

West Moreton Hospital and Health Service
RTO Provider Number 40745

Queensland Centre for Mental Health Learning

Recognition of Prior Learning

Candidate kit

**10881NAT Course in Observing and Documenting
the Mental State Examination**

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Recognised Prior Learning (RPL) candidate kit

10881NAT Course in Observing and Documenting the Mental State Examination

Document history

Date	Details	Authorised
October 2020	Version 1.0: Kit written for new accredited course.	OMC approved 18 November 2020.
October 2021	Version 1.1 Reviewed by Irene Francisco, Clinical Educator.	Laura Chandler A/ Program Manager

Contents	
Contents	3
Overview of the RPL process.....	4
RPL assessment flowchart.....	5
The application process	6
1. Documentation (written application)	6
2. Competency conversation	6
3. Third party verification	6
4. Gap training	7
RPL candidate application kit.....	8
Self-assessment questionnaire	8
Third party verification report	9
RPL application form	11
Checklist for de-identifying clinical documentation	16

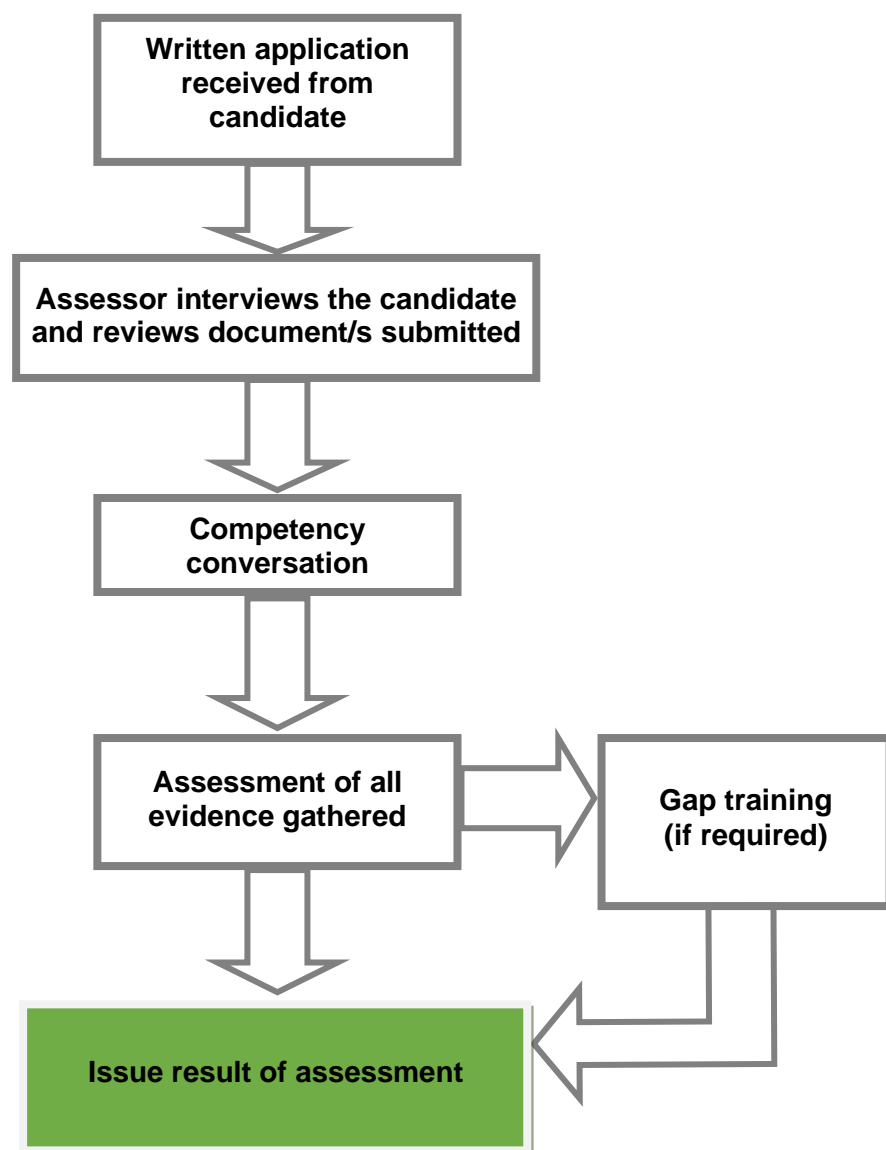
Overview of the RPL process

10881NAT Course in Observing and Documenting the Mental State Examination

Core unit

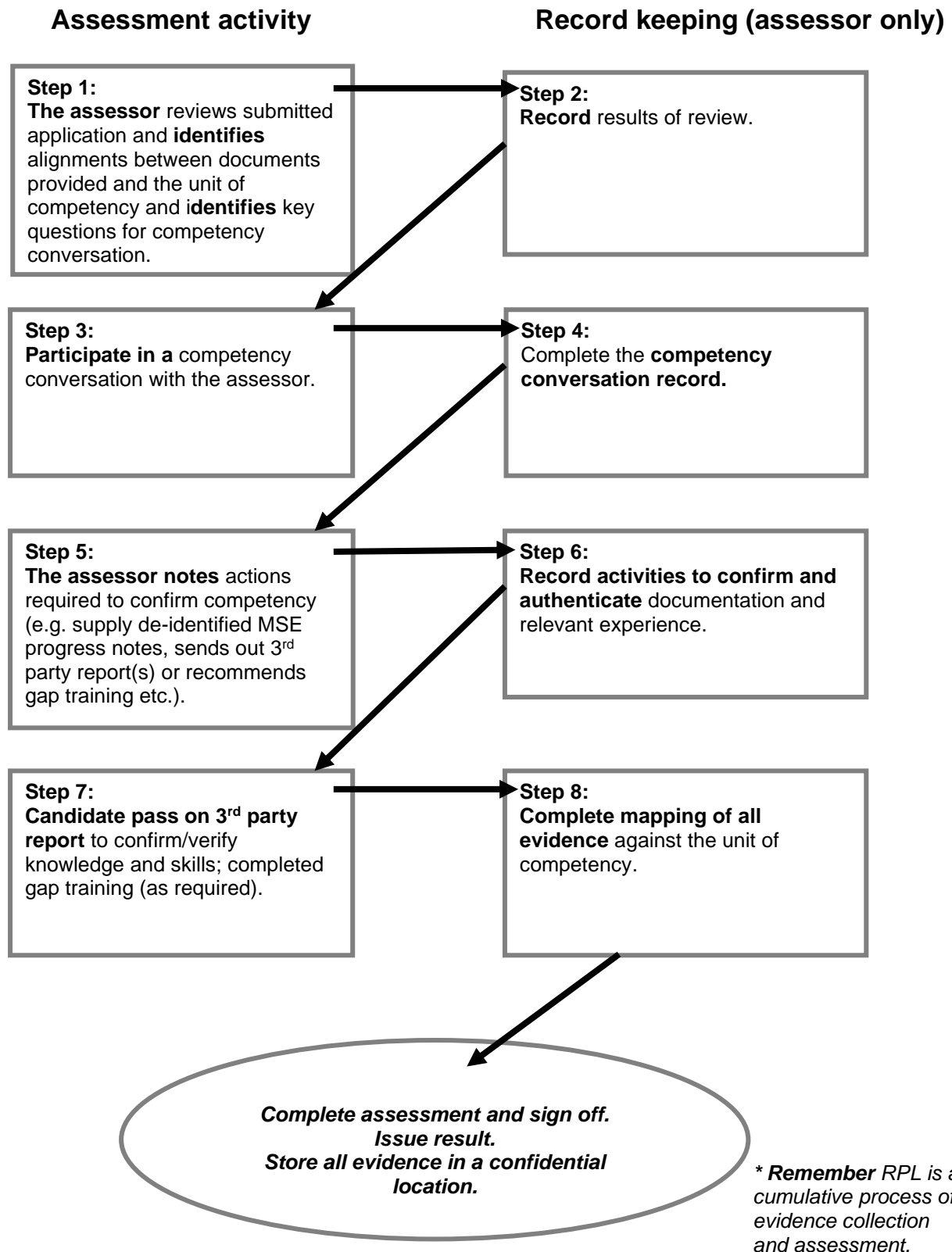
Unit code:	Unit title
NAT10881001:	Observe and document the mental state examination

This kit has been developed to streamline the application for recognition of prior learning. A candidate is the person applying for recognition of prior learning (RPL).



RPL assessment flowchart

This flowchart provides an overview of the RPL assessment process undertaken by an accredited assessor.



The application process

1. Documentation (written application)

To have your skills and knowledge formally recognised at a national level you must be able to demonstrate (through documentation and verbal descriptions/examples) that you are able to complete all of the tasks described in the unit of competency, to the required level and standard.

This begins with your providing documentation to demonstrate you have previous experience relevant to the unit of competency. Such documentation may include:

- resume or work history
- relevant position descriptions
- workplace agreement/contract of employment
- documentation that demonstrates current industry experience (supervision notes/agreements/agendas)
- transcripts/certificates/statements of attendance at training courses, workshops, seminars and symposiums
- certificates/transcripts of results
- references/letters from previous employers/supervisors
- de-identified workplace forms/documentation (or consumer/client progress notes)
- membership of relevant professional bodies/associations.

The assessor will review the information you provide and will arrange a time to discuss your submission.

At this stage, the assessor will determine if you have provided sufficient documentary evidence to satisfy the requirements of the unit of competency.

Even if you don't have all documentary evidence you need, this is **not** a barrier to gaining recognition. The assessor will use questioning and referee (supervisor) verification to gain further evidence.

Referees

You will need to supply contact details of at least two referees who can confirm your industry skills (one of these must be a direct supervisor).

Completing the self-assessment questionnaire (on the following pages) will help you identify your level of experience against each part of the unit of competency.

2. Competency conversation

This conversation is designed to gain further evidence of your experience. It is your chance to describe (with examples) your experience in observing and documenting the mental state examination.

The assessor will ask you questions about your experience and will record notes. These notes are an important component of the collection of evidence and will be used to map to the unit of competency and for assessment.

3. Third party verification

Your nominated referees must be able to confirm your skills and experience. We have prepared a report, called a third-party verification report, included in this kit for them to complete and return to us.

4. Gap training

RPL is an assessment process designed to map your existing skills and knowledge against the criteria in the unit of competency. Not all candidates will have skill/knowledge gaps.

If gaps are identified, the assessor will discuss these with you. You may be asked to complete the assessment component of the course or additional evidence may be requested from you.

Important: The following section is to be **separated from the preceding pages**.

Please **print the following pages, respond to questions and once completed, submit to:**

Clinical Educator
Queensland Centre for Mental Health Learning
The Park - Centre for Mental Health
Locked Bag 500
Archerfield Qld 4108

or via email to: QCMHLAssessment@health.qld.gov.au

RPL candidate application kit

Self-assessment questionnaire

A candidate is the person applying for recognition of prior learning.

Candidate full name:	
Date of RPL application:	

Please identify your level of experience against each point listed in the table below.

In the columns on the right side of the table, enter either ✓; X; or write 'Yes' under the column showing how often you have performed the task (i.e. frequently, sometimes, never).

Unit code:	NAT10881001			
Unit title:	Observe and document the mental state examination			
Elements and performance criteria		Over the past 12 months, I have performed these tasks:		
		Frequently (at least once a month)	Sometimes (less than monthly)	Never
1	Make clinical observations and assessments			
1.1	Identify and consider the relevance of contextual and cultural factors and how these may be influencing the person's mental state at the time of the examination.			
1.2	Detect and observe the features that are being exhibited for each of the nine core components.			
1.3	Make assessments about the person's behaviour, content of thought, affect and appearance when needed, based on clinical evidence.			
1.4	Identify issues of risk from observations and assessments made at the time of the clinical interview.			
2	Document findings			
2.1	Record an entry for all nine core components.			
2.2	Use descriptors when documenting the features observed.			
2.3	Apply the industry standard for clinical documentation when recording observations in the mental state examination.			
2.4	Record how identified contextual and cultural factors are influencing the person's mental state.			
Candidate signature:				
Date signed:				

Third party verification report

Date: / /

With reference to:

Candidate's full name:	
Candidate's position title:	

You have been nominated as a supervisor/referee for the above candidate, who is seeking recognition of prior learning against *NAT10881001 Observe and Document the Mental State Examination*.

If you would like further information on, or to discuss, this request, please contact one of our clinical educator's on (07) 3271 8837 or QCMHLAssessment@health.qld.gov.au.

Please respond to the questions below, as indicated, and sign and return this testimonial.

I certify that the above-named person has worked at:
(referee/third-party name)

Supervisor/referee full name (please print)	
Organisation name	
Period of supervision	From / / to / /

Indicate whether the candidate has regularly undertaken the activities listed below, within the workplace and while under your supervision.

Required skill/competency	Yes	No	Cannot confirm	Further comments
Identify and consider the relevance of contextual and cultural factors and how these may be influencing the person's mental state at the time of the examination.				
Detect and observe the features that are being exhibited for each of the nine core components.				
Make assessments about the person's behaviour, content of thought, affect and appearance when needed, based on clinical evidence.				
Identify issues of risk from observations and assessments made at the time of the clinical interview.				
Record an entry for all nine core components				
Use descriptors when documenting the features observed.				

Recognised Prior Learning (RPL) candidate kit
10881NAT Course in Observing and Documenting the Mental State Examination

Required skill/competency	Yes	No	Cannot confirm	Further comments
Apply the industry standard for clinical documentation when recording observations in the mental state examination.				
Record how identified contextual and cultural factors are influencing the person's mental state.				

	Yes	No
I understand the evidence/tasks the candidate has performed on which I am required to comment.	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to be contacted if further verification of my statements is required.	<input type="checkbox"/>	<input type="checkbox"/>

For further information from me or to discuss any of the above, I can be contacted on *(insert phone number)*: _____

Supervisor/referee signature: _____

Date signed: _____

RPL application form

We acknowledge that you have already enrolled for RPL through our online portal. **Some details need to be replicated** here to ensure matching of this application to your enrolment details.

Personal details	
Last name	
First name/s	
<i>Note: Above details repeat on each page for identification, should pages be separated</i>	
Another name you are known by	
Unique student identifier (USI) Note: You must provide your USI. This is a Federal Government requirement for all nationally accredited courses. To obtain your USI visit www.usi.gov.au and follow the prompts.	
Home address	..... <i>Unit number; street number and street name</i>
	..... <i>Suburb; state and postcode</i>
Postal address if different from above	..... <i>Unit number; street number and street name</i>
	..... <i>Suburb; state and postcode</i>
Telephone numbers	Home: Work: Mobile:
Date of birth / /
Current employment	
Are you currently employed?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If yes, in which occupation are you currently employed?	
If yes, who is your current employer ?	
Training completed	

Recognised Prior Learning (RPL) candidate kit
10881NAT Course in Observing and Documenting the Mental State Examination

Personal details	
Last name	
First name/s	
<i>Note: Above details repeat on each page for identification, should pages be separated</i>	
Have you undertaken training courses related to the performance criteria stated in the self-assessment questionnaire?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
If yes:	
• training course title	
• training completion date (month/year)	
• country where you trained	
• name of course and institution (if applicable)	
• course credential received (e.g. transcript; statement of attainment; certificate etc.)	
Other relevant education or training:	
Professional referees (one must be a direct supervisor)	
Name:	.....
Position:	.....
Organisation:	.....
Phone number:	.....

Personal details		
Last name		
First name/s		
<i>Note: Above details repeat on each page for identification, should pages be separated</i>		
Mobile number:	.....
Email address:	.....
Name:	.....
Position:	.....
Organisation:	.....
Phone number:	.....
Mobile number:	.....
Email address:	.....
Applicant employment history		
Employer name:		
Employer address:		
Employer telephone:		
Period of employment:	From:	To:
Position held:		
Description of major duties:		
Employer name:		
Employer address:		

Recognised Prior Learning (RPL) candidate kit
10881NAT Course in Observing and Documenting the Mental State Examination

Personal details		
Last name		
First name/s		
<i>Note: Above details repeat on each page for identification, should pages be separated</i>		
Employer telephone:		
Period of employment:	From:	To:
Position held:		
Description of major duties:		
Employer name:		
Employer address:		
Employer telephone:		
Period of employment:	From:	To:
Position held:		
Description of major duties:		
Is there any other further information you wish to provide to support this application? <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div> <div style="border-top: 1px dotted black; height: 10px; margin-top: 5px;"></div>		

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10881NAT Course in Observing and Documenting the Mental State Examination

Personal details	
Last name	
First name/s	
<i>Note: Above details repeat on each page for identification, should pages be separated</i>	
<p>Attach documentation to this application. Suggested documentation includes:</p> <ul style="list-style-type: none"> resume or work history relevant position descriptions workplace agreement/contract of employment details of training, workshops, seminars attended certificates and transcripts of results references/letters from previous employers/supervisors de-identified workplace forms/documentation (or consumer/client progress notes); Please complete the checklist on the following page, and refer to your workplace policies regarding the use of this workplace product as it may be limited in some contexts membership of relevant professional bodies/associations. <p>If you are including documents in your application, please provide a brief description below.</p>	
Document description	<i>Office use only – Assessor to use this section to align documents to unit of competency and identify key questions for competency conversation</i>
<p>Applicant declaration</p> <p>I declare that the information contained in this application is true and correct and that all documents are genuine.</p>	
Candidate signature:	
Date:	

Checklist for de-identifying clinical documentation

Candidate full name:	
Date enrolled in RPL:	

This checklist should be completed if you are providing any clinical documentation as evidence of your skills in observing and documenting a mental state examination.

- ☐ I have spoken with my supervisor/ line manager about sharing de-identified information of the client/consumer.
- ☐ I have checked local policies and procedures about my ability to share de-identified clinical information for education and training purposes and am following appropriate process.
- ☐ I have removed/redacted all identifying names (consumer/patient names, other clinicians, service/unit names). I may leave my own name and designation as evidence that I completed the documentation.
- ☐ I have removed/redacted identifiers such as date of birth, address, phone numbers, UR/patient ID numbers, CIMHA numbers.

I have addressed the above items and can verify that the work submitted is my own clinical documentation, completed without assistance.

Candidate signature:	
Date:	