## 28518 – Interact with People to Provide Support in a Heath or Wellbeing Setting

## Assessment

*Your name:*

*Your workplace:*

*Your date of birth:*

*Your National Student Number (NSN), if you know it:*

1. Please paraphrase or reflect the following statement “This meal is disgusting; how many times do I have to tell you I don’t like beef stew! When are you going to stop giving me this stuff?”
2. If a person is hard of hearing, what do you need to ensure you do when speaking to them?
3. If you do not understand the instructions you have been given by the nurse, co-worker or manager, what should you do?
4. If a person, who has been previously healthy suddenly starts getting weakness on one side, losing balance and strength and cannot speak properly, how would you discuss this with the nurse, the client themselves and their family using correct terminology?
   1. NURSE
   2. CLIENT
   3. FAMILY
5. What type of report would you need to do if a client had a fall in your care, and what do you need to make sure your adhering to?
6. What makes up non-verbal communication?
7. You talk to a client and tell them that a family member is on their way to see them, their face goes serious, lips down turned, fold their arms, and say “oh that will be lovely” What is their body language telling you how the person feels about the upcoming visit?
8. What are the rules around written reports?
9. What are some barriers to active listening?
10. Give one example of an open question and when open questions are useful and one example of a closed question and when closed questions are useful
    1. OPEN QUESTION
    2. CLOSED QUESTION

**Declaration**

* I was told about and understand the assessment requirements and appeals process.
* I have prepared my answers myself.
* Any evidence I have provided as my own, I produced myself.
* I understand that this assessment may be used for moderation and quality control purposes.
* I understand that when I achieve this unit standard my result will be registered with the New Zealand Qualifications Authority.

**I confirm the above declaration**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_