

CONSULTATION ASSESSMENT AND IMPROVEMENT INSTRUMENT FOR NURSES – OBSERVER RECORDING FORM

Name of Nurse:	Observer:	Date:
	Signature:	Number:

Content of consultation:	Start time: Finish time: Duration (mins):
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Category	Strengths	Weaknesses and Omissions	Grade/Mark
Interviewing			
Examination, diagnostic testing and practical procedures			
Care planning and patient management			
Problem solving			
Behaviour/relationship with patients/clients			
Health promotion/disease prevention			
Record keeping			
Notes			

