| **Date due** |  | **Date submitted** |  |
| **Assessor name** | |  | |

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| Assessment result and feedback | | | | | | |
| **Result** | | Satisfactory  Not yet satisfactory | | **Re-submit date if required** | |  |
| **Feedback** | | | | | | |
| **Assessor’s signature** | |  | | **Date** | |  |
| **Assessment review**  If you believe that you have been assessed unfairly, you have the right to request an informal assessment review. When your assessment cover sheet is returned to you, you can request an informal review by filling in the section below and returning it to your assessor or the Operations Manager of your area. If you are not satisfied with the outcome, you can apply for a [formal review of assessment on the application form](https://www.boxhill.edu.au/search/?query=formal%20review%20application%20form&view=site_search) located on the Box Hill Institute Website. | | | | | | |
| **I request a review of my assessment for the following reasons:** | | | | | | |
| **Student signature** |  | | **Date** | |  | |

| Instructions to student | | |
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| **Assessment task number and name** | Assessment Task 2 Direct Observation (Written Instructions) | |
| Description of assessment task | | |
| * This is 2 of 3 assessments you need to successfully complete to be deemed competent in this unit. * In this assessment you will be required to complete all questions and submit your responses. * Assessment will take place as self-directed study outside of scheduled class time. * Full details of the tasks are provided in the task instructions below. | | |
| Conditions of assessment | | |
| **Time allowed** | Refer to the due date in Unit Plan | |
| **Pre-requisite unit(s)** | Nil | |
| **Where the assessment will take place** | This assessment task is to be completed as self-directed study outside of scheduled class time. | |
| **Individual or group work** | Individual | |
| **Support equipment allowed i.e.: calculator, dictionary** | Students may refer to their learning materials to assist with the completion of this task | |
| **Context and conditions of assessment** | Assessment must be conducted in a safe environment where evidence gathered demonstrates consistent performance of typical activities experienced in the medical services administration field of work and include access to:   * Office equipment and resources * Examples of documentation * Case studies and, where possible, real situations.   Assessors must satisfy NVR/AQTF assessor requirements. | |
| Submission instructions | | |
| **What to submit** | Submit your responses to all questions. | |
| **How to submit** | Save an electronic version of your completed assessment as a PDF using the naming protocol provided.  Upload your file to the assignment in your LMS. | |
| **How to present your work** | As an electronic version (PDF) of your completed assessment task. | |
| **How many attempts at assessment are permitted** | You will be given three (3) attempts to satisfactorily (S) complete this assessment.  Complete each question without the help of others, unless otherwise stated due to Occupational Health Safety (OHS) requirements.  Complete all questions for the assessment. If you do not correctly answer each question, you will receive a grade of Not Yet Satisfactory (NS).  If you receive a grade of Not Yet Satisfactory (NS), you will be given a further two (2) attempts to perform the assessment task satisfactorily.  If you have a disability and believe you are eligible for alternative or adjusted assessment procedures, please discuss this with your Trainer/Assessor. | |
| **Level of assistance permitted** | Students may refer to their learning materials to assist with the completion of this task.  Complete each question without the help of others, unless otherwise stated due to Occupational Health Safety (OHS) requirements. | |
| **How will the assessment judgement be made** | Observation checklist | Exemplar |
| Performance checklist | Rubric |
| Answer guide | Benchmarks |
| Safety | | |
| If at any time during the learning and assessment process, your Teacher/Assessor considers that the safety of any person is at risk they will abort the session. | | |
| Reasonable adjustment | | |
| You may access reasonable adjustment to enable you to participate in training and assessment. You can learn more about student welfare and disadvantage through the [Student disability policy](https://www.boxhill.edu.au/about-us/policies-and-procedures/) and procedure on the Box Hill Institute website or by calling Student Life on 9286 9891, SMS on 0429 680 488, or by emailing the Disability liaison service on dls@boxhill.edu.au or by calling into the Student Life office at Elgar campus in B3.224. More information is available on https://studentweb.bhtafe.edu.au/studenthub.  You can contact Access and Disability Support at CAE city campus on 8892 1612 or email dls@boxhill.edu.au or calling into the Student Life office at the city campus in B.202. | | |
| Special consideration | | |
| Where a student anticipates that a result will be impacted by special circumstances such as ill health or bereavement, application can be made for special consideration. Forms can be accessed from the Student Life office at Elgar Campus in B3.224 or download the [special consideration application form](https://www.boxhill.edu.au/search/?query=special%20consideration&view=site_search) | | |

# Case study assessment task

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| Task instructions |
| You will be required to demonstrate your skills and knowledge in the tasks described below. This task consists of three (3) parts and in each part, you are required to play the role of an Healthcare Worker (HCW).  **Part A:**  You will receive information regarding a patient who has presented to the Emergency Department and requires transfer to Pre-Op prior to surgery. The assessor plays the role of the HCW supervisor and provides the client history in the case scenario to you. You are required to use the case scenario to receive and interpret written instructions using medical terminology and use medical terminology in oral communication with the HCW supervisor.  **Part B:**  Using the written information contained the case scenario, you are required to identify the equipment and belongings required to prepare patient for transfer and to be transferred with the patient to Pre-Op. You will use a checklist to ensure equipment and belongings are transferred with patient.  **Part C:**  Using the written information contained in the case scenario, you are required to complete the Transfer Summary Template so that this information can be communicated with another health professional.  Your assessor will observe you performing the task and complete the observation checklist |

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| Case Scenario (ISBAR format) |
| **I - Identify**  Mr Ryan Holmes  UR-147980 DOB 21/12/1948 (75)  15 Town St, Overton Ph 0434 679 554  Handover from B James, Head HCW - ED    **S - Situation**  Presented to ED via Ambulance post fall  Xray confirm # (L) NoF  Admit for (L) THR  NWB, Assist 4x for T/F via Pat Slide, Nil mob    **B - Background**  PHx: OA, stroke 2019 - dysphagia, T2DM, HT,  Soc Hx: Lives alone in SSH  Wears glasses, hearing aid 2x  Previously mob: I Transfers/Mob, FWB, SPS, 1km walk/day    **A - Assessment**  Vital Signs:   * BP: 130/85 mmHg * HR: 78 bpm * RR: 18 breaths/min * SpO2: 98% on 2L/Mask * Temp: 37.2°C * BGL: 6.6 mmols/L       **R - Recommendation**  T/F to PreOP, H/o to NUM  OR @1500 for (L) THR |

## Written Task Part A: Case Scenario

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| Instructions to student (Including any resources required) |
| You will receive written information regarding a patient who had attended the hospital following a fall. The assessor plays the role of the HCW supervisor and will provide the client history in a case scenario to you. You are required to receive and interpret written instructions using medical terminology within the case scenario and use medical terminology in oral communication with the HCW supervisor.  Read the case scenario and AT2 Direct Observation (Written Instructions) document. Ask your assessor if you need to seek clarification on medical terminology used in the case scenario.  **Procedure:**  Read the task documents.  Your assessor will ask you a series of questions to check your understanding of medical terminology. |

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| Observable behaviours **Did the student:** | | | Satisfactory (S) **Not satisfactory (NS)** |
| **1** | Receive the written instructions using medical terminology. | | Satisfactory  Not yet satisfactory |
| **2** | Seek clarification from supervisor or experienced staff member as required | | Satisfactory  Not yet satisfactory |
| **3** | Using medical terminology, the student confirms and discusses information relevant to the case scenario as per the below questions. | | Satisfactory  Not yet satisfactory |
| **Case study questions** | | | **Satisfactory (S)**  **Not satisfactory (NS)** |
| **1** | | What are the client’s details and what is their current situation?  Expand in full all medical terminology and ensure the correct pronunciation. | Satisfactory  Not yet satisfactory |
| Candidate response |
| **2** | | What is the client’s past medical history?  Expand in full all medical terminology and ensure the correct pronunciation. | Satisfactory  Not yet satisfactory |
| Candidate response |
| **3** | | What level of assistance and aids did the client have for transfers and mobility prior to admission?  Expand in full all medical terminology and ensure the correct pronunciation. | Satisfactory  Not yet satisfactory |
| Candidate response |
| **4** | | If you were unsure about an instruction containing medical terminology or abbreviation, what would your response be?  Provide two (2) examples. | Satisfactory  Not yet satisfactory |
| Candidate response |

## Written Task Part B: Transfer Checklist

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| Instructions to student (Including any resources required) |
| Using the written information contained in the case scenario, you are required to identify the equipment that is required to transfer the patient from the Emergency Department to Pre-Op and the patient belongings to be collected for transfer. You will use a checklist in this part of the task to document what equipment and belongings are required.  Read the case scenario and AT2 Direct Observation (Written Instructions) document. Ask your assessor if you need to seek clarification on medical terminology used in the case scenario.  **Procedure:**  Access the simulations space.  Identify the equipment that is required for the transfer using the case scenario  Identify patient belongings to be collected and transferred with the patient  Indicate on the checklist if the equipment is available (Yes/No). |

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| Transfer checklist: | |
| Equipment required for Transfer | Required |
| Pat Slide |  |
| Slide Sheet |  |
| Hover Mat |  |
| Trolley |  |
| Patient Lifting Pole with Triangle |  |
| Hudson Mask |  |
| Naso Prongs |  |
| O2 Cylinder |  |
| CO2 Cylinder |  |
| Patient Belongings for Transfer | Required |
| Glasses |  |
| Dentures |  |
| Hearing Aid |  |
| Personal Belongings |  |
| Mobility Aid (specify if needed) |  |

## Written Task Part C: Document Written Communication

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| Instructions to student (Including any resources required) |
| Using the written information contained in the case scenario, the HCW is required to document the client’s history on the Transfer Summary Template so that this information can be communicated with another health professional.  Read the case scenario and AT2 Direct Observation (Written Instructions) document. Ask your assessor if you need to seek clarification on medical terminology used in the case scenario.  **Procedure:**  Document the client’s history on the Transfer Summary Template.  **Expand all medical terminology and abbreviations (write in full language)** on the Transfer Summary Template.  Present the Transfer Summary to the assessor for verification. |

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| Transfer Summary |  |
| Date:  Client details:  CHx:  PHx:  SHx:  Vital signs:  Current function:  Treatment plan:  Discharge summary completed by: | |
|  | Satisfactory  Not yet satisfactory |