ASSESSMENT TASK 3 DIRECT OBSERVATION (VERBAL 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 3 Direct Observation (Verbal Instructions)

# Document control

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| Version | Date released | Author | Description |
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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 – Interpret and apply medical terminology appropriately | |
| **Assessment task number and name** | | Assessment Task 3 Direct Observation (Verbal 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 3 Direct Observation (Verbal Instructions) | |
| Description of assessment task | | |
| * This is 3 of 3 assessments you need to successfully complete to be deemed competent in this unit. * In this assessment you will be required to demonstrate the required knowledge and skills to communicate medical abbreviations and terminology to other healthcare professionals using oral communication. * Assessment will take place on campus in a simulated work environment * Full details of the tasks are provided in the task instructions below. | | |
| Conditions of assessment | | |
| **Time allowed** | This assessment task is scheduled to take approximately one (1) hour.  Refer to the due date in the Unit Plan. | |
| **Pre-requisite unit(s)** | Nil | |
| **Where the assessment will take place** | This assessment task will take place on campus in a simulated workplace environment. | |
| **Individual or group work** | You will be working in groups of two (2) | |
| **Support equipment allowed i.e.: calculator, dictionary** | Students may refer to their learning materials and simulated workplace policies and procedures 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** | Your completed observation checklist (including assessor and student signatures). | |
| **How to submit** | Scan your completed observation checklist and documentation and save it as a PDF file using the naming protocol provided below.  Upload your submission to the assessment within your LMS. | |
| **How to present your work** | Ensure you have labelled it with your name and Student ID, completed the assessment task cover sheet and signed all required fields at the bottom of each observation task checklist. | |
| **How many attempts at assessment are permitted** | You will be given three (3) attempts to satisfactorily (S) complete this assessment.  All criteria must be demonstrated satisfactorily. If you do not correctly demonstrate each criterion 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 online 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** | You must be able to complete the task independently and under industry standards | |
| **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](https://www.boxhill.edu.au/about-us/policies-and-procedures/) disability policy 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 C1.202. | | |
| 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). | | |

# Observation 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 two (2) parts and in each part, you are required to play the role of a Healthcare Worker  **Part A**  You will receive instructions verbally about a client from your assessor who is playing the role of the HCW supervisor. You are required to complete the verbal instructions, received from your assessor, with a client and provide written information to a patient.    **Part B**  Using the information contained in the case scenario, you are required to provide written and verbal instructions to a fellow HCW regarding the patient.  Your assessor will observe you performing the task and complete the observation checklist. |

## Direct Observation Task A: Case Scenario

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| Instructions to student (Including any resources required) |
| You will receive instructions verbally about a patient from your assessor who is playing the role of the HCW supervisor. You are required to complete the verbal instructions, received from your assessor, with a patient and provide written information to a patient.  Read the AT3 Direct Observation Patient Information. Ask you assessor if you need to seek clarification on medical terminology used in the case scenario.  **Procedure:**  Read the task documents.  Receive verbal instructions about a client from your assessor.  Document verbal instructions in written form.  Complete the verbal instructions provided to you with a patient. Prior to commencing with the patient, introduce yourself and gain consent as per organisational policy and procedures.  Complete the transfer checklist with the patient, ensuring all relevant areas are checked as per patient documentation, needs and requirements |

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| Patient Information |
| *Nara is a 62-year-old client who has been admitted to hospital following a fall.*  *XRay showed a fractured right tibia.*  *The client underwent an ORIF 10/7 ago and is NWB for 6/52.*  *Assist 1x for Transfers*  *IV Insitu*  *PHx: COPD, partially deaf, T2DM (monitoring required by nursing staff)*  *SHx: lives with partner, CALD background (English second language)*  *The client is being transferred to discharge lounge, to be taken home by partner* |

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| Oral Instructions |
| Student to document oral instructions in written form here: |

**Transfer Checklist:**

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|  | | **Please tick if relevant** | **Comments:** |
| General | Additional Monitoring | BSL ☐  IDC ☐  PPM ☐ |  |
| Oxygen | Face Mask ☐  Nasal Prongs ☐ |  |
| Medication |  | IV insitu Yes ☐ No ☐  Medication sent with patient ☐  Medication Allergies Yes ☐ No ☐ | All prescribed medication to accompany patient |
| Skin Integrity | Pressure injury prevention | Pressure Care as per Braden Assessment ☐  Daily full skin check ☐ | Air Mattress ☐  Turning ☐  Elevate Heels ☐  ROHO Cushion ☐ |
| Wounds | Wound(s) present ☐  Wound Chart updated ☐ |  |
| Mobility | Transfers | Hoist ☐  Assist ☐  Supervise ☐ Independent ☐ |  |
|  | Ambulation | WB Status:  Gait Aid:  Independent ☐ Supervise ☐ Assist ☐ Unable to assist ☐ |  |
| Personal | Belongings | Xrays/Scans ☐  Medications ☐ (Inc. oxygen)  Glasses/visual aids ☐  Hearing aids ☐  Dentures ☐  Clothing ☐  Gait Aid ☐  Other:………………………………………………………….. | All personal belonging to accompany patient |

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| **HANDOVER**  **By signing this acknowledgement you declare that you have handed over the patient according to hospital policy and procedures.** | **Handover made to receiving clinician: Phone Face to Face ☐ Email ☐ Fax ☐** | |
| **Name** of **receiving** clinician: | Signature: |
| Site: Discharge Lounge | Designation |
| Contact Number: Ext 4040 | Date/Time: 07/02/2025 1330hrs |
| **Name of person handing patient over:** | **Signature:** |
| **Patient has come from Site/Ward:** | **Designation:**   * **RN** * **HSA** * **AHA** |

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| Task | Observable tasks | Assessor feedback | Satisfactory (S)Not satisfactory (NS) |
| 1 | Receive the oral instructions using medical terminology. |  | Satisfactory  Not yet satisfactory |
| 2 | Interpret and document oral instructions received by the AHA supervisor, spelling medical terminology correctly. |  | Satisfactory  Not yet satisfactory |
| 3 | Seek clarification from supervisor as required. |  | Satisfactory  Not yet satisfactory |
| 4 | Interpret and adhere to the policies and procedures of the workplace when introducing self and gaining consent for the session. |  | Satisfactory  Not yet satisfactory |
| 5 | Use appropriate medical terminology as directed when completing a checklist using oral communication with the client. |  | Satisfactory  Not yet satisfactory |
| 6 | Use appropriate medical terminology as directed, in written communication with the client. |  | Satisfactory  Not yet satisfactory |

## Direct Observation Task B: Communication with fellow workers

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| Instructions to student (Including any resources required) |
| Using the information contained in the case scenario, you are required to provide written and verbal handover regarding the patient to a fellow HCW in the discharge lounge who will be assisting with the patients discharge following your transfer of the patient to the discharge lounge  You noted during transport the following things that will need to also be documented and communicated to your colleague  *During transport to discharge lounge, patient reported feeling cold and very hungry*  *Patient also reported feeling anxious about been alone in new area, reports partner is arriving in two hours*  Read the AT3 Direct Observation Patient Information Documents. Ask you assessor if you need to seek clarification on medical terminology used in the case scenario.  **Procedure:**  Review the patient information  Complete the ISBAR handover for your colleague on the template below  Provide a written and verbal handover of the client to a fellow AHA. |

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| ISBAR handover of client |
| Identify:  Situation:    Background:    Assessment:    Recommendations: |

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| --- | --- | --- | --- |
| Task | Observable tasks | Assessor feedback | Satisfactory (S)Not satisfactory (NS) |
| 1 | Use appropriate medical terminology in oral communication with a fellow HCW in the routine task of a client handover. |  | Satisfactory  Not yet satisfactory |
| 2 | Use appropriate medical terminology in written communication with a fellow HCW in the routine task of a client handover. |  | Satisfactory  Not yet satisfactory |
| 3 | Seek assistance from supervisor or experienced staff member as required when completing the routine task of a client handover. |  | Satisfactory  Not yet satisfactory |