## NSHCS OCE 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. | | | |
| Assessment title | Click or tap here to enter text. | | | |
| Date of assessment | Click or tap to enter a date. | | | |
|  | | | | |
| Feedback | | | | |
| Please supply a rating and feedback against all of the criteria which apply to this scenario | | | | |
| Practises safely and effectively | Clear Fail | Borderline Fail | Borderline Pass | Clear Pass |
| Feedback: Click or tap here to enter text. | | | |
| Practises within their scope of practice | Clear Fail | Borderline Fail | Borderline Pass | Clear Pass |
| Feedback: Click or tap here to enter text. | | | |
| Practises in a non-discriminatory and inclusive manner | Clear Fail | Borderline Fail | Borderline Pass | Clear Pass |
| Feedback: Click or tap here to enter text. | | | |
| Maintains confidentiality | Clear Fail | Borderline Fail | Borderline Pass | Clear Pass |
| Feedback: Click or tap here to enter text. | | | |
| Communicates effectively | Clear Fail | Borderline Fail | Borderline Pass | Clear Pass |
| Feedback: Click or tap here to enter text. | | | |
| Works appropriately with others | Clear Fail | Borderline Fail | Borderline Pass | Clear Pass |
| Feedback: Click or tap here to enter text. | | | |
| Draws on appropriate knowledge to inform practice | Clear Fail | Borderline Fail | Borderline Pass | Clear Pass |
| Feedback: Click or tap here to enter text. | | | |
| Other | Feedback: Click or tap here to enter text. | | | |

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| Assessment outcome | |
| Fail | Pass |
| The trainee cannot complete the task to an acceptable standard and/or is unable to ensure an appropriate outcome of the task | The trainee completes the task to an acceptable standard ensuring an appropriate outcome of the task |
| Indicators include   * behaving unprofessionally, * being unable to identify unexpected challenges and/or identify their current scope of practice, * not seeking support to resolve unexpected challenges or issues. | Indicators include   * behaving professionally, * being able to identify unexpected challenges beyond their current scope of practice to address and seek support to resolve the situation. |
| Fail | Pass |
|  | |
| 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. |