**Consultation Observation Tool: marking/notes sheet – FCP to Advanced Practice**

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| **Practitioner Name:**  |  |
| **Clinical Supervisor Name:**  |  |
| **Presenting Case:** |  |
| **Date:** |  |

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| **GRADES**  |  ***I – Insufficient evidence***  | ***N – Needs further development***  | ***C - Capable***  | ***E - Excellent*** |

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| **CRITERION** | **GRADE** | **EVIDENCE**  |
| **DISCOVERS THE REASON FOR THE PERSONS ATTENDANCE** |  |  |
| Encourages the person’s contribution FCP Capabilities 1, 2 ACP 2. |  |  |
| Responds to cues FCP Capabilities 1, 2 ACP 2. |  |  |
| Places presenting problem in appropriate psychosocial context FCP Capability 2, 5, ACP 13. |  |  |

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| **CRITERION** | **GRADE** | **EVIDENCE**  |
| Explores person’s health understanding FCP Capabilities 1, 2, 5, 8, ACP 2, 13. |  |  |
| **DEFINES THE CLINICAL PROBLEM** |  |  |
| Includes/excludes likely relevant significant condition FCP Capability 5, 6 ACP 1. |  |  |
| Appropriate physical or mental state examination FCP Capability 5, 6 ACP 13. |  |  |
| Makes appropriate working diagnosis FCP Capability 7 ACP 13. |  |  |
| **EXPLAINS THE PROBLEM TO THE PERSON** |  |  |
| Explains the problem in appropriate language FCP Capability 1, 2, 8 ACP. |  |  |

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| **CRITERION** | **GRADE** | **EVIDENCE** |
| **ADDRESSES THE PERSONS PROBLEM** |  |  |
| Seeks to confirm the person’s understanding FCP Capability 1, 2, 8, 9 ACP 2, 9. |  |  |
| Makes an appropriate shared management/personalised care/support plan FCP Capabilities 1, 2, 3, 8, 9, 10,11, 12 ACP 2, 3, 9,10, 11, 12 13. |  |  |
| Person is given the opportunity to be involved in significant management decisions FCP Capabilities 2, 8, 9, ACP 2, 9, 13, 14. |  |  |

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| **CRITERION** | **GRADE** | **EVIDENCE**  |
| **MAKES EFFECTIVE USE OF CONSULTATION**  |  |  |
| Makes effective use of resources FCP Capabilities 3,4, 8, 9, 10, 12 ACP 3, 9, 10, 12, 13. |  |  |
| Condition and interval for follow-up are specified FCP Capability 8, 9 ACP 13 |  |  |

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| **Feedback & recommendations for further development:** |
| **Agreed action plan:** |