How to self assess

Self assessment and readiness

In any area of work where self monitoring (checking up on yourself all the time) is important, self assessment against the criteria for competence is probably the first step in knowing how to judge if actions are appropriate.

If you wish to be declared competent you have a responsibility to provide evidence of that. (In truth, it really doesn’t matter if it is an exam or a competency based assessment, you can only have a judgement made in your favour if you provide sufficient evidence in either assessment mode). This means that the nature of the required evidence must be known to the you, so that you can ensure that you provide the required sort of evidence in sufficient volume to meet the requirement to be declared competent.

If you assess yourself as not doing some of the things in the list of performance criteria, it does not necessarily mean that you are not competent, just that there is a need for more practice. If you believe that there is no need for some performance criteria to be met, you should be able to describe why they were not needed in this particular instance.

If you don’t know how to do something, or whether or not it is necessary, then you need more help before you am ready for assessment.

This help may come from someone in the workplace, or from the training provider.
Because you will see lots of people doing things in different ways at work, it is critical to ensure that it is to the standard described.

If you are given a copy of the assessment criteria for any competency, you should be able to identify whether you are ready to undertake assessment.

This means that a process of self-assessment should occur. You should seek further help to be ‘ready’ if you do not feel you can provide sufficient evidence without further instruction or practice.

Readiness is a very individual thing. It may be that two people working together still have quite different kinds of experiences, simply because of the clients or residents assigned to them. A carer in the aged care residential environment may not ever work with someone who is prone to disruptive behaviours as a result of dementia. Another may never work with someone who is profoundly deaf.

Likewise, a worker in a residential setting for people with intellectual disability, who works in the evenings, may never have had to keep clients to a rigid time schedule to get them to daytime activities on time. Someone else may not have worked with them to learn to cook, because they always work mornings and the clients only have cereal and toast.

Where any lack of experience produces a lack of you should negotiate additional experiences with the workplace supervisor, or the supervisor may make arrangements for you to have time to discuss differences in care with others who have such experiences.

Directed workplace observations and journalling will often ensure that more is learnt from a single encounter than might happen with our thinking back on what we have done. They ‘force’ reflection on the events of the workplace and, as such, open a person’s actions to their own critique. This practice of
reflection on action is important to ensure that the vulnerable clients and residents are protected from people who work without thinking.

There are many samples of journalling and directed workplace observations within this program. Look at the section ‘How to set up a reflective journal’ in this toolkit

*Here are some samples of workplace observations which you can use to help you identify if you are ready for formal assessment*

1. **AGED CARE WORK**

   *For CHCAC3A Orientation to aged care work*

   1. Identify someone within your service or facility who has dementia. Talk with the people who have known them long term. Describe the major changes people have noticed.
   How do current staff adapt to these changes?
   How would you like to care for the client/resident, if you could?
   What are the difficulties in doing that?

   2. Identify a client or resident who has no family living close.
   How are the relationships maintained?
   What are the significant difficulties, for the resident/client, and for the family?
   How does the client/resident compensate for the absence of family with other relationships and activities?

   3. See if you can find a resident/client of your facility/service who is married and whose spouse is not also a resident/client of your facility/service.
   What kinds of needs have resulted in this living apart?
   How is the relationship maintained?
How does the non-resident/non client partner manage alone?

4. The Aged Care Standards encourage ‘home-likeness’ in the environment of the resident/client.
   What compromises are made to this environment to accommodate high care needs of residents/clients?
   What are some of the ways in which residents/clients of your facility/service keep their environment home-like?
   What are some of the potential risks to staff, in attempting to keep an environment home-like?

5. Resident/client rights are a very important principle in aged care service delivery.
   Speak to a resident about the way they ‘have their say’ about things in the place where they live, or to a client about the services they receive/use.
   Identify a resident/client who uses an advocate to speak for them. How does the advocacy role function?
   How do staff respond to the conflict between the rights of the client/resident and the duty of care to the client/resident, when incontinent residents/clients refuse skin care?

6. Look at two incident reports from your facility/service.
   Can you describe what happened from what is described on the form?
   How would you report a similar incident?
   Compare three potential hazards to residents/clients, from your learning, and describe how these risks are minimised in your facility/service.

2. DISABILITY WORK

For CHCDIS1A Orientation to Work in the Disability Sector

1. Identify someone within your service or facility who exhibits behaviour which is seriously disruptive. Talk with the people who have known them over a long period of time. Have there been any major changes in health
that people have noticed?
How do current staff adapt to these changes?
How would you like to care for the client/resident, if you could?
What are the difficulties in doing that?

2. Identify a client or resident who has no family living close.
   How are the relationships maintained?
   What are the significant difficulties, for the resident/client, and for the
   family?
   How does the client/resident compensate for the absence of family with
   other relationships and activities?

3. One of the areas of our lives which we take for granted is our sexuality and
   sensuality - our desire to be seen as male or female, and our desire to
   relate to members of the opposite sex.
   How are these needs met by the people who use your services?
   How is the self esteem, so necessary to relating to others, fostered through
   the way you work?
   How is support given to ensure clients make responsible decisions
   surrounding issues of contraception?

4. The Disability Service Standards encourage ‘home-likeness’ in the
   environment of the resident/client.
   What compromises are made to this environment to accommodate high
   care and/or mobility needs of residents/clients?
   What are some of the ways in which residents/clients of your
   facility/service keep their environment home-like?
   What are some of the potential risks to staff, in attempting to keep an
   environment home-like?

5. Resident/client rights are a very important principle in disability service
   delivery.
   Speak to a resident about the way they ‘have their say’ about things in the
place where they live, or to a client about the services they receive/use. Identify a resident/client who uses an advocate to speak for them. How does the advocacy role function? How do staff respond to the conflict between the rights of the client/resident and the duty of care to the client/resident, *for example*, when incontinent residents/clients refuse skin care?

6. Look at two incident reports from your facility/service. Can you describe what happened from what is described on the form? How would you report a similar incident? Compare three potential hazards to residents/clients, from your learning, and describe how these risks are minimised in your facility/service.

**In your workplace you will find check lists like this which you can use to self assess:**

For the standard:

**CHCAC3A Orientation to work in aged care**

And the element:

1. Demonstrate commitment to quality services for aged persons

You should do the following:

<table>
<thead>
<tr>
<th>PERFORMANCE CRITERIA</th>
<th>DEMONSTRATED</th>
<th>NOT DEMONSTRATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>• all work reflects an understanding of key issues facing aged people and their carers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• all work undertaken reflects context of policy, regulatory, legislative and legal requirements as they apply to the area of work</td>
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</tr>
</tbody>
</table>
• all work in the sector demonstrates a commitment to access and equity principles

• organisational procedures relating to client participation are followed

• personal values and attitudes regarding aging are taken into account when planning and implementing all work activities

Notes to guide you:

*Context includes:*

• statutory framework within which work takes place

• historical context of work eg. changing attitudes to aging; changing approaches to working with clients

• changing social context of work eg. consumer centred approach, changing government and societal views of aged care, approaches to working with clients,

• political context eg. government policies and initiatives affecting aged care work

• economic context eg. the current economic situation as it relates to and affects aged care and the subsequent impact on client needs

• facts/myths about aging

*Issues may include:*

• coming to terms with the ageing process

• access to community

• changing needs for physical comfort, sleep and rest

• death, grieving and loss
changes that ageing may bring to physical processes, memory, intellectual function, personality and social interaction

The underpinning values and philosophies of the sector may include:

- a holistic and consumer-centred approach
- promotion of mental health and well being
- early intervention and targeting of appropriate services
- commitment to meeting the needs and upholding the rights of clients
- commitment to empowering clients

Policy and legislative requirements include:

- Privacy Act
- Equal Employment Opportunity principles
- Guardianship Board
- Freedom of Information Act
- Individual rights
- Residential Aged Care Service Standards
- Aged Care Act 1997
- Nurses Act
- Medical Act
- Pharmacy Act
- Poisons Act
- Medication regulations

A commitment to principles of access and equity includes:

- creation of a client oriented culture
- a non-discriminatory approach to all people using the service, their family and friends, the general public and co-workers
- ensuring the work undertaken takes account of and caters for differences including: cultural, physical, religious, economic, social
- Rights include principles expressed in: charters of rights
- outcomes standards documents
- general human rights
- freedom from discrimination
- freedom of information
• outcomes standards
• service standards

Rights may be detailed in:
• resident handbooks
• legislation
• industry and organisational service standards
• mission statements

Rights may include:
• privacy
• confidentiality
• common law
• to be treated in a dignified, safe and comfortable manner
• to express own feelings
• freedom of association
• choice to participate
• access to complaint mechanisms

Interests may include:
• financial
• accommodation
• services
• recreation

Needs may include:
• personal
• security
• safety
• recreational
• social

Legal responsibilities include:
• legislation
• regulations

Critical aspects of assessment:
• works within role and responsibilities in a manner which accommodates
  and accepts individual differences of aged people
element: 2. Support rights, interests and needs of the aged person

You should do the following:

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<tr>
<td>• aged person is supported and encouraged to exercise their rights where appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• legal responsibilities of duty of care are complied with</td>
<td></td>
<td></td>
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</tbody>
</table>

Notes to guide you:

- **Rights include principles expressed in:**
  - charters of rights
  - outcomes standards documents
  - general human rights
  - freedom from discrimination
  - freedom of information
  - service standards
  - legislation
  - mission statements and resident handbooks
- **Rights may include**
  - privacy
  - confidentiality
  - common law
  - to be treated in a dignified, safe and comfortable manner
  - to express own feelings
  - freedom of association

- choice to participate
- access to complaint mechanisms

*Needs may include:*
- personal
- security
- safety
- recreational
- social
- spiritual

*Critical aspects of assessment:*
- works within role and responsibilities in a manner which accommodates and accepts individual differences of aged people
Element 3. Respond to situations of risk or potential risk to the aged person within work role and skills level

You should do the following:

<table>
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<tbody>
<tr>
<td>• respond to situations of risk and report to appropriate people</td>
<td></td>
<td></td>
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<tr>
<td>• report uncharacteristic or inappropriate behaviour</td>
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<tr>
<td>• report situations of risk which may have an adverse effect on the health of the aged person</td>
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</table>

Notes to guide you:

*Reporting may be:*
- by telephone
- face to face
- written in hand over books, written reports, incident reports, accident reports

*Appropriate people may include*
- supervisors
- relatives
- colleagues
- health workers
- administrators
- emergency services
- health care services
- community care
- social services
Uncharacteristic behaviours may include

- agitation
- aggression
- sleeplessness
- withdrawal
- disorientation
- confusion

Inappropriate behaviours are those which may put others at risk or infringe upon the rights of others

Observation of situations of risk may include:

- not eating or drinking enough
- environmental risk (loose carpet, wet floors)
- alterations in mental state or behaviours
- changes in capacity to meet requirements of daily living
- changes in health status
- substance abuse

Critical aspects of assessment:

- works within role and responsibilities in a manner which accommodates and accepts individual differences of aged people
Or you might like to describe your actions in the workplace in such a way that you can ask a more experienced worker, a supervisor or an assessor to give you feedback on whether they think you are ready for assessment.

**What I think was happening**

**What I did/said**

**What I was trying to do/say/make happen**

**What actually happened**
What I think I need to learn more about/
or
What I think this shows about my competence

Signed: _______________________________________ worker
Signed: _______________________________________ supervisor/peer
Date: ___________________