## NSHCS CBD Mark Form - Specialty and core modules

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| Assessment details | |
| Trainee’s name | Click or tap here to enter text. |
| Assessor’s name | Click or tap here to enter text. |
| Module title/code | Click or tap here to enter text. |
| Case title | Click or tap here to enter text. |
| Date of assessment | Click or tap to enter a date. |

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| Marking criteria | | | |
| * Assessors must guide the discussion to make an informed decision on all the elements of practice in this form. * Within the discussion, the trainee must be allowed, or can be prompted, to identify if and how they have drawn on a specific element of practice. * If the trainee correctly identifies that they have not drawn on a specific element because it is not relevant to this case, this should be marked as a pass for that element of practice. | | | |
| Descriptor | Fail | | Pass |
| The trainee demonstrates inadequate and/or unsafe clinical and professional judgement, decision-making and problem solving, with little, no, or incorrect reference to the evidence base to justify their actions with respect to this element of practice. | | The trainee demonstrates sound and balanced clinical and professional judgement, decision-making and problem solving, with reference to the evidence base to justify their actions with respect to this element of practice. |
| Indicators include:   * A significant number of minor errors or one or more major errors were made in handling the case and are not identified or acknowledged. | | Indicators include:   * Identifying where errors or improvements could be made in handling the case and offering suggestions about how the error could be avoided or improvement applied in future practice |
| Practises safely and effectively | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Practises within their scope of practice | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Practises within the legal and ethical boundaries of their profession | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Practises as an autonomous professional, exercising their own professional judgement | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Recognises the impact of culture, equality and diversity on practice and practises in a non-discriminatory and inclusive manner | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Reflects on and reviews practice | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Assures the quality of their practice | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Applies the key concepts of the knowledge base relevant to their profession | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Draws on appropriate knowledge and skills to inform practice | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Overall outcome | If the trainee has failed in any element | | If the trainee has passed all elements |
| Fail | | Pass |
| Overall Feedback | Feedback: Click or tap here to enter text. | | |
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| Assessor declaration | | | |
| By entering my name below, I confirm that:   * I have appropriate knowledge, skills, and experience to complete this assessment * I have performed this assessment according to the School’s work-based assessment standards * I have completed this assessment objectively and fairly | | | |
| Click or tap here to enter text. | | Click or tap to enter a date. | |
| Click or tap here to enter text. | | Click or tap to enter a date. | |