

CONSULTATION ASSESSMENT AND IMPROVEMENT INSTRUMENT FOR NURSES - CAIN

FEEDBACK SUMMARY FORM

Name of Nurse	Date
Observer	Number of consultations
Signature	
PRINCIPAL STRENGTHS	
PRIORITY STRATEGIES FOR IMPROVEMENT	
ANY OTHER COMMENTS	
OVERALL COMPETENCE	

<p>CARE PLANNING/PATIENT MANAGEMENT (20%)</p> <p>Strengths</p> <p>Suggestions for improvement</p>	<p>Mark/Grade</p>
<p>PROBLEM SOLVING (15%)</p> <p>Strengths</p> <p>Suggestions for improvement</p>	<p>Mark/Grade</p>

<p>BEHAVIOUR/RELATIONSHIP WITH PATIENT/CLIENT (15%)</p> <p>Strengths</p> <p>Suggestions for improvement</p>	<p>Mark/ Grade</p>
<p>HEALTH PROMOTION/DISEASE PREVENTION (10%)</p> <p>Strengths</p> <p>Suggestions for improvement</p>	<p>Mark/ Grade</p>
<p>RECORD KEEPING (10%)</p> <p>Strengths</p> <p>Suggestions for improvement</p>	<p>Mark/ Grade</p>

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