**Consultation Observation Tool: Marking/Notes Sheet – ACP (Primary Care Nurse)**

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| **ACP (Primary Care Nurse) Name:** |  |
| **Clinical Supervisor Name:** |  |
| **Presenting Case:** |  |
| **Date:** |  |

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

| **Criterion** | **Grade** | **Evidence** |
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| **Discovers the reason for the person's attendance** |
| **Encourages the person’s contribution**Capabilities 1, 2, 4 |  |  |
| **Responds to cues**Capabilities 1, 2, 4, 5 |  |  |
| **Places presenting problem in appropriate psychosocial context**Capabilities 1, 2, 3, 4 |  |  |
| **Explores person's health understanding**Capabilities 1, 2, 4 |  |  |
| **Defines the clinical problem** |
| **Includes/excludes likely relevant significant condition**Capabilities 1, 2, 5 |  |  |
| **Appropriate physical or mental state examination**Capability 6 |  |  |
| **Makes appropriate working diagnosis**Capability 7 |  |  |
| **Explains the problem to the person** |
| **Explains the problem in appropriate language**Capabilities 1, 2, 8, 9, 10 |  |  |
| **Addresses the person's problem** |
| **Seeks to confirm the person's understanding**Capabilities 1, 2 |  |  |
| **Makes an appropriate shared management/personalised care/support plan**Capabilities 8, 9, 10 |  |  |
| **Person is given the opportunity to be involved in significant management decisions**Capabilities 2, 3, 4, 8, 9, 10 |  |  |
| **Makes effective use of the consultation** |
| **Makes effective use of resources**Capabilities 1, 2, 3, 4, 10, 11, 12 |  |  |
| **Condition and interval for follow up are specified**Capabilities 1, 2, 8, 9 |  |  |

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

COT guidance – can be undertaken during a shared surgery or by reviewing a video of a consultation (undertaken with person consent – form signed and scanned into notes).

An audio COT can also be evidenced e.g.; to assess telephone consultation skills.