

22277VIC

Course in Aboriginal Hospital Liaison Officer (Acute Health Setting)

Version 1

This course has been accredited under Part 4.4 of the Education and Training Reform Act 2006.

Accredited for the period: 1 January 2015 to 31 December 2019

22277VIC Accreditation extended to: 31 December 2020

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Education
and Training



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22277VIC Course in Aboriginal Hospital Liaison Officer (Acute Health Setting)

Modification History

| Version | Date | Details |
|---------|---------------|--|
| 1 | December 2021 | Course accreditation extended to 31 December 2022. |
| 1 | November 2020 | Course accreditation extended to 31 December 2021. |
| 1 | November 2019 | Course accreditation extended to 31 December 2020. |
| 1 | January 2015 | Initial release |

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Section A: General information

| | |
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| <p>1. Copyright owner of the course</p> | <p>Copyright of this document is held by the Department of Education and Early Childhood Development, Victoria. © State of Victoria</p> |
| <p>2. Address</p> | <p>Department of Education and Early Childhood Development Higher Education and Skills Group Executive Director Training Participation and Facilitation Division GPO Box 4367 Melbourne Vic 3001</p> <p>Day to day contact: Human Services Curriculum Maintenance Manager Swinburne University PO Box 218 Hawthorn VIC 3122 Email: cmmhs@swin.edu.au Telephone: 03 9214 8501/ 03 9214 5034</p> |
| <p>3. Type of submission</p> | <p>Reaccreditation submission.</p> <p>This course, 22277VIC Course in Aboriginal Hospital Liaison Officer (Acute Health Setting) will replace the following accredited course: 22021VIC Course in Aboriginal Hospital Liaison Officer (Acute Health)</p> |
| <p>4. Copyright acknowledgement</p> | <p>Copyright of this material is reserved to the Crown in the right of the State of Victoria. © State of Victoria (Department of Education and Early Childhood Development) 2014.</p> <p>The following unit of competency:</p> <ul style="list-style-type: none"> • BSBMED301B Interpret and apply medical terminology appropriately <p>is from the BSB07 Business Services Training Package administered by the Commonwealth of Australia. © Commonwealth of Australia</p> |

| | | |
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| <p>5. Licensing and franchise</p> | <p>Copyright of this material is reserved to the Crown in the right of the State of Victoria. © State of Victoria (Department of Education and Early Childhood Development) 2014.</p> <p>This work is licensed under a Creative Commons Attribution-NoDerivs 3.0 Australia licence (more information is available here). You are free to use, copy and distribute to anyone in its original form as long as you attribute Higher Education and Skills Group, Department of Education and Early Childhood Development as the author and you license any derivative work you make available under the same licence.</p> | |
| <p>6. Course accrediting body</p> | <p>Victorian Registration and Qualifications Authority</p> | |
| <p>7. AVETMISS information</p> | <p>ANZSCO (OCCUPATIONAL TYPE) CODES</p> | <p>411511 Aboriginal and Torres Strait Islander Health Worker</p> |
| | <p>ASCED (FIELD OF EDUCATION) CODE</p> | <p>0613 Public Health</p> |
| | <p>National course code</p> | <p>22277VIC</p> |
| <p>8. Period of accreditation</p> | <p>1 January 2015 to 31 December 2019</p> <p>Extended to: 31 December 2020</p> <p>Extended to: 31 December 2021</p> <p>Extended to: 31 December 2022</p> | |

Section B: Course information

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| 1. Nomenclature <i>Standard 1 AQTF Standards for Accredited Courses</i> | |
| 1.1 Name of the qualification | Course in Aboriginal Hospital Liaison Officer (Acute Health Setting) |
| 1.2 Nominal duration of the course | 160 hours |
| 2. Vocational or educational outcomes of the course <i>Standard 1 AQTF Standards for Accredited Courses</i> | |
| 2.1 Purpose of the course | <p>Successful completion of this course will provide participants with the knowledge and skills to be able to work effectively as an Aboriginal Hospital Liaison Officer with Aboriginal and/or Torres Strait Islander clients in a range of acute health settings, including, but not limited to:</p> <ul style="list-style-type: none"> • In-patient services • Out-patient services • Emergency department services • Neonatal intensive care • Domiciliary care • Hospital in the home and related services • Mental health services <p>Position titles and job roles of an Aboriginal Hospital Liaison Officer may vary between individual hospitals and/or health services. The course addresses the needs of persons working in an acute health setting as a liaison with Aboriginal and/or Torres Strait Islander clients. It may be supplemented by additional training to fully address other aspects of an Aboriginal Hospital Liaison Officer's role.</p> |
| 3. Development of the course <i>Standards 1 and 2 AQTF Standards for Accredited Courses</i> | |
| 3.1 Industry /enterprise/ community needs | <p>The development of nationally recognised orientation training for Aboriginal Hospital Liaison Officers (AHLOs) working in an acute health setting is a critical step to credentialing the existing workforce and ensuring that new entrants are appropriately skilled. The role of an AHLO is diverse and complex. Their principal function is to act as a liaison between the client and the acute health community to support culturally appropriate service delivery to clients who identify as being of Aboriginal and/or Torres Strait Islander descent.</p> |

AHLOs are recognised as the key to ensuring that Aboriginal and/or Torres Strait Islander clients in acute health care settings receive high quality and appropriate services tailored to their individual needs and choices. Whilst many AHLOs have existing qualifications, some in health and welfare, research has indicated that very few have qualifications directly relevant to liaison work in the specific field of acute health care. This gap is addressed in the unit “*Work effectively as an Aboriginal Hospital Liaison Officer in an acute health setting*”.

Acute health care is a branch of secondary and tertiary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. Acute health care services are generally delivered by teams of health care professionals from a range of medical and surgical specialties. Acute health care may require a stay in a hospital emergency department, ambulatory surgery centre, urgent care centre or other short-term stay facility, along with the assistance of diagnostic services, surgery, or follow-up outpatient care in the community. Care for acute health conditions is distinct from chronic care, or longer term care.

The role of an AHLO is generally held by a person who identifies as being of Aboriginal and/or Torres Strait Islander descent, or is a recognised member of the Aboriginal and/or Torres Strait Islander community.

There are no equivalent units of competency or qualifications in nationally endorsed Training Packages that address working in an acute health setting as an AHLO.

Since its initial accreditation, this course has had 41 graduates through the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). It is anticipated there will be continued uptake of this course as it supports *Koolin Balit: Victorian Government's strategic directions for Aboriginal health 2012-2022* and increased opportunities for Aboriginal employment within the health sector.

A Project Steering Committee (PSC) was formed to oversee the re-development of the course. The membership of the PSC was as follows:

| | |
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| Lucille Atkinson | Koorie Mental Health Liaison Officer, Latrobe Regional Hospital |
| Darren Clinch | Improving Care for Aboriginal and Torres |



| | | |
|---|--|--|
| | | Strait Islander Patients (ICAP) Program, Department of Health (Victoria) |
| | Sue Davey | Aboriginal Health Workforce, Department of Health (Victoria) |
| | Bernadette Ervin | Clinical Trainer, Victorian Aboriginal Community Controlled Health Organisation (VACCHO) |
| | Andrew Fleming | Community Services and Health Industry Training Board (CS&H ITB) |
| | Dean Heta | Aboriginal Service Development Worker, Melbourne Health |
| | Troy Jennings | Aboriginal Hospital Liaison Officer, West Gippsland Healthcare Group |
| | Sonia Posenelli | Supervisor, Aboriginal Hospital Liaison Officer Program, St Vincent's Hospital |
| | Moira Rayner | Koori Social and Emotional Well-Being Officer, Royal Children's Hospital |
| | Nareida Wyatt | Trainer, Victorian Aboriginal Community Controlled Health Organisation (VACCHO) |
| | In attendance | |
| | David Trembath | Curriculum Writer |
| | Autumn Shea | Executive Officer, CMM Human Services |
| | Wendy Dowe | Administrator, CMM Human Services |
| 3.2 Review for re- accreditation | <p>The Project Steering Committee undertook a review of the skills and knowledge outcomes of the course over several meetings, drawing upon an expanded knowledge of the job role and of the conduct of the course.</p> <p>The <i>22277VIC Course in Aboriginal Hospital Liaison Officer (Acute Health Setting)</i> replaces and is equivalent to <i>22021VIC Course in Aboriginal Hospital Liaison Officer (Acute Health)</i>.</p> <p>RTOs should teach-out or transition current students in line with the relevant VET Regulator's transition policies and timelines.</p> <p>Transition arrangements from the existing course to the new course, are provided below in the Table of equivalence.</p> | |
| Table of equivalence | | |
| Previous unit | New unit | Equivalence |

| | | |
|---|--|--|
| VP20010 Work effectively as an Aboriginal (Hospital) Liaison Officer in an acute health setting | VU21675 Work effectively as an Aboriginal Hospital Liaison Officer in an acute health setting | Equivalent |
| BSBMED301B Interpret and apply medical terminology appropriately | BSBMED301B Interpret and apply medical terminology appropriately | Equivalent. This unit was previously an entry requirement to the course and has now been built into the course structure. |
| 4. Course outcomes <i>Standards 1, 2, 3, 4 and 5 AQTF Standards for Accredited Courses</i> | | |
| 4.1 Qualification level | <i>Standards 1, 2 and 3 AQTF Standards for Accredited Courses</i> The Course in Aboriginal Hospital Liaison Officer (Acute Health Setting) does not align with any specific Australian Qualification Framework (AQF) level It is designed to complement other training in health and community services programs. | |
| 4.2 Employability skills | <i>Standard 4 for Accredited Courses</i> This course has not been mapped to national employability skills. | |
| 4.3 Recognition given to the course | <i>Standard 5 for Accredited Courses</i> The course is recognised by the Department of Health in Victoria as the formal orientation requirement for those involved in working with Aboriginal and/or Torres Strait Islanders in acute health care settings. | |
| 4.4 Licensing/ regulatory requirements | <i>Standard 5 for Accredited Courses</i> Not applicable | |
| 5. Course rules <i>Standards 2, 6, 7 and 9 AQTF Standards for Accredited Courses</i> | | |
| 5.1 Course structure | To gain a Statement of Attainment for the course, participants must complete all the requirements of the two units contained within the course structure. Persons failing to complete the course will be given a Statement of Attainment for any unit successfully completed. Guidance on sequencing: It is recommended, although not mandatory, that the two units be delivered together to contextualise the application of medical | |

| | | terminology. | | |
|--|-------------------------|---|--------------|------------------|
| Unit code | Field of Education Code | Unit title | Prerequisite | Nominal duration |
| BSBMED301B | 080313 | Interpret and apply medical terminology appropriately | None | 60 |
| VU21675 | 061399 | Work effectively as an Aboriginal Hospital Liaison Officer in an acute health setting | None | 100 |
| Total nominal hours : 160 hours | | | | |
| 5.2 Entry requirements | | <p><i>Standard 9 AQTF Standards for Accredited Courses</i> There are no barriers to entry on the grounds of age, gender or political background.</p> <p>Entrants to the course must be a person who identifies as being Aboriginal and/or Torres Strait Islander, or is a recognised member of the Aboriginal or Torres Strait Islander community.</p> <p>Learners are best equipped to achieve the course outcomes if they have numeracy and literacy skills equivalent to level 3 of the Australian Core Skills Framework (ACSF). The ACSF can be accessed here.</p> <p>In summary, learners at Level 3 will be able to :</p> <ul style="list-style-type: none"> • Communicate relationships between ideas and information in a style appropriate to audience and purpose • Select vocabulary, grammatical structure and conventions appropriate to the text • Establish and maintain spoken communication in familiar and some unfamiliar contexts • Select and interpret mathematical information that may be partly embedded in familiar and some less familiar task and texts | | |
| 6. Assessment | | <i>Standards 10 and 12 AQTF Standards for Accredited Courses</i> | | |
| 6.1 Assessment strategy | | <p><i>Standard 10 AQTF Standard for Accredited Courses</i> Course assessment should be consistent with the requirements of Standard 1.5 of the <i>AQTF: Essential Conditions and Standards for Continuing Registration</i> and/or SNR 15.5 of the <i>Standards for NVR Registered Training Organisations 2012</i>.</p> <p>Assessment methods should be flexible, valid, reliable and fair. Assessment of units requires evidence of satisfactory performance being sought for each element and its performance criteria and the</p> | | |

required skills and knowledge through a variety of tasks depending on the criteria specified.

The following principles should be used as a guide to the assessment approach:

- students should be assessed across a wide range of tasks integrated into practice, in order to increase reliability and validity of assessment
- instructions for assessment tasks should be clear, explicit and ordered. Students must know what is expected and the criteria by which they will be judged
- time allowed to complete a task should be reasonable and specified, and should allow for preparation and re-drafting as appropriate to the task
- assessment should be validated. Moderation is likely to be a critical tool in validation. A range of validation strategies should be used, for example, mentoring, client satisfaction surveys, peer review and co-assessments

Assessment methods must involve the practical application of knowledge and demonstration of skills in an acute health environment. A variety of methods in formative and summative assessment must be used. This may include, but is not restricted to:

- direct observation of skill application
- third party feedback from managers / supervisors detailing work performed
- simulation activities
- role play
- student self-assessment
- research tasks
- reflective journal
- discussion
- debate
- portfolios
- case studies

Mandatory work placement:

To facilitate the achievement of the competency, it is imperative that participants experience an acute health care environment either through their own health care employer or by means of a work placement arranged by the training provider.

The Project Steering Committee recommends the duration of this placement be 60 hours.

The work placement must be in an acute health care environment working with Aboriginal and/or Torres Strait Islander clients under the supervision of an experienced Aboriginal Hospital Liaison Officer. The workplace supervisor or mentor arrangement should be organised/ approved by the training provider. These arrangements must cover the application of all of the elements of competency and associated performance criteria in an acute health setting.

Formative assessment: is assessment for learning. Formative assessment is used for the purpose of providing students with ongoing feedback as part of their learning. It can also be used for diagnostic purposes to establish learning needs.

Summative assessment: is the assessment of learning. Summative assessment describes the tools and processes used to gather evidence to make the decision if a student is competent or not. It may take place over several events that can measure different aspects of competence.

Reasonable adjustment refers to measures or actions taken to provide a student with a disability the same educational opportunities as others through making appropriate adjustments to assessment processes whilst maintaining the integrity of the assessment outcome.

Assessment procedures for this course must be developed to simulate the real acute health care workplace environment, as closely as possible.

Course providers will be required to adopt an assessment strategy that ensures that consideration is given to the sensitive nature of some aspects of the course, particularly as they apply to Aboriginal and/or Torres Strait Islander history and culture and to the culture of the person or group being assessed.

Where appropriate, a holistic assessment strategy and method may be used to assess a range of units of competency.

The opportunity for learners to negotiate the form of assessment is also possible in many cases, e.g. alternative assessments for learners with special needs.

Assessment of units of competency from nationally endorsed Training Packages must be in accordance with the assessment requirements incorporated in the endorsed component of the relevant Training Package.

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| <p>6.2 Assessor competencies</p> | <p><i>Standard 12 AQTF Standards for Accredited Courses</i></p> <p>The National Skills Standards Council (NSSC) or its successor is responsible for determining the training and assessment competencies to be held by trainers and assessors in accordance with Standard 1.4 of the <i>AQTF Essential Conditions and Standards for Initial and Continuing Registration</i> and/or SNR 4.4 and 15.4 of the <i>Standards for NVR Registered Training Organisations 2012</i>.</p> <p>Accordingly, the NSSC determined that from 1 July 2013: assessors must :</p> <ul style="list-style-type: none"> i. hold the <i>TAESS00001 Assessor Skill Set</i> or be able to demonstrate equivalence of competencies; and ii. be able to demonstrate vocational competencies at least to the level being assessed; and iii. be able to demonstrate how they are continuing to develop their VET knowledge and skills as well as maintaining their industry currency and assessor competence. <p>Note:</p> <p>If a person does not have all the assessment competencies as defined in (i) , (ii) and (iii) then one or more persons with the combined expertise in (i), (ii) and (iii) may work together to conduct the assessment.</p> <p>Assessors of the imported unit of competency must meet the requirements of the BSB07 Business Services Training Package.</p> <p>The course includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by an assessor who is:</p> <ul style="list-style-type: none"> - Aboriginal and/or Torres Strait Islander him/herself; <p>or an assessor who is:</p> <ul style="list-style-type: none"> - Accompanied or advised by an Aboriginal and/or Torres Strait Islander person who is a recognised member of the community with experience in an acute health care environment. |
| <p>7. Delivery <i>Standard 11 and 12 AQTF Standards for Accredited Courses</i></p> | |
| <p>7.1 Delivery modes</p> | <p><i>Standard 11 AQTF Standards for Accredited Courses</i></p> <p>Training has been designed to be delivered full-time or part-time in a flexible mode, if required.</p> <p>Other delivery mode examples include:</p> <ul style="list-style-type: none"> • classroom delivery |



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| | <ul style="list-style-type: none"> • practical work • case study analysis • role-plays • work placement <p>Mandatory work placement: To facilitate the achievement of the competency, it is imperative that participants experience an acute health care environment either through their own health care employer or by means of a work placement arranged by the training provider.</p> <p>The Project Steering Committee recommends the duration of this placement be 60 hours.</p> <p>The work placement must be in an acute health care environment working with Aboriginal and/or Torres Strait Islander clients under the supervision of an experienced Aboriginal Hospital Liaison Officer. The workplace supervisor or mentor arrangement should be organised/ approved by the training provider. These arrangements must cover the application of all of the elements of competency and associated performance criteria in an acute health setting.</p> <p>The unit of competency may be contextualised to meet the needs of different groups of students. Generally this means:</p> <ul style="list-style-type: none"> • Elements and associated performance criteria must not be altered in any way; • The Range Statement may be expanded as long as it does not increase the complexity of the unit; • The Evidence Guide may be expanded as long as it retains the integrity of the unit and does not jeopardise the student's potential to achieve the competency; • Learning and assessment resources may be tailored to the specific needs of the target group, while maintaining their validity. |
| <p>7.2 Resources</p> | <p><i>Standard 12 AQTF Standards for Accredited Courses</i></p> <p>The minimum list of resources needed to conduct the courses includes:</p> <ul style="list-style-type: none"> • A fully equipped training room • access to an acute health care workplace environment • an experienced Aboriginal Hospital Liaison Officer in the workplace, as the supervisor/mentor of the work placement • case studies • workplace resources, such as relevant forms, procedures, legislation and codes of practice. |

Qualifications of Trainers

The National Skills Standard Council (NSSC), or its successor, is responsible for determining the competencies to be held by trainers in accordance with Standard 1.4 of the *AQTF Essential Conditions and Standards for Continuing Registration* and/or Standards SNR 4.4 and 15.4 of the *Standards for NVR Registered Training Organisations 2012*.

Accordingly, the NSSC determined that from 1 July 2013:

A - Trainers must:

- i. hold the **TAE40110 Certificate IV in Training and Assessment** from the TAE10 Training and Education Training Package as a minimum qualification, or be able to demonstrate equivalence of competencies; and
- ii. be able to demonstrate vocational competencies at least to the level being delivered and assessed; and
- iii. be able to demonstrate how they are continuing to develop their VET knowledge and skills as well as maintaining their industry currency and trainer/ assessor competence.

B - Persons delivering training under the supervision of a trainer must:

- i. work under the supervision of a trainer with the **TAE40110 Certificate IV in Training and Assessment**, or of a person who has demonstrated equivalence of competencies; and
- ii. holds either the **TAESS00007 Enterprise Trainer – Presenting Skill Set**, or be able to demonstrate equivalence of competencies, or the **TAESS00008 Enterprise Trainer – Mentoring Skill Set**, or be able to demonstrate equivalence of competencies within two years of commencing to deliver training while under supervision; and
- iii. be able to demonstrate vocational competencies at least to the level being delivered and assessed as well as maintaining their industry currency.

Trainers of the imported units of competency must meet the requirements of the BSB07 Business Services Training Package.

The course includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by an assessor who is:

- Aboriginal and/or Torres Strait Islander him/herself;

or an assessor who is:

- Accompanied or advised by an Aboriginal and/or Torres Strait Islander person who is a recognised member of the community

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| | with experience in an acute health care environment. |
| 8. Pathways and articulation | <p><i>Standard 8 AQTF Standards for accredited courses</i></p> <p>This course includes a nationally endorsed unit of competency from the BSB07 Business Services Training Package. Participants who successfully complete this unit will be able to gain credit into qualifications containing this unit.</p> <p>Pathways into and from the course may be through:</p> <ul style="list-style-type: none"> • RPL • workplace-based learning • off-the-job learning • combination of the above <p>in accordance with AQF Qualifications Pathways Policy.</p> <p>At present there are no formal articulation arrangements into other VET or higher education courses.</p> |
| 9. Ongoing monitoring and evaluation | <p><i>Standard 13 AQTF Standards for accredited courses</i></p> <p>Ongoing monitoring and evaluation of this course is the responsibility of the Curriculum Maintenance Manager (CMM) for Human Services on behalf of the Department of Education and Early Childhood Development (DEECD)</p> <p>A mid-term review for the monitoring and evaluation of the course will consult representatives from the following areas:</p> <ul style="list-style-type: none"> • Victorian Department of Health • Community Services and Health Industry Training Board • Hospitals • Aboriginal Hospital Liaison Officers • Koorie Mental Health Liaison Officers • RTOs delivering the courses <p>Recommendations for any significant changes will be reported through the CMM – Human Services to the Victorian Registration and Qualification Authority (VRQA).</p> <p>Examples of changes that will be reported to the VRQA include changes to:</p> <ul style="list-style-type: none"> • the course structure, whether to reflect local industry needs or to reflect changes to Training Packages and the availability of new or revised nationally endorsed units of competency • required pre-requisites and/or co-requisites • the nominal duration of the course and of the unit |

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| | <ul style="list-style-type: none">• copyright ownership• articulation and/or credit transfer arrangements• legislation such as OHS and/or WHS/ licensing <p>Course maintenance and review procedures may also indicate that the course in total should be expired if a suitable national qualification/unit of competency becomes available through the development or review of a Training Package.</p> |
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Section C – Units of Competency

The *Course in Aboriginal Hospital Liaison Officer (Acute Health Setting)*:

| Unit Code | Unit Title |
|-------------------------------|---|
| Training Package Units | |
| BSBMED301B | Interpret and apply medical terminology appropriately |
| Specialisation Units | |
| VU21675 | Work effectively as an Aboriginal Hospital Liaison Officer in an acute health setting |

The Training Package unit of competency can be accessed from the Training.gov.au (TGA) website ([here](#))

The specialisation unit of competency is provided on the following pages.

VU21675**Work effectively as an Aboriginal Hospital Liaison Officer in an acute health setting**

Unit Descriptor

This unit of competency describes the skills and knowledge required by an Aboriginal Hospital Liaison Officer to work effectively in an acute health setting with clients, staff, visitors, key stakeholders and others to meet established work requirements.

Employability skills

Not applicable

Application of the Unit

This unit applies to work in a range of health care settings, including, but not limited to :

- In-patient services
- Out-patient services
- Emergency department services
- Domiciliary care
- Hospital in the home and related services
- Mental health services

ELEMENT

Elements describe the essential outcomes of a unit of competency.

PERFORMANCE CRITERIA

Performance criteria describe the required performance needed to demonstrate achievement of the element. Where bold/italicised text is used, further information is detailed in the required skills and knowledge and/or the range statement. Assessment of performance is to be consistent with the evidence guide.

- 1 Undertake work in a ***culturally appropriate manner.***

- 1.1. Foster links between mainstream health and Aboriginal health organisations.
- 1.2. Identify specific ***cultural frameworks*** within a client-centred health care approach.
- 1.3. Work appropriately within a cultural framework with ***issues of relevance*** to local and broader Aboriginal and/or Torres Strait Islander clients and community.
- 1.4. Provide information to colleagues and Aboriginal community members on Aboriginal identity and relevant cultural aspects of Aboriginality.
- 1.5. Apply ***culturally appropriate approaches*** to bridge the gap between acute health services and the client's needs.
- 1.6. Work with an awareness of ***traditional Aboriginal healing and other non-western models of health care delivery*** and their place in holistic health settings.
- 1.7. Maintain awareness of current Aboriginal and Torres Strait Islander health issues impacting on clinical practice and the development of Aboriginal health policy.

- 2 Maintain adherence to relevant confidentiality and informed consent policies and procedures.

- 2.1 Inform clients of confidentiality and informed consent policies, procedures and/or rights.
- 2.2 Comply with information security and confidentiality requirements in relation to client and staff matters.
- 2.3 Identify protocol in relation to ***clients who are unable to consent.***
- 2.4 Work in a culturally appropriate way to negotiate consent and disclosure.
- 2.5 Ensure Aboriginal Hospital Liaison Officer referrals occur with permission/consent of client and within ***organisational confidentiality and privacy standards***

- | | | |
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| 3 | Work effectively with other health care professionals in an acute healthcare setting. | <ul style="list-style-type: none"> 3.1 Correctly identify own responsibilities and duties and those of other acute health care professionals. 3.2 Undertake activities within a multidisciplinary team in a manner that promotes cooperation, cultural sensitivities and good relationships, including negotiating own and others' professional boundaries and facilitating positive outcomes through negotiation. 3.3 Build and strengthen professional relationships within the organisation at different levels of hierarchy. 3.4 Encourage constructive feedback from others in the workgroup and respond accordingly. 3.5 Follow relevant OHS/WHS requirements, in accordance with the organisation's requirements. |
| 4. | Develop and support a referral and/or care plan for clients requiring further treatment. | <ul style="list-style-type: none"> 4.1 Consult with clients, care team and family to identify and communicate need for referral to health and other services. 4.2 Clarify the most appropriate referral and/or care plan option(s) with other key stakeholders. 4.3 Negotiate the most appropriate referral options with clients in relation to Aboriginal and mainstream services. 4.4 Note client behaviours of concern which may affect referral 4.5 Document the agreed referral and/or care plan for clients requiring further treatment. 4.6 Facilitate the implementation of the referral and/or care plan. |
| 5. | Arrange referrals to appropriate services for clients with specific needs. | <ul style="list-style-type: none"> 5.1 Confirm the appropriateness of the referrals with the nominated service providers. 5.2 Ensure that the client is included in referral and care plan arrangements. 5.3 Provide referral to service provider, in accordance with established procedures. 5.4 Provide advice on the discharge arrangements in consultation with other appropriate health care professionals. |
| 6. | Follow up on referral | <ul style="list-style-type: none"> 6.1 Respond to ongoing queries regarding the referral. 6.2 Conduct client follow-up procedures, in accordance with the organisation's requirements. 6.3 Ensure a record of referrals and discharge arrangements is included in case/patient notes. 6.4 Utilise basic IT skills to maintain records and conduct communication. 6.5 Act as a cultural advocate between the client and health professionals in the interest of effective health care. |

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level, required for this unit.

Essential knowledge:

- Broad implications of relevant policy, legislation, codes of practice and guidelines at an organisational level relevant to :
 - Occupational Health & Safety (OHS) and/or Workplace Health and Safety (WHS), including first aid and infection control
 - Duty of Care, including cultural aspects
 - organisational requirements for Working with Children Check and/or Police Records Check
 - confidentiality and privacy
 - employment legislation
 - access and equity
 - anti-discrimination
 - child protection
 - Equal Employment Opportunity
- Principles underpinning:
 - client centred health care
 - client safety
- Broad knowledge of role, function and objectives of the organisation, and relevance to specific work role including:
 - terms and conditions of employment
 - ethical decision-making in relation to specific work role duties and responsibilities
- Broad knowledge of relevant organisation and government procedures, policies and standards and how to access them in context of specific work role, including:
 - information management systems and security procedures for the acute care environment
 - Aboriginal and/or Torres Strait Islander patient identification system (ATSI)
 - fire safety
 - emergency response
 - security
 - cultural safety
 - collecting and processing information
 - referral procedures
 - informed consent
 - discharge procedures
 - infection control
 - First Aid
 - Purpose of accreditation process and quality improvement practice
- Knowledge of:
 - the role of other health professionals and support services
 - medical terminology, common medical conditions, medical emergency and referral
 - issues that impact on health and/ well-being of Aboriginal people (e.g. social determinants of health including environmental, cultural, community) and Aboriginal models of health care delivery
 - Relevant State and/or Territory's health system with particular reference to funding and reporting requirements
- Awareness of :
 - Spiritual, social and emotional well-being/mental health issues that may impact upon treatment

Essential skills:

Ability to:

- Demonstrate functional literacy and communication skills needed for written and oral information about workplace requirements, such as:
 - interpreting and following verbal and/or written instructions
 - seeking clarification of tasks
 - providing information
 - reporting incidents in line with organisation requirements
 - write reports and correspondence
 - complete forms and documents in a clear, concise and factual manner
 - appropriate use of organisational resources (e.g. logos, letterheads etc.)
- Apply decision-making and problem solving skills as required to constructively achieve identified positive outcomes in line with work role including:
 - time management skills
 - responding to challenging situations and individuals
 - Manage personal stress with particular emphasis on the use of reflective practice
- Work with persons with serious, chronic and acute illnesses.
- Consult colleagues to access special expertise
- Write referrals, case/patient notes, procedural reports, documentation and correspondence consistent with organisational practice
- Identify and support a referral plan and arrange referrals
- Maintain accurate client health records in line with organisational policies and procedures
- Comply with relevant OHS/WHS, EEO and infection control requirements
- Collect maintain and report on data in accordance with organisational requirements
- Demonstrate Information Technology skills for workplace requirements
- Provide secondary consultation with regards to patient, health, general and cultural issues

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance.

Culturally appropriate manner may involve consideration of:

- Body language
- Language used
- Men's business
- Women's business
- Kinship
- Taboos

Cultural frameworks includes:

- values
- cultural lore
- spirituality
- emotional, physical and mental well-being
- beliefs
- language groups

Issues of relevance may include:

- grief and loss
- kinship
- birth to death
- spiritual well-being
- trans-generational trauma
- connection to country

Culturally appropriate approaches may include but are not limited to:

- Consideration of :
 - terms of address
 - discourse protocols
 - gender issues
 - respect for age/Elders
 - spiritual matters
 - grieving
 - family sensitive matters
 - deep listening
- The need to :
 - advise primary care givers of sensitivity issues
 - document procedures
 - act in accordance with organisational policies and procedures

Traditional Aboriginal healing and other non-western models of health care delivery may include:

- Ability to identify appropriate community contacts to support spiritual guidance and traditions relevant to client
- Holistic treatment of health and well-being
- Use of yarning and deep listening as a cultural care model

Clients who are unable to consent may include those who:

- Are under age
- Are wards of the State
- Have been assessed by a medical practitioner as having mental and/or cognitive issues that preclude consent
- Have language difficulties
- Are under guardianship
- Are unconscious

Organisational confidentiality and privacy standards may include:

- Storage of records
- Destruction of records
- Access to records
- Release of information
- Verbal and written communication

Own responsibilities and duties may involve:

- Level of responsibility
- Organisation guidelines
- Individual awards and benchmarks
- Legislation relevant to work area
- Accreditation standards
- Liaison with external organisations

Health and other services includes:

- Internal health services
- Aboriginal community controlled organisations
- Specialist health services
- Social work services
- Allied health providers
- Mental health services

Key stakeholders may include:

- Client
- Care team
- Family
- General practitioners
- Traditional owners
- Local, regional, state interstate and national Aboriginal and/or Torres Strait Islander organisations
- Department of Health
- Relevant funding bodies
- Aboriginal Community Controlled Health Organisation
- Department of Justice, police, courts
- Aboriginal Child Care Agency
- Government departments
- Community service organisations
- Education providers and services

Client behaviours of concern may include:

- Aggression
- Confusion or other cognitive impairment
- Intoxication
- Intrusive behaviour
- Manipulation
- Noisiness
- Self-destructive/injurious
- Verbal offensiveness
- Wandering

Act as a cultural advocate includes:

- Translate medical terminology
- Negotiate the Health Care System
- Liaise between the client and other health care professionals
- Liaise between the client and the local Aboriginal community controlled health organisation if required

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment section in Section B of the accreditation submission.

Critical aspects for assessment and evidence required to demonstrate competency in this unit.

To be considered competent in this unit the participant must be able to demonstrate achievement of all of the elements and associated performance criteria. Specifically they must be able to:

- Demonstrate knowledge and understanding of Aboriginal culture including values, cultural lore, spirituality, emotional, physical and mental health and well-being, beliefs and language groups
- Demonstrate knowledge of cultural frameworks with issues of relevance to Aboriginal and/or Torres Strait Islander people
- Apply knowledge of acute health care service provision and issues for Aboriginal and/or Torres Strait Islander clients
- Work consistently in a culturally safe manner with and on behalf of Aboriginal and/or Torres Strait Islander clients in line with identified community needs and workplace requirements
- Demonstrate knowledge of the ramifications of breaches of duty of care, confidentiality, ethical guidelines, codes of conduct and other relevant policies and legislation
- Support others (e.g. management, boards, volunteers, colleagues etc.) to understand the issues arising for Aboriginal and/or Torres Strait Islander clients
- Identify their own responsibilities within the workplace
- Arrange referrals in consultation with key stakeholders

Context of and specific resources for assessment:

This unit can be assessed independently; however holistic assessment practice with related units of competency is encouraged.

This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has the current qualification being assessed and who is:

- Aboriginal and/or Torres Strait Islander him/herself

or is:

- accompanied and advised by an Aboriginal and/or Torres Strait Islander person who is a recognised member of the community with experience in an acute health care environment
- It is critical that in assessing this unit, consideration is given to the sensitive nature of some aspects of the unit, particularly as they apply to Aboriginal and/or Torres Strait Islander history and culture and to the culture of the person or group being assessed

- Assessment methods should be sensitive to emotional reactions of individuals being assessed, and it is highly recommended that access be made available as required to support, such as counselling in social and emotional well-being.
- Competence should be demonstrated working individually, under supervision or as part of a health care team in an acute health environment, with Aboriginal and/or Torres Strait Islander clients.
- Assessment should relate to an identified work role and associated workplace conditions
- Resources essential for assessment include any documents specific to the work context such as:
 - instructions for the use of equipment
 - specific instructions for staff
 - OHS/WHs requirements
 - relevant accreditation standards

Methods of assessment

Assessment methods must involve the practical application of knowledge and demonstration of skills in a real or simulated acute health care environment.

Assessment methods may include, but are not restricted to:

- direct observation of skill application
- third party feedback from managers / supervisors detailing work performed
- performing practical tasks and a range of simulation activities
- role play
- student self-assessment
- research tasks
- reflective journal
- discussion
- debate
- portfolios
- case studies
- third-party reports

Related units:

The unit is recommended but not required to be assessed in conjunction with related unit:

- BSBMED301B Interpret and apply medical terminology appropriately