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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |  |  | | |

|  |  |  |
| --- | --- | --- |
| **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** |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |  |  |

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