

Appendix II RETAKE OT Competency Marking Rubric

Criteria	Needs support	Competent	Highly competent
	<p>≤49%</p> <p>Demonstrates some understanding of ESSVR and its application in RETAKE. However, major deficits noted in VR knowledge, clinical reasoning and application. Requires additional individualised mentoring until next assessment.</p>	<p>50-69%</p> <p>Understands ESSVR with some evidence of misinterpretation in its application in RETAKE. Ad hoc monitoring via group mentoring until next assessment.</p>	<p>≥70%</p> <p>Fully understands ESSVR and its application in RETAKE.</p>
<p>Knowledge of intervention processes, timeframes & documentation</p> <p>(40% of total marks)</p>	<p>Most answers were missing the required ESSVR components.</p>	<p>Some answers were missing the required ESSVR components.</p>	<p>Few, if any of the required ESSVR components were missing in the answers.</p>
<p>Clinical reasoning – identification and analysis of salient work-related issues in the case study, to inform the design of an appropriate intervention (ESSVR) plan in the letter/report.</p> <p>(50% of total marks)</p>	<p>Limited identification of and/or limited analysis of work-related issues from the case study. None or few solutions for the work-related issues identified within the intervention plan(s). Significant gaps remain in problem-solving.</p>	<p>Some identification of and/or some analysis of work-related issues from the case study. A number of solutions for the work-related issues identified within the intervention plan(s) but a few gaps remain in problem-solving.</p>	<p>Identification and or analysis of all work-related issues from the case study. Comprehensive solutions for the work-related issues within the intervention plan(s).</p>
<p>Written communication of work issues. Appropriate use of lay language in letter/report to ensure if it is fit for purpose & likely to gain reader engagement.</p> <p>(10% of total marks)</p>	<p>Letter/report lacks logical structure. Limited focus of work issue(s) addressed. Overuse of medical terminology. Little use of lay language to communicate issues. Information conveyed in a manner less likely to engage recipient.</p>	<p>Case study letter/report reasonably well structured. Mostly focussed on the work issue(s) being addressed. Minimal use of medical terminology. Good use of lay language to communicate issues. Information conveyed in a manner may to engage recipient.</p>	<p>Case study letter/report very well structured. Report fully focussed on work issue(s) addressed. Issues communicated clearly in lay language and without any use of medical terminology. Information conveyed in a manner likely to engage recipient.</p>

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