



cta



Student Handbook

"your education pathway
to a career in health & nursing"

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Welcome to Care Training Australia

Care Training Australia (CTA) is a partner company of Universal Care Management (UCM), which has been involved in the aged care industry for over 25 years. In 1991 CTA, the training arm of UCM was formed to assist staff involved in the aged care industry with their specialised educational needs. In 1997 CTA became a private provider of vocational education and training. In 2003, CTA achieved AQTF Accreditation and ISO9001:2000 Accreditation.

The majority of CTA students are mature age people who have been away from formal study for long periods. CTA lecturers offer students extra tuition and assistance as necessary to facilitate their learning. The CTA team has an open door policy for students. If students have any concerns or problems related to the course or their studies, the CTA staff welcomes the opportunity to meet with students and assist them to resolve issues. To make it easier for all concerned, CTA staff would like students to make an appointment first so that staff members can give students' concerns the time required.

CTA recognises that students come to the course with a range of learning styles, needs and vocational expectations. The learning experiences provided in CTA courses are designed to include a variety of learning strategies to:

- meet adult learning criteria;
- suit individual and group learning styles and needs;
- prepare students for future roles as a member of a work team;
- focus on the required competencies identified in the curriculum; and
- assist all students to achieve course competencies and acquire professional qualifications.

As a student your role is to ensure that you maximise the learning opportunities which are available to you.

This will require you to make a personal commitment to achieving success in your studies by:

- self-motivation and sustained effort;
- seeking appropriate assistance as required; and
- self-evaluation of your performance.

To assist us to meet your learning needs we hope that you will take the opportunity to provide regular feedback on your learning experiences to the course staff.

On behalf of the staff of CTA and UCM I wish you an enjoyable and productive time during your studies at the CTA campus.

Andrew Ford
CTA Operations Manager

Note for Students

Students should read the CTA Student Information Booklet very carefully and thoroughly and bring to all classes for ongoing reference.

Philosophy

Knowledge is Strength

Quality outcomes and excellence promoted through education

Mission Statement

“Promotion of contemporary and best work practices through education and training. We seek to promote students’ success by offering educational courses that lead to career opportunities, professional excellence, and quality outcomes.”

CTA is an equal opportunity education and training organisation committed to freedom from discrimination, harassment and bias.

Objectives

- Provide a range of courses and seminars within the health care field and other industries;
- Employ professional and appropriately qualified educators with up-to-date industry experience;
- Deliver contemporary practical and theoretical training;
- Provide ongoing support for past and present students;
- Empower all members of the education team at CTA;
- Promote professional development at all levels;
- Deliver accessible education to all clients and customers, both internally and externally; and
- Promote quality training and education in the pursuit of excellence.

Information/Application for Entry into Courses

Information related to accredited courses on CTA's scope of delivery can be accessed on the website www.ctaonline.com.au

You may also contact CTA directly for information:

- Telephone: (03) 9571 8611
- Fax: (03) 9571 8196
- Email to cta-courses@ucm.com.au

Educational opportunities for courses are published in The Age, Herald Sun and local newspapers, throughout the year.

All information related to courses and fees will be forwarded to you on application and CTA staff members are available to answer any queries related to individual courses. Information is also available at specific information sessions held prior to courses.

For further information regarding vocational education and training, new apprenticeships and traineeships, training packages, Australian Quality Training Framework and study pathways visit the following websites:

<http://www.deewr.gov.au/deewr/Training/>
<http://www.skills.vic.gov.au/>

<http://www.ntis.gov.au/>
<http://www.aqf.edu.au/implem.htm>

Pre-requisites and Co-requisites to Courses

- **Pre-requisite** is a requirement that needs to be met prior to entry to the course eg: Cert IV in Nursing is a pre- requisite for entry into the Medication Administration course.
- **Co-requisite** is a condition of a course completion that requires an additional unit that may have been completed at the RTO or elsewhere.

An example would be - HLT43407 Certificate IV in Nursing:
Co-requisite for Certificate IV in Nursing is Level 2 First Aid.

Enrolment

Once you have received enrolment forms and decided to enrol in a course, all enrolment forms are to be completed and forwarded to CTA with the appropriate support documentation and fees as specified in the contract.

Please note: Enrolment cannot be accepted without payment of the appropriate fees.

Payments

Payments can be made via:

- mail - bank cheque, personal cheque or money order;
- telephone - credit card; or
- in person - cash, personal cheque, bank cheque, money order or credit card

Fees

Please refer to the appropriate Course Registration Form for course fees.

Concessions

- If a student is in receipt of a government benefit (concession cardholder), a reduction of the government tuition contribution fee (applicable to Traineeships only) to \$55.00 will be granted. A reduction in the non academic fee also to \$55.00 will be granted, however the book fee will not be reduced.
- Full time students may be eligible for travel concessions on Victorian public transport. Application forms for concessions can be obtained from the MET and passed to CTA Administration for signature.

Austudy

Students should contact Centrelink for further information.

Refund of Fees

An administration fee \$150.00 will apply should you choose to withdraw from any course, at any time, after being enrolled.

CTA reserves the right to cancel any course in the event of insufficient student enrolments and will refund all fees accordingly.

Government Funded Courses: The following criteria apply for the refund of fees, as per the guidelines set out by the Victorian Skills Commission:

1.20 If a student withdraws, by written notice, from government-funded training or further education at any time up until 4 weeks after the scheduled commencement date of classes, the provider must refund the tuition contribution paid in respect of the government-funded training or further education less the minimum tuition contribution and any other fees and charges paid by or on behalf of the student.

1.21 If a student withdraws, by written notice, from government-funded training or further education at any time up until 4 weeks after the scheduled commencement date of classes for the purposes of taking up a place at another educational institution, the provider must refund the full tuition contribution and any other fees and charges paid by or on behalf of the student.

1.22 If government-funded training or further education is cancelled by the provider at any time during the period of the student's enrolment, then the provider must refund the full tuition contribution, the pro-rata portion of any student services and amenities fees, ancillary fees and any fees for materials or services which have not been used in the training or further education prior to the date of cancellation.

1.23 For the purposes of clauses 1.20, 1.21 and 1.22, if a student withdraws from only part of their enrolment in government-funded training or further education, the provider need only refund the portion of the tuition contribution and fees for materials or services applicable to that part of the training or further education.

1.24 If a student does not undertake tuition in part of their enrolment in government-funded training or further education because of recognised prior learning, then the provider must refund an amount equal to the difference between:-

- (a) the tuition contribution which has been paid; and
- (b) the tuition contribution applicable in accordance with this policy in respect of the aggregate of the enrolled subject hours for that part of the government-funded training or further education in which the student has undertaken or will undertake tuition in that calendar year.

1.25 A provider may grant refunds in other circumstances or of greater amounts as it sees fit.”

Further information can be accessed via the Skills Victoria website;

<https://secure.otte.vic.gov.au/GFTP/Common/2008/FeesandCharges2008.asp>

Fee for Service Courses:

If a student withdraws, by written notice, from a fee for service program at any time after commencement of classes in that course, fees will be required to be paid in full.

Overseas Students' Refund Policy

Refunds are paid in accordance with the provisions of the ESOS Act 2000 and the ESOS Regulations 2001 which comprise the course funds received from the student. Students are advised of this provision prior to payment of fees:

- Refunds will be made to students within two weeks after the default date (as explained below).
- CTA will provide the overseas student with a statement explaining the refund calculations

CTA Defaults when:

- the course does not start on the agreed commencement date
- the course ceases to be provided before the completion date
- the course is not provided in full to the student

A Student Defaults when:

CTA has a written agreement with the student regarding refunds and:

- CTA must pay the student the amount (if any) required by the agreement
- CTA must not engage in conduct that is false, misleading, deceptive or otherwise unconscionable
- the agreement is clearly understood by the student and is given to the student prior to making any payment

Access and Equity

CTA is an equal opportunity education and training organisation, committed to freedom from discrimination, harassment and bias. All students applying for courses will be given every opportunity and assistance to enrol in courses of their choice and supported to participate and achieve competency in all curriculum activities.

Using a variety of assessment methods, support will be given to each individual student to achieve competency. If competency cannot be demonstrated as being achieved, the student will not be awarded a result of “competent” until they have met all of the curriculum requirements.

Equity

CTA is committed to offering all students the opportunity to access education and be able to perform at their optimum level in all courses. This includes students from the following categories:

- Mature aged students
- Aboriginal or other indigenous students
- Students with disabilities
- Concessional students

Harassment and Discrimination

CTA is committed to providing a learning environment free from harassment, bullying and discrimination. Unlawful discrimination covers the following: age, disability/impairment, gender and lawful sexual activity, marital status, physical appearance, political beliefs, pregnancy, race/ethnicity and religious beliefs.

In accordance with Federal and State legislation, sexual harassment and discrimination on the grounds of age, impairment, industrial activity, lawful sexual activity, marital status, physical features, political belief or activity, pregnancy, race, religious belief or activity, or status as a parent, will not be tolerated at CTA.

Individuals who feel they are being harassed or discriminated against should discuss the situation with the CTA Operations Manager or CTA Staff. Please refer to the CTA Grievance Procedure as stated in this Handbook.

Equal Opportunity

CTA recognises that staff and students have the right to benefit fully from CTA courses (refer to Access and Equity statement in this booklet).

In accordance with federal and state equal opportunity legislation, CTA will not tolerate discrimination against an individual on the grounds of age, impairment, industrial activity, lawful sexual activity, marital status, physical features, political belief or activity, pregnancy, race, religious belief or activity, or status as a parent.

Occupational Health and Safety

CTA is committed to providing a safe and healthy environment for staff, students and visitors to CTA premises, in accordance with the Occupational Health and Safety Act 2004.

Staff, student and visitors are required to conduct themselves in a fashion that does not wilfully contribute to the creation of hazards and injuries. Where an accident or hazard has been identified, it is the responsibility of all staff and students to report this immediately.

Sexual Harassment

Sexual harassment is a form of discrimination and can consist of intentional and unintentional verbal and physical behaviour, which is of a sexual nature. In accordance with both Federal and State legislation, CTA will not tolerate behaviours concerning sexual harassment.

Individuals who feel they are being sexually harassed should discuss the situation with the CTA Operations Manager or CTA staff. Refer also to the CTA Grievance Procedure as stated in this Handbook.

Racial Discrimination

CTA shall not tolerate discrimination on the basis or race of any kind.

Mutual Recognition (Recognition of Qualifications issued by other Registered Training Organisations)

CTA recognises academic results and qualifications issued by other nationally-registered Registered Training Organisations (RTO's), AQF Qualifications and Statements of Attainment issued by other Registered Training Organisations. Credit transfers will be awarded for all successfully completed competencies/modules obtained elsewhere that relate to the course you are enrolled in at CTA.

Recognition of Prior Learning/Credit Transfer

Read all this information carefully to ensure you understand the RPL procedure:

What is Recognition of Prior Learning (RPL)?

Recognition of Prior Learning is a means of measuring skills acquired through work or life experiences, or through similar qualifications obtained from formal studies or training.

What is a Credit Transfer?

Credit Transfer is the recognition of previous study for the **same** module/unit.

How will it help you?

If your application is successful you may:

- be able to finish your course earlier
- reduce your study load

The student must confer with their lecturer and inform them of any absence from class due to credit transfer.

How do you apply?

Step 1:

- Discuss your RPL/Credit Transfer potential with the Course Co-ordinator.
- Obtain an RPL/Credit Transfer Application form from Student Administration.

Step 2:

- Read the copy of the course outline carefully. (Course outlines are available from the Course Co-ordinator or Student Administration.)
- Match your prior learning to module / competency outcomes.
- Obtain evidence to support your application:
eg. Qualifications issued by a registered training organisation, past academic transcripts of results and certificates, (course outlines/content of past qualifications is obligatory).
- The Course Co-ordinator must sight the original document(s).

Step 3:

- Complete the RPL/Credit Transfer Application Form, attaching evidence.

Step 4:

- Lodge the form with the Course Co-ordinator.

RPL Interview

You may be requested to attend an interview with a qualified RPL Assessor. You will be notified of an interview time.

- The assessor will outline the process.
- You will be questioned about your previous work experience, training, education, hobbies and interests.
- Where appropriate, you will be advised that a challenge test/practical assessment or other means of assessment may be required, to demonstrate your skills and capabilities against the learning outcomes.
- If you do not understand any of the questions, ask the assessor for an explanation.
- After the interview you will be advised of the outcome in writing.
- Interviews may take up to 45 minutes

RPL/Credit Transfer decisions:

Request granted:

- Application accepted and prior learning recognised. (Study requirements may be reduced if this decision is made).

Request for partial exemption granted:

- If granted, the course timetable will be adapted accordingly to meet RPL/ Credit Transfer exemptions.

Request denied:

- Your prior learning has not been recognised as relevant to the course; or
- The usual study guide requirements of the course must be completed.

What does it cost?

There is a cost of \$50 per module/ unit for RPL and if an industry expert is required, an additional charge will be added. Credit transfer applications are free.

How will you know if your Application has been successful?

You will be advised in writing that RPL/Credit Transfer will be recognised. Your study requirements may be reduced if this decision is made.

Who do you speak to for more information?

The CTA Course Co-ordinator can supply further information.

Who assesses your application?

A qualified RPL Assessor.

RPL/Credit Transfer Appeal Process

If you are not happy with the result of the RPL process, how do you appeal against the assessment?

1. If you are dissatisfied with the result of the RPL process, discuss the assessment with the Course Co-ordinator.
2. If you are still dissatisfied, write to the CTA Director, requesting a review of the decision. Explain your concern and provide any other relevant supplementary information.
3. A review panel consisting of relevant members of the CTA Education Advisory Committee and CTA staff, including at least one qualified RPL assessor and two industry specialists, will consider your appeal.
4. The review panel's decision will be final. No further appeals are possible.

Change of Address/Personal Details

It is important to advise Student Administration if you have changed your personal details in any way. Please ask at reception for a Student Change of Personal Details Form – Form No 404D. Complete all details immediately and forward to CTA reception so that your details can be amended. It is important that we are able to contact you at any time regarding any course changes. If you wish to change your name, original documentation needs to be sighted i.e. Marriage certificate/change of name certificate/deed poll.

Change of Employment Status (Trainees/Apprentices)

If you become unemployed or change employer it is essential that you inform Student Administration and your Apprenticeship Centre immediately in order to fulfil government funding requirements. There are special conditions relating to the continuation of Government Funded training for trainees/apprentices who are not in current employment.

Please note: Failure to notify CTA of change of employment status may mean that you will be liable to pay for any training that you have attended while not under a training contract.

Student Deferment/Withdrawal

If for any reason you wish to defer from the course or withdraw from the course it is essential that you notify CTA Student Administration to obtain the relevant form: Student Withdrawal/Deferment Form – Form No 404E, to amend your course records.

Student Attendance

It is a requirement that students attend 80% of all scheduled sessions unless Recognition of Prior Learning (RPL) or Credit Transfer from another course module, equivalent to your current course, has been granted (Course curriculum information and results need to be supplied for credit transfer to be considered). **If a student does not reach 80% attendance they will be required to attend make up days at an additional cost of \$100 per day.**

In the event of an RPL or Credit Transfer being granted the student must consult with the Course Coordinator to determine adjustments to their study program/training plan.

If undertaking the course as part of a traineeship, and it is found that attendance requirements are not met, the employer will be notified and the student will, in the first instance, be required to participate in a formal counselling session with the Course Coordinator and/or their employer. For non-traineeship students, counselling will be provided. Where a student fails to complete the 80% attendance after counselling and discussion with the course Coordinator/Operations Manager, the student will be withdrawn from the course.

Absence due to ill health

If the student is unable to attend class due to illness, the student must notify CTA by leaving a message on the CTA message bank prior to 9 am on the day. A Doctor's Certificate is required.

It is the responsibility of the student to collect information and handouts for those sessions where they are not in attendance. Students are reminded that it is preferable that private/personal appointments are not made during scheduled training days.

As non-attendance is a breach of your training agreement (traineeship students) and may significantly affect your progress in the course, we have a responsibility to keep key stakeholders informed of significant absences. In such cases, CTA will notify the student's non-attendance to their Employer and / or the Apprentice Field Officer/s (traineeship students).

Your employer will be notified in the event that you:

- do not advise CTA of your absence from lectures
- do not attend for 2 consecutive training sessions; or
- consistently arrive late or leave lectures early

The Apprentice Field Officer will be notified in the event that you are in breach of your training agreement by:

- not attending training sessions on a regular basis; or
- consistently arrive late or leave early from training sessions

Class/Clinical Times

Please arrive promptly for class/clinical placement and do not leave in the middle of class as these interruptions slow the class down and disrupt everyone, as well as having a detrimental effect on your learning.

Student Behaviour in Class/on Clinical Placement

All students must, at all times, respect each other and endeavour to work as a team. Respect is an important characteristic of any health care worker. Students must behave in an exemplary and professional manner at all times and in all settings. Clinical settings for student clinical experience are offered after negotiation with management and education programmers of individual facilities. Students must be aware that Clinical Facilitators, as part of their contribution to the profession and the learning needs of students, offer their time as preceptors and student mentors in addition to their normal daily workloads. Mentors and preceptors are happy to assist students who are polite, demonstrate interest and are proactive in the pursuit of learning whilst in the clinical setting.

Student Misconduct

Where a student's behaviour or action is classed as misconduct by CTA, appropriate disciplinary action shall be enforced. Misconduct is any conduct that:

- is prejudicial to good order and discipline
- impairs the reasonable freedom of others to pursue studies
- brings CTA into unjustified disrepute
- fails to comply with any reasonable instruction
- involves failure of a student to identify themselves
- places another individual at risk
- is classed as assault
- results in false written or oral representations
- is disorderly

- involves discriminating behaviour towards others
- results in being persistently late without explanation, or in unsubstantiated absences from classes/ clinical placements
- involves wilfully cheating, or attempting to cheat, or assisting another individual to cheat
- involves the use of obscene language, being drunk, or under the influence/trafficking of any illegal substances
- results in destruction or damage to CTA property
- involves wilfully entering out of bounds areas
- leads to knowingly publishing any information held by CTA/UCM
- plagiarises any material
- does not adhere to clinical placement requirements, as detailed in the Student Logbook
- breaches the enrolment contract
- results in failure to submit/undertake assessment
- breaches the Privacy Act 1988

Dress Code

Neat, casual wear is acceptable during classroom lectures. CTA clinical uniform must be worn while undertaking clinical practice or excursions (Carers/Nursing courses only).

Dress Code whilst on Clinical Placement

CTA uniform: Navy slacks male/female or navy skirt female, CTA clinical shirt, Navy cardigan or blazer, CTA student badge.

Shoes: Navy or black lace up, or suitable covered-in, leather-toed shoes (to meet OH&S requirements) - NO sandals or joggers.

No jewellery; hair to be tied back neatly and no nail polish or long nails (nails are to be clean and neatly manicured).

Clinical Facilitators are to ensure all students comply with uniform requirements

Course Information

The course structure and content will be explained at information sessions or on induction to the program. Course materials and program timetables will be handed out at the commencement of each course.

The course is presented in a variety of learning modes, including:

- lectures
- assignments
- self-paced learning
- research
- practical, hands-on experience

Skills required for effective learning include: note taking, reading, researching texts and other publications, referencing, computer and internet use for research purposes. The ability to study and reinforce learning is an important success factor in completing any program.

Assignments

When handing in your assignment/class work, please ensure that your name, Lecturer's name, ID number & group appear on every page. Assignments must be handed in by the due date and time. Extensions will only be given in extreme conditions. For an extension, see the subject lecturer or Course Coordinator. Assignments are to be handed in (with designated Assignment Cover Sheet downloaded from our website) to CTA Reception, where the student will receive an 'assignment receipt' confirming the submission of the assignment. This must be retained by students as evidence of their submission.

All students must keep a copy of their assignment in case the original is lost or damaged.

Assignments must be neat and presented appropriately in a plastic cover. Do not use display books as they make it time consuming and difficult for lecturers to mark work and to make helpful comments.

Assignments must have a 5 cm margin on the left, and must be double-spaced word processed where possible. All assignments must be referenced using the Harvard method of referencing (refer to Style Guide in Student Information Booklet). All assignment pages must be clearly marked with the student's name, group and ID Number.

Late Assignments

If a student is unable to hand in an assignment by the due date they must (prior to due date) gain a written extension on their assignment cover sheet by the Lecturer or Course Coordinator.

NOTE: Failure to do this will mean 10% reduction from the overall mark for the first four days (10% per day) & marks after this will only attract 50%.

Assessment

Each module/competency will be assessed progressively throughout each course and students will be assessed as competent, using a variety of methods as listed in training plans or course timetables. Assessment of competency can be determined by a variety of methods including:

- exams
- assignments
- role play
- class group or individual presentations
- quiz in the classroom or laboratory
- clinical placement observation or, in some courses, workplace observation

Assessment Grades

Students will be assessed as Competent or Not Yet Competent (NYC) for each module completed. There will not be a result of Competent for any module unless all components for the module have been completed satisfactorily.

For most courses, this will be marked as Competent or N Y C on the student transcript at the completion of the course. For nursing courses, the final percentage mark will be listed for each module, apart from Medical Terminology and First Aid, which will be listed as Competent or NYC. This is to meet university requirements for entry into the Division 1 Nursing courses.

Failure to achieve competency in any module may require a student to re-submit an assignment or undertake another form of assessment designated by teaching staff responsible for the delivery of the particular module. Students will be given extra tuition if required.

Re-assessment for students assessed as NYC (in the first instance) may be implemented in many forms including:

- regular written and oral tests which may be open or closed book
- practical and tutorial assignments
- class and individual projects
- practical exercises
- oral presentations (research)
- interviews
- experiential journals

There will be only one opportunity to re-submit an assignment or be reassessed for each module. If a student is not able to achieve competency after the re-assessment then the student will have the option to join another group, at the time that group is studying the module/s in question.

Cheating and Plagiarism

Whilst it is acknowledged that the majority of students will approach their assessment tasks in an honest and professional manner, CTA takes the issue of cheating and plagiarism very seriously. There are strict rules that will be enforced in the event of such incidents:

- In the first instance, students will be required to re-attend the entire module and resit assessment tasks. No higher result than “competent” will be awarded. The incident will be recorded in the students file.
- Any second incident will result in expulsion from the program.
- Appeals against decisions can be referred to the CTA Education Advisory Committee for consideration.

Course Completion

Students will receive a certificate and final transcript of results on completion of the course. Prior to this, individual Lecturers or the Course Coordinator will give students the results of assignments/projects submitted and examinations undertaken.

If a student requires an up-to-date transcript for any purpose throughout the course, or reprints of documents already issued, please make application via Student Administration. There will be a charge of \$25.00 per page.

Results will be withheld if there are any fees outstanding. Once the finance department has notified Student Administration of your finalisation of any outstanding financial commitments to CTA, then you will be able to have your marks or final student transcript and attainment certificates released.

Appeals

Students appealing results must first discuss the issue with the relevant Lecturer/Clinical Facilitator. If this does not enable the matter to be resolved, the student should then take the matter up with the Course Coordinator. If after consultation with the Course Coordinator the matter is still unresolved, the student has the right to apply in writing to the CTA Education Advisory Committee for final decision-making. This will require the submission of all appropriate assignments, assessments or examination papers, with the basis of the appeal clearly stated in letter or submission format.

Grievance Procedure

Student Grievance Information

Conflict is an inevitable part of human contact. Care Training Australia seeks to resolve any grievances or conflict between students and the company, or any other party within CTA, in a way that values and respects all parties and in a reasonable time frame.

Care Training Australia will provide students with a fair, equitable and confidential avenue to address their grievances. Students will be encouraged to resolve any grievances within this avenue, with the assistance of CTA staff.

Grievance Process

1. If you feel aggrieved, you should first contact the person with whom you have the grievance to attempt to resolve the issue mutually.
2. If you feel uncomfortable approaching this person or cannot resolve the issue, document the nature and details of the grievance and forward it to CTA Student Administration.
3. The Course Co-ordinator, or the Operations Manager, will attempt to resolve the issue and you will be notified in writing of the outcome within 5 working days. You may be contacted to provide more information.
4. If you are unhappy with the resolution, you may lodge an appeal in writing. A meeting will be convened to discuss the issue within 7 working days of lodgement. An independent person will chair the meeting. All parties involved may have a witness present if they wish to do so. Please inform CTA if a witness will be accompanying you. Note: A witness cannot enter into the discussions at the meeting.
5. The aim of the meeting is to resolve the grievance. At the conclusion of the meeting, the resolutions agreed by all parties will be documented. This will include recommendations and actions that will be taken to implement the resolution. You will be given a copy of this document.
6. Unresolved appeals will be referred to the CTA Academic Advisory Committee.
7. All grievances are kept confidential, however all parties concerned may take a written record of the event.

Additional Information applicable to Overseas Students

Enrolment requirements

- Students must be enrolled full time unless repeating units in their final semester of study
- Units of study may only be repeated once
- Full-time courses require an average of 20 contact hours per week of actual program delivery, averaged over one month
- CTA does not accept students under 18 years of age

Refund Policy

- Refer to confirmation of enrolment letter and Course Agreement letter. Refer also to the CTA Refund Policy in this handbook.

Recognition of Prior Learning

- To apply, complete RPL/Credit Transfer Application Form 414A. Information and the form are available on request from Student Administration. If RPL is granted it must NOT reduce the course hours from a full time load (20hrs per week).
- Students will be notified of RPL result via FM414B, which they will sign on receipt and a copy will be placed in their student file.
- When RPL is granted before the issuing of a visa, the net course duration (as reduced by RPL) must be indicated on the eCoE issued for that student.
- Where RPL is granted after the issuing of a visa, the resulting change to the course duration will be reported by CTA to DIAC via the PRISMS system.

Change of Contact Details

- Must be adhered to in order to fulfil the overseas student visa requirements. Where there has been a change of the student's personal details, the Student Change of Personal Details Form No. 404D must be completed (available from Student Administration) and returned to Reception as soon as possible.
- Breaches to visa conditions are required to be reported to DEEWR/DIAC and may result in visa cancellation for the student.

Student Welfare and Support

CTA has a Student Support Counsellor along with a Course Coordinator assigned to each course. These CTA Staff are available to assist and mentor students to achieve success in their studies and assist with:

- support given in adjusting to student life and study in Australia
- assistance in the resolution of student concerns and grievances which could impede completion of their studies

Referral can be made to a mediation or conflict resolution service that is external and independent of CTA to provide grievance handling and dispute resolution that is inexpensive.

Breach of Visa Conditions

The following constitute a breach of the Overseas Student Visa Conditions:

- Course attendance less than 80% of contact hours
- Unsatisfactory academic performance

The student will be counselled and mentored to assist them to achieve the required hours or academic performance. See *Student Support Services*. If the situation is unable to be rectified, a Notice of Breach of Visa Conditions will be issued by CTA.

Student Personal Information

Students' personal details may be made available to Commonwealth and State agencies and the Fund Manger of the ESOS Assurance Fund pursuant to obligations under the ESOS Act 2000. CTA undertakes to maintain all relevant personal information according to their Privacy Policy.

Student Accommodation & Orientation

- On arrival students will have the option of being collected from the airport and transported to the pre-arranged accommodation.
- CTA is **not** in a position to find accommodation for individual students but has compiled a resource list of local real estate agents and home stay information.
- The first day of class will be dedicated to meeting the training and support staff at CTA. An explanation of the procedure for contacting the Course Co-ordinator will be given and their role in assisting and mentoring students for the duration of the course.
- During the orientation day, public transportation and its use will be explained and the course outline and timetable will be discussed. This includes academic progress that incorporates the expectations of CTA as well as DIAC.
- Particular emphasis will be placed on the areas of class attendance and notification of any changes to student contact details and address, which are requirements of the student visa conditions.
- The prospect of further study and the possibility of articulation onto other courses will be explained to the students.
- The process for dealing with issues/concerns that students may have will be discussed and hopefully resolved with assistance from the Student Support Counsellor. If an issue is not resolved to the satisfaction of both parties, CTA has an undertaking with a mediation firm to assist if necessary.

Student Support Counsellor

- To make an appointment, contact the CTA office on 9571 8611.

Relocation of Premises

- CTA undertakes to notify all students not less than 3 weeks if there is a relocation of training premises.

Traineeships - Certificate IV in Nursing (Enrolled/Division 2 Nursing) HLT43407

Students who are undertaking traineeships (Division 2 Nursing only), in order to meet NBV requirements, will need to be employed under a contract for 2 years and must work a minimum of 15 hours per week in the workplace, as well as undertake the off-the-job or theoretical components of the course. You will be assigned a Workplace Supervisor/ Preceptor who will guide you in your on-the-job learning and undertake workplace assessment activities as outlined in the Clinical Practice.

Clinical Placements - For Courses with Clinical Components

All students are required to undertake periods of supernumerary clinical placements in health and community settings under the supervision of CTA's Clinical Facilitators – Certificate IV in Nursing HLT43407, Medication Administration for Division 2 Nurses 21506VIC and Certificate III in Aged Care Work CHC30102.

It is a requirement of the Nurses Board of Victoria that all clinical hours be completed prior to registration. It is therefore essential that students attend all clinical days as set by the Clinical Co-ordinator. If a student does not reach 100% attendance, they will be required to attend make up days. If absences are not supported by medical certificates, make-up days will attract an additional cost of \$100 per day.

In the event of student illness, the Clinical Facilitator at the facility must be contacted as early as possible, together with CTA Administration, and advised of the nature of non attendance, to ensure the Course Coordinator and Clinical Coordinator are made aware of any absences. Medical Certificates are required for all absences in order for student records to be maintained accurately for Skills Victoria (OTTE) and NBV audit purposes.

In the event of a Clinical Facilitator not arriving at, or being in attendance at, the clinical facility a student is to be nominated to contact the Operations Manager of Care Training Australia at 9.00am, or at the commencement of any other shift as deemed by the clinical program, to inform CTA of the absence of the Facilitator. Students cannot commence their clinical placement until a replacement Facilitator has arrived. If a replacement is unable to be found, students will be required to leave the placement and the hours lost will be made up at a date and time negotiated with the students, the facility and CTA management. There will be no charge to students for make-up days in this instance.

Whilst on placement students must always:

- arrive at designated shift times without fail
- adhere to all pre-clinical placement instructions from CTA
- follow the instructions and directions of the CTA appointed Clinical Facilitator, who will have met with the facility staff to develop the clinical training plan for students whilst on the clinical placement
- attend all clinical debriefing sessions
- complete and submit all work as required as part of the clinical assessment, including completion of a personal journal, case study, care plan and the Student Clinical Logbook. At the completion of the clinical placement, all students must hand in their clinical logbooks, case study and care plans to the Clinical Facilitator who will mark them and return them to CTA for the Course Co-ordinator's review.
- leave the clinical venue at the designated time when given permission by the Clinical Facilitator

Students are required to comply with the dress codes as specified for clinical practice, which include wearing the CTA student identity badge at all times. Please note there are no exceptions to this rule.

Students should also conduct themselves in a professional manner at all times whilst on clinical placement. It must be remembered that if students misbehave, cause problems or do not follow the appropriate rules and regulations of the clinical placement venue, you may jeopardise placements for future students. Students must be mindful that they are visitors to the clinical placement venue.

It is essential that all students actively take every opportunity to work towards reinforcing their underpinning theoretical knowledge and laboratory practice skills whilst on clinical placement.

The Clinical Facilitator is the designated CTA representative who will assess if the student is Competent or Not Yet Competent within the clinical setting. If a student is deemed NYC in any area, it will mean that the student will have to undertake additional supervised study or even repeat the clinical placement in order to achieve competency.

Clinical Placements for Students in Certificate IV in Nursing (Enrolled/Division 2 nursing) HLT43407

Fee for Service & Priority Education (PETP) students

- 160 hours Aged Care
- 80 hours Acute Hospital
- 80 hours Rehabilitation Hospital or 80 hours Mental Health

Groups of 8 students will be under the direct supervision of a CTA Clinical Facilitator.

Students under a Traineeship Contract (ATTP)

- 180 hours Aged Care to be completed **in your workplace** under the support and supervision of a Div 1 registered Nurse - plus compulsory 2 full shifts (minimum 15 hrs per week) - for a period of 2 years (no equivalency), to meet the Nurses Board of Victoria guidelines.
- 80 hours Acute Hospital
- A total of 80 hours from the following combinations:
Rehabilitation Hospital 60 hours & Community Health 20 hours **or**
Mental Health 60 hours & Community Health 20 hours **or**
Rehabilitation Hospital 60 hours & Mental Health 20 hours

The Acute, Rehabilitation and Community placements will not be in your workplace and you will be required to attend at facilities contracted by CTA under the direct supervision of a CTA Clinical Facilitator.

Acute and Rehabilitation Placements

Acute and Rehabilitation placements are 80 hours each. Weeks are in a block from Monday to Friday as Acute Placements are difficult to acquire. Students will be given all consideration for placement by the Clinical Co-ordinator, however after final decisions are made, students will have to abide by the decision to meet the clinical components of the Nursing course clinical requirement, to complete and gain registration with the Nurses Board of Victoria.

Inoculation Policy

Students who are completing courses in Health, where they will be in contact with patients in the acute health sector, are now required by policies governing these facilities to have appropriate inoculation. This is to safeguard you as the student, your patients and the community in relation to infection control.

All students are required to be inoculated prior to acute clinical placement.

Students are required to supply CTA with a Medical Certificate, or have their doctor complete the CTA inoculation form, confirming this prior to the acute clinical for the following:

- Hepatitis A and B
- Mantoux test to determine tuberculosis status (a positive result requires chest x-ray and letter of clearance from your doctor)
- Tetanus – Mandatory

Note: Some Acute Hospitals will require students to sign a declaration they have not visited a country with the Sars virus within the 10 days preceding the clinical placement (may be verified prior to entry to clinicals).

Transport

Carnegie – Public Transport

All day parking is free and available in Munro Street. We are close to Carnegie and Glenhuntly Stations. Tram 67 delivers you right to our door.

Murrumbeena – Public Transport

Murrumbeena railway station is across the road from the facility. Limited undercover parking is available at the rear of the building.

Clinical Placements

Students are required to arrange their own transport to clinical venues.

Housekeeping

Kitchen/ Clinical Room/Computer Lab

Students are encouraged to use the clinical room for practice during breaks, subject to permission from the Lecturer/Course Co-ordinator. Students are permitted to use the kitchen facilities within reason and are to supply their own refreshments and cups. Students must clean up after themselves and are not entitled to help themselves to any other food in the kitchen/refrigerator. Meals or refreshments, can be purchased from surrounding shops, or brought from home.

Library/Computer Facilities

Computer facilities are available for student use, for internet research purposes and preparation of assignments. Printing charges apply.

Library facilities are on site and must be accessed through CTA Reception at the Carnegie campus. Library materials are to be used only in the Library and are not available for loan.

Photocopying

Photocopying is available at CTA Reception at a fee of 25 cents per copy. Please ask Administration staff for assistance.

Mobile Telephones

Phones must be switched off during lectures. Students are not to answer phones in the middle of class or leave class to answer phones. If you need to be contacted during class time, please arrange to have a message left with the CTA Receptionist (9571 8611) - this will ensure you receive the message as soon as possible.

Cleaning Schedule - Kitchen and Clinical Room/Classroom

A cleaning schedule will be drawn up each term that will cover the kitchen and the clinical/classroom. Any equipment used will be supervised by the lecturer and counted in and out of the equipment cupboard. Students are to leave lecture and laboratory rooms, kitchens and outside areas tidy and clean at the end of each day. Food and papers need to be disposed of properly. Keeping work areas tidy is a characteristic that is required of a professional in any industry.

Class Team Leader

Each term a Team Leader will be appointed from each student group. They are responsible for the cleaning roster, counting in and out equipment and liaison with lecturers and the Course Coordinator on any matters relating to the course or concerns of the group.

General Safety and Emergency Rules and Procedures

1. In situations where there is potential for cross-infection all standard precautions for infection control must be implemented.
2. All students must be aware of the location and correct usage of fire fighting equipment – extinguishers, hoses and safety blankets. Interference with any form of fire fighting equipment will carry severe penalties.
3. In the event of a fire or other life-threatening emergency, the fire warden for the building will direct evacuation. If the fire warden is absent, the Lecturer responsible for the class or another staff member may give the order to evacuate. In such an event, students should take any valuables which can be secured immediately without danger, and walk directly out of the building in an orderly manner, via the nearest safe exit. Proceed to the indicated emergency assembly area as directed in the fire and safety policy of the particular campus, which is a designated area within a safe distance from the building, and wait for the class lecturer to check the roll and give further instructions. Under no circumstances may you re-enter the building until you are directed to do so by the Fire Warden/Lecturer. During the day, or whenever students are present, all exit doors will be able to be readily opened from the inside and no means of exit will be obstructed.
4. Smoking is not permitted in any part of any building.
5. Running, wrestling or any form of rough play will not be tolerated.
6. No-one shall leave the classroom in the middle of sessions unless they become ill, or an emergency exists. Permission must be sought from the Lecturer.
7. Food shall only be consumed during the breaks, not during classes.

Any student who fails to comply with the above conditions will be denied access to laboratories and thus not permitted to participate in learning activities. This may, in some circumstances, affect their ability to participate in some assessment activities. In the traineeship situation, employers will be notified of any breach of conditions. In extreme cases of breach of conditions, a student may be suspended or expelled from classes.

Student Welfare & Guidance Information

Returning to study can raise many issues and problems that can cause stress and anxiety. Issues related to your course or studies should be directed to your Lecturers or Course Co-ordinator. For other personal matters the following list can assist you to find a resource that may help.

- Victoria Legal Aid 9269 0120
- Youthlaw 9611 2412
- Lifeline 131114
- Youth Employment Line 18001 52025
- Reach out – Helps people get through tough times, Drugs, Alcohol, Depression
www.reachout.com.au
- Any medical problems or personal problems – please see your GP who will refer you to an appropriate Health Specialist
- Career issues – Call Tafe line (course information line) 131823
- Preparatory programmes for students returning to study – Telephone course and career information unit 131823
- Wages Issues – Call Wageline Victoria 1300 363264
- Workplace Violence and Harassment call “Freestart” 9637 2791
- Local Welfare Agencies can be accessed via your local Council website
www.vicnet.net.au/government/localgovt/
- CTA Staff always available to provide extra tutorial and counselling support as required

State Legislative and Regulatory Requirements

CTA complies with State Legislation relating to the delivery of vocational education and training. Information about the relevant legislation can be accessed in the library, including:

- Occupational Health and Safety Act 2004
- Workplace harassment, victimisation and bullying
- Anti discrimination, including equal opportunity, racial vilification, and disability discrimination
- Vocational education and training
- Apprenticeships and traineeships
- Privacy Act 1988
- Copyright
- Freedom of information Act 1982
- Smoking
- Whistleblowers Act
- VQA Victorian Qualifications Authority ACT 2000
- Nurses Act 1993
- Marriage Regulations 1963
- Marriage Act 1961
- Food Act 1984
- Health Records Act 2001
- Information Privacy Act 2000
- Human Rights and Equal Opportunity Commission Act 1988
- Medical Treatment Act 1988

For current legislation, it is advisable to conduct online research.

Privacy

CTA will maintain confidentiality of student records in line with the requirements of the 1988 Privacy Act.

Access to Records

Students can access their own records by contacting CTA Student Administration.

Tafe VC (On-line Learning)

All students will be given an ID number and password to access (CTA) TAFEVC. TAFEVC incorporates PowerPoint presentations, e-mail access and additional support material online.

Course Evaluations

As part of CTA's continuous improvement process regarding course content and delivery, students, lecturers, and Clinical Facilitators will be asked to complete regular evaluations. If at any time you have any suggestions/ideas on how we can improve our services to you, please contact CTA Administration.

Working towards success

CTA staff members are committed to the success of each and every student enrolled in their training programs. It is the organisation's intention to provide a positive learning environment, with a high level of individual support, to ensure that students are well prepared for their chosen career.

CTA Style Guide/Student Reference Guide

Delivering a Presentation – Helpful Hints

Planning

- Find a topic that interests you - what are you going to talk about?
- Research your topic - what information do you need?
- Define your goal - what do you want to achieve through your talk: inform, persuade, train, entertain?

Preparing your Presentation

- Structure your talk - in what order will you present your facts?
- Choose your words to suit your audience
- Personalise your topic
- Consider your topic from the point of view of your audience

Making a Presentation

- Remember that making a speech is easier than making small talk
- Trust the audience to support you
- Rehearse beforehand and time yourself
- Check your appearance
- Wish yourself good luck and stand tall
- NEVER put yourself down in front of the audience (you are terrific)
- Make eye contact with as many people as possible
- Decide whether to stand still or walk around; avoid pacing up and down
- Remain aware of your body language
- Watch your audience for reactions
- Monitor the time allocated for your presentation
- Exit with grace

Presentation Myths	Presentation Realities
<ol style="list-style-type: none"> 1. Good speakers are born not made. I was not born a good speaker. 2. I failed the first time I spoke in front of people, so I will continue to fail. 3. If I follow exactly what someone says and does, I will be effective. 4. People who speak and look confident are not nervous inside. 5. Everyone has to love me, or my talk, or I am a failure 6. Every presentation I do must be perfect. 7. I know I will die when I stand in front of an audience. 	<ol style="list-style-type: none"> 1. Good speakers take more time preparing and practising. 2. Many successes start with failure. Thomas Watson, IBM, "In order to succeed, double your failure rate!" 3. Others' styles may be useful as models but you must use your own style. 4. Most speakers are nervous –they use it to energise themselves. 5. If they follow the steps you outlined it doesn't matter whether they like you or not. 6. Even the most experienced speaker knows something will go wrong 7. Over 2000 people died on Australia's roads last year- there were no recorded deaths for stage fright.

Guide to Essay Writing

Step 1

If given an option, find the topic that you would like to research most.

Step 2

Start gathering information from newspapers, books, internet, magazines, pamphlets, films, videos, student handouts and even the radio and television, as long as you note the program carefully in order to be able to cite the source of your reference. Personal experience is not sufficient for the kind of essay we would like you to write.

Step 3

Sort out your information and decide what will be useful questions that may have arisen from your research.

Step 4

Organise your material into topics or main points, which will become paragraphs.

Step 5

Write one paragraph at a time, keeping your theme in mind. Commence each paragraph with a topic sentence, then expand/explain the point. Give examples where possible.

Step 7

Put all your paragraphs together. This will be the first draft of your essay.

Step 8

Write your introduction and your conclusion and refine your paragraphs so that your work “flows”.

Essay Contents:

Cover Page

Title of Essay, your Name, Student ID Number, Course Name and Date

Introduction

This is a very brief outline or introduction of what you want to discuss.
Approx. 10% of essay length.

Body of Assignment

Made up of paragraphs discussing different points related to the topic.
Approx. 70% of essay length.

Conclusion

Reflection on what you have written. This includes conclusions drawn and other issues that could be developed.
Approx. 30% of essay length.

Presentation of your Essay:

- All writing is to be word processed, double-spaced, with a minimum of 2.5cm margin on each side
- Include illustrations if appropriate
- All referencing is to be done in the Harvard Style. Refer to 3. Guide to Referencing, see page 3 overleaf
- Attach the Assignment Cover Sheet downloaded from the website

Referencing of Your Information Sources (Your Research)

When to cite sources:

Quoting: When directly copying or copying exactly the words of another author – put in “quotation marks” and reference.

Paraphrasing: When putting their ideas into your own words – you **MUST** always acknowledge the source of the information.

Plagiarism:

Plagiarism is defined by Care Training Australia as “the action or practice of taking and using as one’s own, the thoughts, writings or other work of someone else with the intent to deceive”.

Plagiarism is a serious academic offence and is not condoned by Care Training Australia. Severe penalties will be imposed where plagiarism is detected. Examples of plagiarism range from copying a passage from a book or another person’s assignment without appropriate acknowledgment, using another student’s computer program, or submitting identical or very similar assignments.

Plagiarism includes:

- the unauthorised use of the whole or part of a computer program written by another person
- the use of the whole, or part, of a written work including the use of paragraph or sentences in essays or other assessable work which are neither enclosed in quotation marks nor otherwise properly acknowledged
- the paraphrasing of another’s work without acknowledgement
- the use of musical composition, audio, visual, graphic, photographic, without acknowledgement

Penalties for plagiarism may include cancellation of the mark for the assignment concerned, or failure in the subject. In extreme cases the penalty for plagiarism can be exclusion from the course of study. These sanctions will be strictly imposed should the occasion arise.

Always acknowledge the work of others.

The use of material previously submitted for assessment in another subject, or in this subject, is also not acceptable without prior discussion and formal permission from the subject convenor.

“Harvard Style” of Referencing

At Care Training Australia you will be required to reference with the “**Harvard Style**”, which is: Author’s Surname followed by Date and Page No.

Example:

Requires the name of the author or authors and the year of publication - place in brackets close to the quote or information:

..... As one writer put it “the darkest days were still ahead (Weston, 1998, p 45)”

OR

The author’s surname may be integrated into the text, followed by the year of publication and page number in brackets:

..... Scholts (1990, p.564) has argued that.....

Book Citation - Referencing For Bibliography:

Reference in this order:

Author’s surname, Authors first name or initial, Year of publication, *Title of the Book*, (put in *Italics* or underlined), Edition (if not the first edition), Published name, Place of Publication

Examples of Book Citation:

- Groenoegen, D. (1997), *The Real Thing? : The Rock Music Industry and Creation of Australia Image*, 2nd Edition; Moonlight Publishing, Golden Square Victoria.
- Funnell, R., G. Koutoukidis and K. Lawrence; (2005); *Tabbners Nursing Care: theory and practice*; 4th Ed; Churchill Livingstone; NSW; Australia
- McCaffery, M., A. Beebe; (1989); *Pain. Clinical Manual for Nursing Practice*; The CV Mosby Company; USA
- Kellehear, A. (ed); (2000); *Death and Dying in Australia*; Melbourne: Oxford University Press

Referencing for a Paper or Article Details:

Authors’ or Editors’ full names	Title of article or chapter
<i>Name of the Journal, periodical or book (in Italics)</i>	
Edition (if applicable)	Publishers Name (if applicable)
Year of Publication	Volume Number (for journal) or Date/ Month
Issue number (for journal)	Page number

Example: Withrow, R & Roberts, L.; (1987); “The Videodisc: Putting education on a silver plate”; *Electronic Learning*, Vol 1, No. 5, pp 43-44.

Referencing of Electronic Sources of Material:

The important piece of information for citing web pages & electronic sources of information is the **exact** web page address – so that your reader can locate the same information if they wish to.

Other information that you should note, if you can find it is:

- Name of the author or editor
- Title of the page (look at the blue bar at the top of your browser)
- Title of the site
- *** The full Internet address or URL
- The date that you accessed the page
- Any other details that might help someone else find the part of the page that you are using e.g. <http://www.psychtest.com/lc.html>

Reference List or Bibliography:

An alphabetical list by author of all the material you used and quoted in you body of your report.

Guide to Writing a Case Study (For Clinical & Health Related Courses)

Case Study Example: Certificate IV in Health (Nursing)

Writing a Case Study

Introduce the topic of your case study and the person you have chosen to discuss in your case study (i.e. the person you select, whose study will reinforce your understanding of the disease you have chosen).

For example: "Introduction: In my case study I have chosen to discuss a patient/resident who is suffering from the disease....."

Definition of the disease

Rheumatoid arthritis – (Gk, rheuma, flux, eidos, form, arthron, joint, it is, inflammation) A chronic, inflammatory, destructive, sometimes deforming, collagen disease that has an autoimmune component. Rheumatoid arthritis is characterised by symmetric inflammation of the synovium and increased synovial exudate, leading to thickening of the synovium and swelling of the joint (Mosby 1998 p. 1421).

Mrs X is now residing in the Sunnyside Nursing Home as a resident and was admitted for high care on 23.6.03 after a hospital admission for general debilitation and immobility post a fall at home. She is now unable to attend to daily living functions independently.

Aetiology (cause) of the disease:

History:

Mrs X is aged 85 and has lived a full and active life; she married at 26 after completing a nursing degree. She has had 3 children - all living, and has 6 grandchildren; her husband died 10 years ago.

Mrs X continued her career in nursing up until retirement at the age of 58. During that time she worked as a nurse in the accident and emergency department of the Alfred hospital. Since retirement she has served on committees in the community and has enjoyed her family and grandchildren.

Mrs X had no health problems until the age of 50 when she first experienced joint tenderness, especially in the cold weather. Initially she dismissed this until she found that she had a loss of strength in her hands and her knees became swollen, stiff and sore. She persevered with the joint discomfort and pain without diagnosis initially, just putting it down to old age. She treated herself with heat packs and Panadol and got by.

At the age of 60 she sought advice from her GP, who examined her and after x-ray examination determined that she had Stage 11 moderate clinical stages of Rheumatoid arthritis with Class 11 Functional classification.

Her treatment, as ordered by the GP, was:

- sufficient rest
- range of movement (ROM) exercise program to maintain joint function
- medication - Salicilates and anti-inflammatories

Mrs X managed on this treatment until recently, when her pain and joint deformity rendered her unable to manage at home, even with the help of her daughters, home help and neighbours calling in. She sustained a fall and was admitted to the Alfred, from where she was admitted to the Nursing Home. She is now diagnosed as Stage IV, Terminal clinical stage with Class IV Functional classification, as she is confined to bed or wheelchair and capable of little or no self care.

Case Study Example (continued):

Assessed Holistic Care Problems:
Physical – Immobility, Pain
- Bedfast, Chair fast
- Unable to cut meals independently
- Incontinent urine and faeces
- Potential for skin breakdown
- Unable to wash, dress and attend to any personal grooming
- Unable to put on own glasses or clean her glasses (bifocals)
Emotional – Social isolation, grief
- Loss of home
- Loss of independence
- Loss of friends
- Loss of community contacts
- Dislikes relying on others
- Loss of dignity
- Loss of privacy
Psychological
- Loss of self worth
- Feels useless
- Wants to die
Spiritual
- Loss of personal spirit, no self esteem, given up
- Perceived loss of mother and grandmother status with family
- Not particularly religious, however would like to see a minister to discuss personal issues
Cultural
- Loss of ability to pursue her love of community involvement
Sexual
- Loss of femaleness and ability to dress and groom as she liked to as a younger and well person
Current Treatment:
Medications
- Analgesia
- NSAIDS
Exercise program
- Massage
- Passive joint and limb exercise program as per Physio therapy plan
- Spa baths
Diet
- Balanced, nutritional diet as per dietician’s plan, to maintain body nutritional and hydration status, fully assisted by staff.
Occupational therapy/ Activities
- Tactile sensory therapy
- Music therapy
- Guided imagery
- Family visits / Home outings if well enough
- Aromatherapy
- Reminiscence programmes

Exercise to Complete - Writing a Care Plan

Develop a care plan from one of the holistically assessed problems above, using the Nursing process:

- Problem
- Related to: Nursing, not medical, to make a nursing diagnosis
- Goal: What do you want to achieve for the patient / resident?
- Interventions: What strategies are you going to put in place to try to meet the goal you have set, to maintain the resident patient at current status, minimise or cease the assessed problem?
- Rationale: State next to each intervention why you have chosen the particular intervention
- Outcome: Review the strategies or interventions you have put in place and state whether they have worked or not (continue with them if they are working, change them if they are not working)
- Review: Set a review date to look at the interventions or strategies you have implemented (this is an ongoing process)

List community services available to assist people with Rheumatoid Arthritis

Write a conclusion on how you as a Division 2 Nurse will give this person a duty of care and assist this person with her care needs

Attachments

Reference and Bibliography

Sample Case Study - Rheumatoid Arthritis

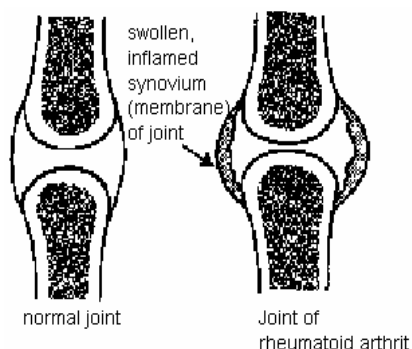
What is rheumatoid arthritis?

Rheumatoid arthritis is a disease of the joints, usually the smaller joints of the body. Many people believe wrongly that this is always a disabling, severe condition. In fact, it may be mild and can be well controlled using modern medicine. It is not infectious. There is no cure for this condition, but all patients can be treated.

What causes rheumatoid arthritis?

No one is able to say what triggers rheumatoid arthritis. What we do know is that the body's immune system begins to attack the delicate lining of certain joints, and so this disease is called an autoimmune disease. This tissue becomes swollen, hot and painful, making the joint stiff and hard to move.

What are the symptoms?



The symptoms will vary a great deal from person to person, as well as from day to day. However, some of the common symptoms include:

Stiffness and tenderness of the small joints, especially of the wrist, hands and feet (the base of the fingers, thumbs or toes can be affected; less commonly it can affect the larger joints such as the knee, shoulder, ankle and neck)

Tiredness, which may be due to anaemia (low red blood cell count) or to the immune reaction (inflammation) at many joints morning stiffness. In summary, the main symptoms are pain, stiffness and swelling of the small joints.

Sample Case Study – Rheumatoid Arthritis (continued):**How is it diagnosed?**

After being suspected by the doctor upon examination, rheumatoid arthritis can usually be diagnosed by tests, including X-rays of the hands as well as special blood tests.

How common is the problem?

About 2 persons in 100 suffer to some extent from rheumatoid arthritis. It is more common in females. Most sufferers are between 40 and 60 years of age, but the disease can affect people in any age group. However, the majority of patients have little or no long-term problems and only 1 person in 10 is severely affected.

What are the risks?

In severe cases the swollen and deformed joints may become partly or completely dislocated, causing considerable discomfort and problems with walking, if the knee or foot joints are affected. The tendons may become so weak that they can snap. A special problem is the neck, which can become unstable so that manipulative procedures can be dangerous and cause paralysis. If severe, the disease may affect the blood vessels, the heart, the lungs and the nerves.

What is the treatment?

Exercise: It is important to keep fit. Walking and swimming are to be encouraged. Many local councils and physiotherapists offer swimming and other forms of hydrotherapy in heated pools. Home exercise routines to prevent muscle weakening can be provided by the managing doctor or a physiotherapist. If an exercise causes pain, it should be altered or reduced.

Rest: Rest is important and depends on how you feel. It must be sensibly balanced with exercise.

Joint movement: Each joint affected should be put through a daily full range of motion to keep it mobile and to reduce stiffness. Protect any weakened joints or tendons by lifting gently and smoothly rather than in a jerking motion.

Heat and cold: For stiff joints a hot-water bottle, warm water or a heat lamp can help. For morning stiffness an electric blanket or a warm shower can be helpful. Sometimes cold packs or water are appropriate, for example over a hot, tender joint.

Diet: There is no special diet. No specific food has caused arthritis and no specific diet will cure it. However, a nourishing and well-balanced diet including adequate fibre will promote health and a sense of well-being. Maintaining a normal weight will lessen the burden on joints.

Medication: There are many effective pain-killing and anti-inflammatory drugs available to treat rheumatoid arthritis. The basic drug is likely to be aspirin in high doses, but it can cause ringing in the ears and other unpleasant effects. The managing doctor may have to experiment for a time before finding the best possible pain-killing and anti-inflammatory drugs for a patient.

Surgery: Occasionally surgery may help if a particular joint is severely inflamed, by removing the inflamed lining called the synovium. In later stages it may be possible to replace a badly damaged joint with an artificial joint.

What about natural remedies?

Rheumatoid arthritis is a condition that has its ups and downs, and some practitioners are willing to take advantage of this when claiming amazing cures. Patients should check with their doctor before using expensive 'natural' remedies. Excellent leaflets and practical help are available from the Arthritis Foundation in each capital city. These include information about, and access to, a wide range of inexpensive equipment and tools that can assist with the challenges of daily living.

Example of an Acute Care Plan (For Clinical & Health Related Courses)

As a guideline for the Acute Clinical Placement case study.

Goal: To ensure patient is prepared correctly for surgery

Diagnosis: Preparation for surgery

Pre-Operative Care Plan:

Pre-op problem	Intervention	Evaluation
<ul style="list-style-type: none"> ➤ Clients understanding of events ➤ Impairments acute of conditions ➤ Clients previous surgical experience ➤ Nutritional Status ➤ Fluid & electrolyte status ➤ Risk of injury ➤ Risk for infection ➤ Education for post-op care ➤ Emotional status 	<ul style="list-style-type: none"> ➤ Introduce self and explain procedure ➤ Admission on file has been taken including consent,, signed by Dr & patient, ID band, past medical history. Check for allergies to tapes & medication ➤ No food or drink for 9 hours (nil orally) ➤ Observation BP, pulse, temperature, Oxygen saturation. Weight to be recorded as baseline ➤ Urine test & record. Check for prior problems ➤ Remove or tape jewellery to prevent shock by machinery. Shave if ordered by Dr. ➤ Explain use of hospital gown & ask patient to dress & hop into bed. ➤ Pre-meds if prescribed ➤ Explain procedure for post-op breathing & leg exercises, positioning & transferring. ➤ Go with the patient when taken to theatre 	<ul style="list-style-type: none"> ➤ All paperwork checked & completed ➤ Procedure explained ➤ Nothing taken orally ➤ Prevent inhalation during operation ➤ Observations were normal ➤ N.A.D ➤ Prevent injury & infection ➤ Skin preparation completed ➤ Dress correctly & patient understands procedure ➤ Medication taken ➤ Practice with the patient ➤ Check pre-op procedure list and reassure patient.

Post-Operative Care Plan

Problem	Goal	Intervention	Evaluation
Risk of Ineffective Airway Clearance	Restore & maintain normal respiratory function	<ul style="list-style-type: none"> ➤ Suction equipment at hand ➤ Oxygen Therapy as per orders & patient assessment ➤ Routine post-op vital sign observations ➤ Sit in semi-fowler position if allowed ➤ Encourage deep breathing and leg exercise ASAP 	➤ Goal Met
Decreased Cardiac Output	Restore & maintain normal circulatory function	<ul style="list-style-type: none"> ➤ Observation of wound ➤ Temperature regulation ➤ Routine post-op vital sign observations ➤ Elevation 45-90 ° if allowed ➤ Oxygen therapy as per orders ➤ Encourage deep breathing & leg exercise ASAP ➤ Maintain safe environment-side rails ➤ Observe changes in skin colour ➤ Drug therapy 	➤ Goal Met
Altered comfort & pain	To minimize or reduce pain & discomfort	<ul style="list-style-type: none"> ➤ Routine post-op vital sign observations ➤ Observe wound ➤ Rest in bed elevated at 45-90 ° if allowed ➤ Oxygen therapy as per orders ➤ Encourage deep breathing & leg exercise ➤ Early ambulation ➤ Temperature regulation ➤ Maintain fluid balance ➤ Safe environment-side rails ➤ Report to RN for Drug therapy 	➤ Goal Met

Post-Operative Care Plan (continued):

Problem	Goal	Intervention	Evaluation
Risk for infection	Wound heals normally; no purulent discharge	<ul style="list-style-type: none"> ➤ Routine post-op vital sign observations ➤ Vaginal pack insitu ➤ IV site monitored ➤ Drain tube insitu-care of drain/infection control ➤ Monitor PV loss ➤ Observe wound ➤ Change dressing PRN/ as ordered 	➤ Goal Met
Fluid volume deficit related to pre-op fasting	To restore & maintain normal fluid balance	<ul style="list-style-type: none"> ➤ Maintain fluid balance chart- input/ output ➤ Routine post-op vital sign observations ➤ Observe wound ➤ IV therapy ➤ Temperature regulation ➤ Recommence fluids when appropriate post-op 	➤ Goal Met
Risk of injury post-op	Patient does not fall	<ul style="list-style-type: none"> ➤ Assess level of consciousness ➤ Monitor effects of medications ➤ Routine post-op vital sign ➤ Orientate patient to ward ➤ Ensure safe physical environment ➤ Bed rails up when in bed ➤ Call bell within reach ➤ Assist when ambulating 	➤ Goal Met
Altered sleep pattern	To minimize discomfort & promote rest & sleep	<ul style="list-style-type: none"> ➤ Ensure comfort positioning ➤ Drug therapy ➤ Promote environment for sleeping ➤ Limit visitors to visiting hours 	➤ Goal Met
Altered patterns of elimination	<p>Urinary output resumes normal pattern: urinary tract infection does not develop</p> <p>Bowel patterns are re-established</p>	<ul style="list-style-type: none"> ➤ IDC insitu-catheter care/infection control ➤ Maintain fluid balance chart ➤ Monitor for bowel sounds ➤ Monitor skin turgor-swelling /dehydration ➤ Encourage ambulation when stable ➤ Drug therapy ➤ Emotional support ➤ Document type, consistency, amount, frequency & colour 	➤ Goal Met
Altered nutrition pattern	To restore & maintain normal nutritional pattern	<ul style="list-style-type: none"> ➤ Monitor for bowel sounds ➤ Light ward diet to full ward diet as desired ➤ Encourage ambulation when stable ➤ Monitor weight ➤ Maintain fluid balance chart 	➤ Goal Met
Self-care deficit ADL's related to altered mobility	Patient returns to optimal functioning in ADL's	<ul style="list-style-type: none"> ➤ Sponge patient in bed post-op ➤ Encourage ambulation when stable ➤ Educate patient in ways to perform tasks ➤ Provide reassurance ➤ Assist patient with sponge/wash in bathroom ➤ Assist patient with wash or shower ➤ Patient to shower independently when appropriate 	➤ Goal Met
Impaired physical mobility	Restore & maintain normal mobility function	<ul style="list-style-type: none"> ➤ Encourage ambulation when stable ➤ Provide support ➤ Supervise activities ➤ Pressure care ➤ ROM exercises 	➤ Goal Met
Impaired home maintenance	Patient to understand importance of limitations during recovery	<ul style="list-style-type: none"> ➤ Discuss discharge ➤ Date for follow up appointment ➤ Education on care ➤ Wound care ➤ Medication ➤ PV loss ➤ Mobility in recovery ➤ Assess home support from local council 	➤ Goal Met