**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:** |