**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** |  |  |
| **Responds to cues** **FCP Capabilities 1, 2** |  |  |
| **Places presenting problem in appropriate psychosocial context** **FCP Capability 1, ACP 2** |  |  |
| **Explores person’s health understanding FCP Capabilities 1, 2, 6 ACP 2** |  |  |

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| **CRITERION** | **GRADE** | **EVIDENCE**  |
| **DEFINES THE CLINICAL PROBLEM** |  |  |
| **Includes/excludes likely relevant significant condition** **FCP Capability 5 ACP 13** |  |  |
| **Appropriate physical or mental state examination** **FCP Capability 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** |  |  |

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| **CRITERION** | **GRADE** | **EVIDENCE** |
| **ADDRESSES THE PERSONS PROBLEM** |  |  |
| **Seeks to confirm the person’s understanding** **FCP Capability 1** |  |  |
| **Makes an appropriate shared management/personalised care/support plan** **FCP Capabilities 2, 4,8,9,12 ACP 13** |  |  |
| **Person is given the opportunity to be involved in significant management decisions** **FCP Capabilities 2, 8, 9 ACP 13** |  |  |

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| **CRITERION** | **GRADE** | **EVIDENCE**  |
| **MAKES EFFECTIVE USE OF CONSULTATION**  |  |  |
| **Makes effective use of resources****FCP Capabilities 3, 9, 10, 12 ACP 14** |  |  |
| **Condition and interval for follow up are specified** **FCP Capability 8 ACP 14** |  |  |

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