**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 A1 B3. |  |  | | |
| Responds to cues  FCP Capabilities A1, B3. |  |  | | |
| Places presenting problem in appropriate psychosocial context  FCP Capability A1, B3, B4, B5. |  |  | | |

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| **CRITERION** | **GRADE** | **EVIDENCE** |
| Explores person’s health understanding FCP Capabilities A1, B3. |  |  |
| **DEFINES THE CLINICAL PROBLEM** |  |  |
| Includes/excludes likely relevant significant condition  FCP Capability B3, B4, B5. |  |  |
| Appropriate physical or mental state examination  FCP Capability B3, B4, B5. |  |  |
| Makes appropriate working diagnosis  FCP Capability B3, B4, B5. |  |  |
| **EXPLAINS THE PROBLEM TO THE PERSON** |  |  |
| Explains the problem in appropriate language  FCP Capability A3, B1. |  |  |

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| **CRITERION** | **GRADE** | **EVIDENCE** |
| **ADDRESSES THE PERSONS PROBLEM** |  |  |
| Seeks to confirm the person’s understanding  FCP Capability A1, B3, C11. |  |  |
| Makes an appropriate shared management/personalised care/support plan  FCP Capabilities A1, C6, C7, C10, C11 C12, C13. |  |  |
| Person is given the opportunity to be involved in significant management decisions  FCP Capabilities A1, C6, C7, C10, C11 C12, C13 |  |  |

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| **CRITERION** | **GRADE** | **EVIDENCE** |
| **MAKES EFFECTIVE USE OF CONSULTATION** |  |  |
| Makes effective use of resources  FCP Capabilities B3, B4, B5, C9, C10. |  |  |
| Condition and interval for follow-up are specified A1, B3, B4, B5, C11 |  |  |

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