## 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.
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| 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
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| 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. |