



**AUSTRALIAN
HEALTHCARE**
QUALIFICATIONS & TRAINING

Learner Assessment

Task 2 - Case Study

Unit Code: CHCAGE002

Unit Name: Implement falls prevention strategies

Qualification:

Participant Name: _____

Version Control:

Please Note: All care has been taken to ensure this document is of the highest quality at the time of publication. The authors, editors, and publishers will not be responsible for any actions taken on the basis of this documentation, nor for any errors or omissions, or for the results obtained from the use of such information.

Contents

Assessment Information.....	2
Instructions to the student	3
Assessment Agreement.....	5
Assessment Task 2 - Case Study	6

Assessment Information

Unit Code & Title:	CHCAGE002 Implement falls prevention strategies
Unit Descriptor:	This unit describes the skills and knowledge required to work in partnership with older people and their carer/s to implement strategies to minimise the risk of falls.
Application of the Unit:	This unit applies to support workers in a residential or community context. Work performed requires some discretion and judgement and may be carried out under regular direct or indirect supervision.
Elements:	<ol style="list-style-type: none"> 1. Prepare to implement falls prevention strategies 2. Identify potential risk of falls 3. Implement falls prevention strategies 4. Monitor falls prevention strategies
Performance Knowledge:	<p>The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has:</p> <ul style="list-style-type: none"> • Implemented falls prevention strategies for at least 2 older people and monitored and evaluated those strategies in a collaborative, positive and respectful manner
Knowledge Evidence:	<p>The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:</p> <ul style="list-style-type: none"> • The ageing process and how it might affect the risk of falls • Factors, including stroke, contributing to the risk of falls and their impact on older people and their carers • Normal posture, gait and balance and how to recognise deviations • Medical causes of falls, including stroke and how to recognise signs of those causes • The physical and psychological effects of falls on older people and their carers • Falls prevention strategies and indicators of when a strategy should be halted • Legal and ethical considerations for working with older people, including: <ul style="list-style-type: none"> - Duty of care - Human rights - Privacy, confidentiality and disclosure - Work health and safety • Documentation requirements including the importance of accurate, objective and appropriately detailed records
Assessment Conditions:	<p>Skills must have been demonstrated in an ageing support workplace with the addition of simulations and scenarios where the full range of contexts and situations have not been provided in the workplace. These are situations relating to emergency or unplanned procedures where assessment in these circumstances would be unsafe, impractical or threatens the dignity of the older person. The following conditions must be met for this units:</p> <ul style="list-style-type: none"> • Use of suitable facilities, equipment and resources, including: <ul style="list-style-type: none"> - Relevant risk assessment tools - Relevant organisation policies and procedures <p>Overall, assessment must involve workplace interactions with older people, colleagues and families/carers.</p> <p>Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.</p>

Instructions to the student

Purpose of this assessment

This Assessment is designed to test your knowledge and skills against the criteria that is required in order for you to work in partnership with older people and their carer/s to implement strategies to minimise the risk of falls. In addition, the assessment needs to provide evidence of the student's ability to develop strategies for networking and collaboration for at least 1 organisation and work collaboratively with external individuals or groups in at least 3 different service delivery situations.

Methods of Assessment

The assessments have been developed in consideration to assessment requirements, learning environment and the expectations by industry.

To be deemed competent in this unit of competency the following assessment requirements must be completed. You must achieve a satisfactory result for each task to be deemed competent in this unit.

Assessment Task 1 – Written Questions – The Written Questions provided in this assessment kit is required to be completed. Assessment Task 1 may be completed within allocated training time or during periods of self-study.

Assessment Task 2 – Case Studies – The Case Study/ies provide an opportunity for you to demonstrate your knowledge and skills aligned to settings that reflect your industry. Written answers to questions relating to the different case studies is required. You are required to read the case studies and answer all the questions satisfactorily. Assessment Task 2 may be completed within allocated class time or during periods of self-study.

Assessment Task 3 – Workplace Project – This practical project provides an opportunity for you to demonstrate your competency in a practical real work setting. You are required to read the project instructions This may include; collecting and providing documents, providing answers/information to the items listed and/or providing answers to written questions. You are to complete the project without the guidance from the Trainer/Assessor. Where you are not able to undertake the practical project in the workplace, your Trainer /Assessor will provide you support by creating a simulated situation. Where a simulated environment has been created your Trainer/Assessor will record this as a reasonable adjustment to the assessment method.

Resources needed for assessment:

- Policies and procedures
- Learning material
- Information relating to peak bodies, network groups and web-based network services

What you need to do:

- Complete the activities as described above
- Take a photo copy of your work if you would like to
- Collect all of the required evidence and provide to your trainer
- Sign the Assessment Agreement
- Submit the completed assessment kit to your assessor.

If you have any difficulties or there is anything you don't understand, talk with your Trainer/Assessor; they are here to help you. Never be too afraid to ask about anything you don't understand related to safety and do not attempt to complete tasks you are unsure about. You can raise any concerns with your trainer/assessor.

Your assessor will provide you with feedback both verbally and in writing.

Assessment outcomes

Satisfactory – Evidence provided meets the requirements of the assessment method and unit of competency

Not Satisfactory – Evidence provided does not meet the requirements of the assessment method and unit of competency.

If you have been given a Not Satisfactory assessment outcome you will be given the chance to review with your assessor and discuss the area/s for improvement and time will be elected where you will be required to resubmit the Assessment Workbook as per the assessor's instructions. If you receive a Satisfactory outcome for the individual Assessment Mode, then this outcome will contribute to final judgement of competency for this unit.

Reasonable Adjustment

Special consideration may be applied, and reasonable adjustment given to this assessment, as required. *(See further information in student handbook – Access & Equity and RTO policies and procedures – Assessment Policy).*

Any adjustments made to standard assessment will be documented clearly in assessment kit either at the front of the booklet or in the individual competency record.

Document any adjustments to standard assessment

Reassessment

Where you are found not yet competent, the RTO will provide three further opportunities to achieve competency at no cost. If you request to be re-assessed after the 3 attempts a cost of \$200 per unit will be applied and any attempt thereafter. *(see Assessment Policy for further information).*

Assessment Agreement

An assessment agreement is required to ensure that all students are aware of the process and purpose of an assessment and the requirements that achieve competence in this unit.

Student Full Name:	
Unit Code and Title:	CHCAGE002 – implement falls prevention strategies
Qualification:	

Please tick as appropriate	Yes	No	Comment
The purpose of the assessment has been clearly explained			
Assessment methods and outcomes required have been clearly explained and I understand what is required of me to achieve competency in this unit			
I have been made aware of the Assessment and Appeals Policy			
I have discussed any special needs to be considered during assessment with my assessor			
I understand I have three attempts to complete each task satisfactorily. After three attempts, \$200 per unit will be charged to reassess the unit of competency. If after the fourth attempt I am deemed 'Not Yet Competent', I will be required to do further training before reattempting this unit.			
I give permission for the RTO to use my assignment for assessment moderation / validation purposes.			
<p>I declare that I understand how assessment will take place for this unit.</p> <p>I also understand that work completed towards this assessment must be verifiably my own.</p>			
<p>Student's Name: _____</p> <p>Student's Signature: _____ Date: ____ / ____ / _____</p>			
<p>Assessor's Name: _____</p> <p>Assessor's Signature: _____ Date: ____ / ____ / _____</p>			

Assessment Task 2 - Case Study

Assessment Description

This assessment is based on a case study for you to read and complete the relevant questions.

Case Study 1

Tony is a 67-year-old man who resides at your facility. He is diagnosed with Motor Neurone disease and is wheelchair bound. Tony has limited movement in his upper body and no movement in his lower body. Staff have been assisting Tony with personal care for the past 6 months. Today you have noticed that Tony has developed quite a lean in his chair and you are concerned that this may result in him falling from the wheelchair.

You mention this to Tony and his wife Sandra. She informs you that he has had the same chair for over 5 years and that she too is concerned that he may fall as the lean gets worse late in the day. You know that there is some sort of referral process for accessing new equipment.

Answer the following questions below.

1. What steps would you take to assess the situation?

Assessor Use Only: Satisfactory response provided YES NO

2. What level of risk would you consider Tony to be at?

Assessor Use Only: Satisfactory response provided YES NO

3. What topics would you discuss with Tony and Sandra?

Assessor Use Only: Satisfactory response provided YES NO

4. Who would be involved in the referral process?

Assessor Use Only: Satisfactory response provided YES NO

5. What documentation would you complete regarding the above scenario?

Assessor Use Only: Satisfactory response provided YES NO

6. What follow up will you take to review and evaluate the situation?

Assessor Use Only: Satisfactory response provided YES NO

Case Study 2

Mrs Simpson Lives at home alone she has never had a fall before, she has recently had a decrease in her mobility and has required treatment from a physio who has recommended the following. Assistance X1 staff member for all transfers, Hip protectors 24/7 and direct monitoring until she can be assessed in a few weeks' time.

1. Before implementing strategies, what key factors should you take in consideration?

Assessor Use Only: Satisfactory response provided

YES NO

Case Study 3

Mrs Sandringham has an unsteady gait she uses a 4WW (Four-Wheel-Walker) at all times. She recently has become unwell, she is retaining fluid below the knees and is not sleeping well at night. The doctor on his last visit has prescribed sleeping tablets and a diuretic for Mrs Sandringham. After two days taking the sleeping tablets and the diuretic, Mrs Sandringham found herself rushing half asleep to get to the bathroom, she battles with the 4WW half asleep and is worried she may not make the bathroom.

1. What could the possible cause be of increased falls risk?

Assessor Use Only: Satisfactory response provided

YES NO

1b. Who could you consult with?

Assessor Use Only: Satisfactory response provided

YES NO

2. What interventions would you take if you found a strategy not having the desired effect?

Assessor Use Only: Satisfactory response provided

YES NO

3. You place a commode beside the bed of a night. When implementing this strategy what do you need to consider?

Assessor Use Only: Satisfactory response provided

YES NO

4. How could you determine its effectiveness?

Assessor Use Only: Satisfactory response provided

YES NO

Case Study 4

You have just commenced your shift and have been debriefed about a new client named Simon Ohare. You are reviewing his care plan as per below;

Client name:	Simon Ohare	Date of Birth:	3 rd January 1939
Conditions:	Low blood pressure, Low bone density, Arthritis, Vision and hearing impairment		
	Client details	Carer support	
Ambulation	Can walk when supported by carer or with a walking frame.	Assistance maintaining the walking frame.	
Transfers	Difficulty performing transfer independently. Dizziness when standing from a seated position or sitting from a prone position.	Support required transferring to and from the bed – two person lift only. Please use a transfer sheet rather than a hoist	
Communication	Unable to hear most sounds. Can lip read.	Face Simon when speaking Speak clearly and naturally with mouth uncovered.	
Vision	Glaucoma (tunnel vision).	Do not move furniture in Simons room. Ensure all obstacles are removed.	
Personal care	Can wash independently.	Assist with transfers to and from the shower chair	
Contenance	Functional urinary incontinence.	Prompt toilet visits before and after drinking/meals. Provision of fresh linen. Laundering clothing.	

Refer to the care plan in the example and answer the following:

1. Identify the fall risks associated with the provision of support.
2. Provide strategies for reducing or removing these risks.

Support	1. Risks	2. Strategies to reduce/remove the risk
Ambulation		
Transfers		
Communication		
Vision		
Contenance		
Assessor Use Only: Satisfactory response provided YES <input type="radio"/> NO <input type="radio"/>		

CHCAGE002	Implement falls prevention strategies
------------------	--

Reasonable Adjustments made			
------------------------------------	--	--	--

Assessment activity Task 2 – Case Study	Satisfactory	Not Satisfactory	Assessor Initials
Date: ___ / ___ / _____			

Assessment Guide

Satisfactory	The Assessor has reviewed the Assessment Workbook against the requirements of the Assessment Mode and is satisfied that all requirements have been met.
Not Satisfactory	The Assessor has reviewed the Assessment Workbook against the requirements of the Assessment Mode and is not satisfied that all requirements have been met.

Re- Assessment

___ / ___ / _____			
___ / ___ / _____			
___ / ___ / _____			
___ / ___ / _____			

Competency Record

Unit Title & Code:	CHCAGE002 – Implement falls prevention strategies
Student Name:	
Assessment Strategies:	Satisfactory Unsatisfactory
	Assessment Task 2 - Case Study
Student Feedback:	
Assessment Result:	<p>The participant is COMPETENT</p> <p>The participant is NOT YET COMPETENT</p>
Assessor Declaration:	<p>Evidence of Competency is:</p> <p>Valid Authentic Sufficient Current</p> <p>All the above assessment modes have been met</p> <p>The assessment has been modified due to Reasonable Adjustment (see below)</p> <p>Gaps in performance were identified and reassessment completed (as per record of results)</p> <p>Feedback given to student: Written (above) Email (attached)</p>
Assessor's Name:	
Assessor's Signature:	Date: ____ / ____ / _____