

Learning Assessment Guide

Unit Standard 22236 – Version 2

Demonstrate knowledge of injury and injury problems and explain the consequences on public health

Level 3 – 3 Credits

Assessment Summary			
Learner to complete			
Learner's name:			
Employer:			
NSN no. (ROL):		DOB:	
Signed:		Date:	
Assessor to complete			
<input type="checkbox"/> Meets requirements <input type="checkbox"/> More training required <input type="checkbox"/> More evidence required			
Assessor's name:		Assessor's No.	
Signed:		Date:	

Statement of Authenticity

I confirm that all written work produced as evidence for assessment of:

Unit Standard 22236 V2; Level 3

Demonstrate knowledge of injury and injury problems and explain the consequences on public health

is all my own work.....
(Learner's name & signature)

Date:

Before you begin...

- As well as this Learning Assessment Guide, you may also want to refer to the unit standard from the NZQA website (<http://www.nzqa.govt.nz>) NQF tab.
- Read the Trainee Information Kit. The kit contains important information and guidelines for Learners and can be found on the Learning State website (<http://www.learningstate.govt.nz>) under Learners, then Learning Assessment Guides.
- Check the learning resources available for this unit standard on the Learning State website (<http://www.learningstate.govt.nz>) under Learners, then Learning Assessment Guides.

The tasks in this assessment are designed to show your assessor that you can:

- *Describe injury and explain key categories of injury*
- *Explain the size and scope of the injury problem as it affects public health and in terms of social and economic costs*
- *Identify and describe sources of available injury information and injury data*

This Learning Assessment Guide contains:

- Tasks for you to complete.
- An evidence guide that the assessor will use to assess your competence.

Special notes relating to this unit standard:

Definitions:

- *NZIPS* stands for New Zealand Injury Prevention Strategy 2003 available at <http://www.nzips.govt.nz>.
- 2008/2011 Implementation Plan available at <http://www.nzips.govt.nz/implementation/>.
- *E Codes* are International Classification of Disease, 9th revision (ICD-9) and Clinical Modification (ICD-9-CM) external cause of injury codes for presenting injury mortality and morbidity data. E Codes are published by the National Centre for Injury Prevention and Control in America and are available on their website at <http://www.cdc.gov/ncipc/whatsnew/matrix2.htm>.
- *DALY (Disability-Adjusted Life Year)* is a quantitative indicator of burden of disease that reflects the total amount of healthy life lost as a result of injury.
- *Evidence based practice* means practice that is informed by research of previously run well evaluated programmes.
- *IPRU* is the Injury Prevention Research Unit based in the Department of Preventive and Social Medicine in the Dunedin School of Medicine within the Health and Science Division of the University of Otago.
- *Mechanism* in this context means types of injury and how they are caused.

- *Injury problem* refers to the burden (social, personal and economic consequences) on a population resulting from injury. It relates to a combination of numbers, severity and consequences of injury.
- *Injury Pyramid* is a tool for understanding injury severity. It is used to show the relationship between the numbers of injuries resulting in fatal, serious and less serious outcomes.
- *Intentional intent* is where deliberate harm is caused to self or others.
- *Unintentional intent* is where harm is caused to self or others, but this is not intended.
- *Usefulness* in this context refers to the accuracy and reliability of injury data and how it can inform effective injury prevention practice.
- IPRU Fact Sheets are written updated and published by the IPRU and are available on their web site at <http://ipru3.otago.ac.nz/ipru/Publications/FactSheets.php>
- Resources include but are not limited to:

World Health Organisation 2004, *Training, Educating, and Advancing Collaboration in Health on Violence and Injury Prevention (TEACH-VIP) Programme*, Geneva: World Health Organisation.

Instructions

- Read through all the information contained in this Learning Assessment Guide
- Make sure you understand what is required for each assessment task
- Clarify anything you are unsure about with your assessor, trainer or supervisor
- It is important that you read and are familiar with, the terms and definitions contained in the special notes
- Sources of evidence may include:
 - Written evidence
 - Verbal answers recorded by the assessor.
- For written evidence, please complete your answers in the spaces provided
- If you mail your assessment to your assessor, make sure to keep a copy of the completed assessment for your own records
- Assessment for this unit standard must be carried out under controlled, supervised conditions
- All evidence provided for assessment for this unit standard, must be your own work
- Any material copied or taken from another source must be properly acknowledged and referenced.

Assessment Task One

Introduction

This assessment focuses on the description of injury and the key categories of injury

Range:

Key categories include:

intent - both intentional and unintentional; *mechanisms*, *settings* and *severity*

Element One

Tasks

Complete the following

1. Give a brief description or definition of injury in accordance with WHO publications

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2. How do intentional and unintentional injuries differ?
Give one example of each type of injury

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.....

.....

3. Complete the following table by identifying **three** main mechanisms (causes) of injury that result in death and hospitalisation in New Zealand

Use the IPRU Fact sheet 39: *Causes of Injury by Age* to help you complete the table
<http://ipru3.otago.ac.nz/ipru/Publications/FactSheets.php>

Range:

Falls, drowning, road traffic incidents, assault, suicide & deliberate self harm, burns & scalds and pedestrian injuries

Leading causes of injury resulting in death	Leading causes of injury resulting in hospitalisation
i).....	i).....
ii)	ii).....
iii)	iii).....

4. a) Choose **one** major injury setting as outlined by the Accident Compensation Corporation.

The setting may include, but is not limited to:

workplace, home, road, sport / recreational

Major injury setting.....

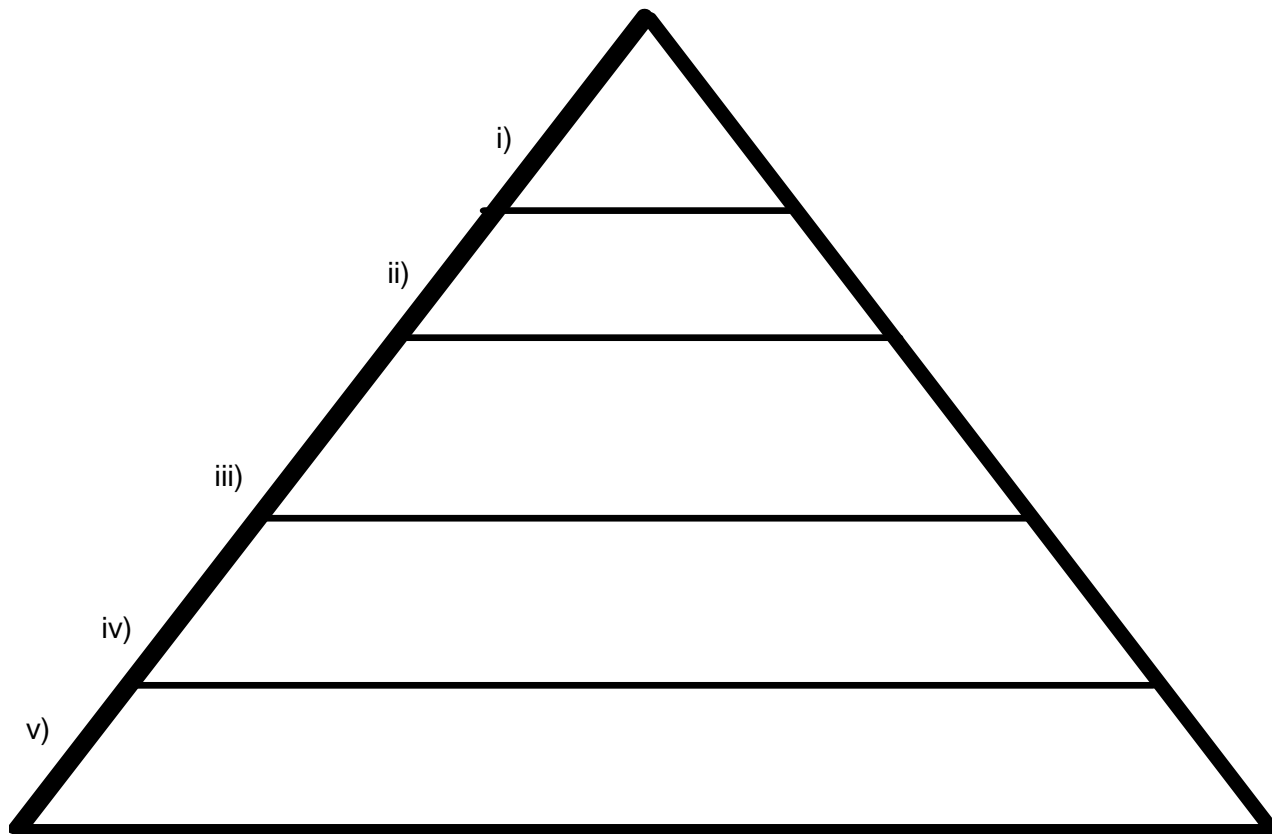
b) Complete the table below by identifying:

- **two** severe injuries most likely to occur in this setting and
- **two** groups that are most at risk of injury in this setting

Severe injuries most likely to occur in this setting	Groups most at risk of injury in this setting
i)	i)
.....
ii)	ii)
.....

5. a) Label the different levels of injury severity on the Injury Pyramid below:

The Injury Pyramid



b) Briefly describe the different levels of injury severity including the relative number of injuries at each level

i)
.....

ii)
.....

iii)
.....

iv)
.....

v)
.....

Assessment Task Two

Introduction

This assessment focuses on explaining the size and scope of injury problems as they affect public health; and in terms of economic and social costs

Element Two

Tasks

Complete the following:

1. Why is injury considered to be a global public health problem?

.....

.....

.....

2. The New Zealand Injury Prevention Strategy (NZIPS, 2003) outlines priority areas for national injury prevention. (<http://www.nzips.govt.nz/priorities>)

List the **six** NZIPS priority areas:

-
-
-
-
-
-

3. Compare the incidence and severity of injuries with non-injury health issues in New Zealand.

a) Use the IPRU Fact Sheet 38 *Injury as a leading cause of death and hospitalisation* <http://ipru3.otago.ac.nz/ipru/Publications/FactSheets.php> to complete the table below.

Age Group (in years)	Leading cause of death		Leading cause of hospitalisation	
	Injury causes	Non-injury causes	Injury causes	Non-injury causes
Children (5-14)				
Young adults (15-34)			Young & middle aged adults (15-54)	
Middle aged adults (35-64)				
Older adults (65+)			Older adults (55+)	

b) Looking at the ten leading causes of **hospitalisation** in NZ between 1 July 1999 and 30 June 2003:

■ What are the three most common causes for hospital admission in those under four years old?

i) ii)

iii)

■ What is the leading cause of hospitalisation for 5-14 year olds?

.....

■ What are the **two** leading causes of hospitalisation for 15-44 year olds?

i) ii)

■ Circle which of the following age groups had the lowest percentage (%) of hospitalisations as a result of to unintentional injury

45 - 54 years 55 - 64 years 65+ years?

c) Looking at the ten leading causes of **death** in NZ between 1998 and 2002,

What five age groups had unintentional injury as the leading cause of death?

i)..... ii).....

iii)..... iv).....

v).....

■ What is the leading cause of death for all age groups?

.....

■ Circle the age group that had the lowest percentage (%) the lowest number of deaths due to unintentional injury?

45 - 54 years

55 - 64 years

65 + years

4. Explain the significance of the injury problem using economic and social costs of injury

Economic costs include - medical and rehabilitation costs, resources for support services, employment related costs.

Social costs include - family and community stress, emotional and psychological pain, loss of independence

a) Choose a severe injury event (e. g motorcycle crash or fall) and explain the economic and social costs associated with that event

Type of severe injury event:

Economic Costs
Medical and rehabilitation costs
.....
.....
.....
Resources for support services
.....
.....
.....
Employment related costs
.....
.....
.....

Social Costs
.....
Family and Community stress
.....
Emotional and psychological pain
.....
Loss of independence
.....

b) Daly's are a measurement used to describe the burden of injury equivalent to the loss of one year of full health

What do the letters in DALY stand for?

DALY stands for.....
.....

Assessment Task Three

Introduction

This assessment focuses on identifying and describing available injury information and injury data.

Element Three

Tasks

1. Identify **four** key sources of injury data and injury information in New Zealand as outlined by the IPRU

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.....
-
.....
-
.....
-
.....

2. If you were required to develop an injury prevention strategy you might need a range of injury information and data.

- Choose **three** examples from the list below

evidence based practice *identifying the magnitude and impact of injury*
setting priorities *developing policies and practices* *setting standards and*
regulations *informing research and evaluation*
 and

- Describe how useful the information or data will be when developing an injury prevention strategy/initiative

Usefulness of injury information or data

1.
.....
2.
.....
3.
.....

3. There may be some drawbacks to the information or injury data that is available to you when developing injury prevention strategies

■ Choose **three** examples from the list below

reliability of data; availability of data; changes in E-codes,

complexity of interpreting the data

and

■ Describe how each of the three you have chosen, limits the usefulness of this injury data or information when developing injury prevention strategies

Data limitations

1.

2.

3.

4. Using IPRU Fact sheet 35: *Hospitalised Falls*
<http://ipru3.otago.ac.nz/ipru/Publications/FactSheets.php> answer the following questions:

i) ***Distribution and type of fall: Hospitalisations by age group, 2000-2002.***

- Which age group is most at risk of being injured and hospitalised as a result of a fall?

.....

ii) ***Type of fall: Hospitalisations by age group, 2000-2002.***

- What are the main types of falls for the age groups listed below?

Age Group (in years)	Major type of Fall
0-14	
15-64	
65+	

iii) ***District Health Boards: (DHB) Age-adjusted rate for hospitalised falls, 2000-2002***

- Which DHB has the highest rate of fall injuries?

.....

iv) ***Location of fall: Hospitalisations by Age Group, 2000-2002.***

- What is the main location/setting for fall injuries?

.....

- What **two** other settings are important for those under 14 years old?

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.....

Assessment Guide

This is the assessment guide for you and your assessor to check all the requirements have been met for unit standard 22236 v2. *Demonstrate knowledge of injury and injury problems and explain the consequences on public health.*

<i>Element/ Task</i>	<i>Evidence required</i>	<i>Judgement</i>	<i>Checklist</i>
<p><i>Element 1/ Task 1</i></p> <p>Injury and key categories of injury are described and explained</p>	<p>1. A description or definition of injury.</p>	<p>1. A description/definition of injury is provided that is in accordance with World Health Organisation publications.</p>	<p>Yes / No</p>
	<p>2.How do intentional and unintentional injuries differ</p>	<p>2.Two descriptions are provided:</p> <p>a) intentional injury and b) unintentional injury</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
	<p>3. Three main mechanisms of injury are explained and must include identification of key injury settings.</p>	<p>3. Three main mechanisms of injury are provided for death and hospitalisation.</p>	<p>Yes / No</p>
	<p>Range for main mechanisms includes: falls, drowning, road traffic accidents, assault, suicide, deliberate self harm, burns and scalds, pedestrian injuries.</p>	<p>Answers align with model answers supplied and include identification of key injury settings.</p>	<p>Yes / No</p>
	<p>4. The importance of one key injury setting as outlined by ACC is identified</p>	<p>4. a) One injury setting is selected from ACC outlines</p>	<p>Yes / No</p>
	<p>Range examples of injury settings include but are not limited to: workplace, home, road, sport/recreational.</p> <p>b) Two severe injuries and two groups at risk in this setting are described</p>	<p>b) All evidence requirements are met Answers are aligned to model answers supplied</p>	<p>Yes / No</p>

<i>Element/ Task</i>	<i>Evidence required</i>	<i>Judgement</i>	<i>Checklist</i>
	<p>5. a) Label the different levels of the Injury Pyramid</p> <p>b) Describe the different levels of injury severity The relative number of injuries at each level is included</p>	<p>5 a) The five different levels of the injury pyramid are</p> <p>b) A description of the five levels of injury severity is given labelled with the relative number of injuries given at each level</p>	<p>Yes / No</p> <p>Yes / No</p>

<i>Element / Task</i>	<i>Evidence required</i>	<i>Judgement</i>	<i>Checklist</i>
<p><i>Element 2 / task 2</i></p> <p>Size and scope of the injury problem as it affects public health and in terms of economic and social costs is explained</p>	<p>1. Explain why injury is considered a global public health problem</p> <p>2. Six NZIPS, (2003) priority areas for national injury prevention are identified</p> <p>3. Compare the incidence and severity of injuries with non-injury health issues in New Zealand</p> <p>a) IPRU fact sheet 38: is used to complete the table of requirements:- Injury and non-injury issues as leading causes of death and hospitalisation</p> <p>b) The three questions that identify the ten leading causes of hospitalisation in NZ between 1 July 1999 and 30 June 2003 are completed</p> <p>c) The three questions that identify the ten leading causes of death in NZ between 1998 and 2002 are completed</p>	<p>1. An explanation of the injury problem in a global context is provided.</p> <p>2. The explanation must include six injury prevention priority areas as stated in the New Zealand Injury Prevention Strategy (NZIPS, 2003) Includes reference material.</p> <p>3. A comparison of the injury problem in terms of incidence and severity with other health issues in New Zealand is provided</p> <p>a) IPRU fact sheet 38: Injury as a leading cause of death and hospitalisation is used to complete the table</p> <p>b) Three questions are answered about the leading causes of hospitalisation in NZ between 1 July 1999 and 30 June 2003.</p> <p>c) The three questions are answered that identify the ten leading causes of death in NZ between 1998 and 2002 are completed</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>

	<p>4. a) Choose a severe injury event and explain the economic and social costs associated with that event</p> <p>Range: Economic costs should include: - medical and rehabilitation costs, resources for support services, employment related costs.</p> <p>Social costs should include: family and community stress, emotional and psychological pain, loss of independence.</p> <p>The explanation of the economic costs of injury should refer to DALY.</p> <p>b) What do the letters in DALY stand for?</p>	<p>4. a) A severe injury event is identified and an explanation of the injury problem in terms of its economic and social costs is provided.</p> <p>DALY's reference material is included as evidence.</p> <p>b) The correct explanation of DALY is provided</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>
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<i>Element / Task</i>	<i>Evidence required</i>	<i>Judgement</i>	<i>Checklist</i>
<p><i>Element 3/ Task 3</i></p> <p>Sources of available injury information and injury data are identified and described</p>	<p>1. Describe four key sources of available injury information and injury data in NZ as outlined by the IPRU.</p> <p>2. Select three examples from the range and describe the usefulness of the information or data when developing and injury prevention strategy</p> <p>Range: Strategies include but are not limited to: evidence based practice, identifying the magnitude and impact of injury, setting priorities, developing policies and practices, setting standards and regulations, informing research and evaluation</p>	<p>1. Four key sources of available injury information and injury data are provided.</p> <p>2. Three examples of the usefulness of injury data in the development of injury prevention strategies are provided.</p> <p>Examples are selected from the range given or other appropriate examples</p>	<p>Yes / No</p> <p>Yes / No</p>

	<p>3. Three limitations of injury data are described when developing an injury prevention strategy</p> <p>Range: Limitations include but are not limited to: reliability of data, availability of data, changes to E codes, and the complexity of the interpretation of the data.</p>	<p>3. Three descriptions of the limitations of injury data are provided</p> <p>Three examples are selected from the range given or other appropriate examples</p>	<p>Yes / No</p>
	<p>4. Using the IPRU facts sheet - Hospitalised falls – answer the following questions:</p> <p>i) Which age group is most at risk of being injured and hospitalised as a result of a fall?</p> <p>ii) What are the main types of falls for the age groups listed (0-14); (15-64); (65+)</p> <p>iii) Which DHB has the highest rate of fall injuries?</p> <p>iv) What is the main location/setting for fall injuries and what two other settings are important for those under 14 years?</p> <p>Range: Includes but is not limited to: IPRU Fact Sheet 25: Hospitalised Falls</p>	<p>4. Data is used from the IPRU facts sheet - Hospitalised falls</p> <p>Information is interpreted accurately and the questions are correctly answered</p>	<p>Yes / No</p> <p>Yes / No</p>

Learner Assessment Guide

Feedback Form

You have just completed another assessment – well done! Now, can you help us?

We are looking at improving the quality of these learner guides. If you came across anything in this pack that could be improved, we'd like to know about it please.

Tell us what the problem was, and if possible, tell us your solution. It may be that there was unnecessary repetition, or instructions were not clear. If you found it really worked well for you – then we'd also like to know that.

To provide feedback please do one of the following:

- You can email us on feedback@learningstate.govt.nz
- Write your feedback onto the learner guide and return it.
- Complete this form (using more paper if you need to) and return it.
- Complete this form or write your feedback on to another piece of paper and give it to your trainer or assessor who will return it to Learning State

Return address: Research & Development, Learning State, P.O. Box 10243, Wellington

Learner guide for Unit number: 22236 Version 2:

Unit Name:

Demonstrate knowledge of injury and injury problems and explain the consequences on public health

Feedback:

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Thank you very much – tena rawa atu koe