

Extension Assessment

Restrictive Practices and Restraints

Name:

Date:

Please return your completed assessment to your coordinator. Thank you.

Learning into Action

Use this page to explore your understanding of the subjects covered in the course and the ways in which you can improve the service you provide in the future.

1. After watching the course, I can achieve positive outcomes for people in my care because:

2. I have the following ideas to improve the care I offer:

3. One thing we can do as a team to promote a restraint-free environment is:

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Outcome/Agreement Action Plan

Example: I will improve the quality of care that I am giving by ensuring that I am familiar with the life history, needs and preferences of each person I support, to negate the use of restrictive practices or restraints.

Consider creating a continuous improvement plan.

- a) Plan the improvement
- b) Implement the improvement
- c) Evaluate the success of the improvement
- d) Decide the next steps

Reflective Practice

1. Recall a time when you were caring for a person who displayed a behaviour where the use of restraints or restrictive practices would ordinarily have been 'the solution', but you utilised a person-centred approach instead. Describe this experience and include any aspects of their care, or the actions that you took, that you found challenging.
2. Think about and record any personal issues or concerns arising from that experience.
3. Examine these issues or concerns and note your personal intentions at the time during which you were caring for the person.
4. Recall any previous similar experiences and determine whether there were any common factors.
5. Describe what you have learned from this course and how it will change your practice.
6. Ask yourself... 'What do I know, or what can I do to change my practice, that I did not/could not do before viewing the course'?
7. Ask yourself... 'What else do I have to know to improve my skills in this area?' Describe how you will improve your skills in this area.

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Evaluation / Supervision

1. Did you put your ideas into practice? What were they?

2. What worked?

3. What didn't work?

Name:

Signature:

Supervisor Name:

Signature:

DISCLAIMER:

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