## NSHCS CBD Mark Form - Rotation 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. | | | |
| Outcome Descriptor | Fail | | Pass |
| The trainee cannot identify essential elements of practice and/or the rationale for the clinical decisions made and/or cannot apply their own knowledge and understanding to the case. | | The trainee can identify essential elements of practice and the rationale for the clinical decisions made by applying their own knowledge and understanding to the case. |
| Safe and effective practice | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| The legal and ethical boundaries of their profession | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| The rationale for clinical judgements | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| The impact of culture, equality and diversity on practice | Fail | | Pass |
| Feedback: Click or tap here to enter text. | | |
| Quality of 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 the 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. | |