CONSULTATION ASSESSMENT AND IMPROVEMENT INSTRUMENT FOR NURSES - CAIIN2

USERS' GUIDE

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Authors

Dr Sarah Redsell
Senior Lecturer (Nursing)

Dr Adrian Hastings
Senior Lecturer in Medical Education (General Practice)

Professor Robin Fraser
Professor of General Practice

Clinical Division of General Practice and Primary Health Care
University of Leicester
Gwendolen Road
Leicester LE5 4PW.

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BACKGROUND

Over the past decade there has been a huge expansion and diversification of nursing roles within the NHS [1] and new roles have emerged such as specialist nurse and nurse consultant. Increasingly patients' initial contact with the NHS is a consultation with a nurse, rather than a doctor. Nurses are also leading health care provision for some patient categories in walk-in centres, NHS Direct, A&E and minor illness units and in primary care. In these clinical contexts nurses are required to conduct initial assessments of a wide range of problems, make referral decisions and manage patients' illnesses. In addition nurses are working as autonomous practitioners, providing care for patients with complex problems associated with chronic illness. However, concern has been expressed that many nurses lack the appropriate skills and preparation for these new roles [1] and the question of how to ensure that nurses are competent to perform these new roles has not been adequately addressed.

A recent systematic review of the literature revealed that most of the current methods used to define or measure clinical competence in nursing have not been developed systematically and insufficient attention has been paid to their reliability and validity[2]. The first step to improving nurses' competence in the consultation setting is to determine the criteria against which their performance can be judged. Previously we have identified and validated explicit criteria of consultation competence for primary care nurses and incorporated these into the Consultation Assessment and Improvement Instrument for Nurses (CAIIN1) [3]. This training package is now being used to develop the consultation skills of nurses working in the NHS First Contact Programme [4]

The criteria of consultation competence in the CAIIN1 and 2 were derived from those in the Leicester Assessment Package (LAP), which was developed primarily for use with general practitioners [5;6]. Although almost all the consultation competences are generic and, therefore, common to both medical and nursing practice, several have been modified for primary care nurse consultations.

We have now adapted the CAIIN criteria for nurses working in secondary care[7]. The Consultation Assessment and Improvement Instrument for Nurses (CAIIN2) enables the observer to identify explicitly particular consultation strengths and weaknesses, as a prelude to providing specific feedback on how to overcome weaknesses and enhance strengths

The CAIIN2 can be used:

- To enable student nurses to develop improved levels of consultation capability.
- In continuing professional development (including clinical supervision).
- To develop and support new roles.
- To identify and remedy poor professional performance.
- For professional self-regulation (once reliability has been established).

The CAIIN2 consists of:

1. The seven categories of consultation competence and 37 component competences required by a secondary care nurse
2. A recording form for the observer to make notes on each consultation seen

3. Questions to be asked of nurses being observed
4. Descriptors of levels of performance, which facilitate the reliable allocation of grades or marks
5. Recommended strategies for improvement
6. Feedback summary forms
7. Guidance on giving feedback.

1 CATEGORIES OF CONSULTATION COMPETENCE

The seven prioritised categories of consultation competence are listed below. These serve as a framework to encompass the different skills nurses require when consulting with patients. The list of competences is provided within this pack as a laminated sheet for durability and to facilitate its use during the observation phase of an assessment.

- **Interviewing (20% weighting)**

This category covers the competences that a nurse would need to demonstrate in gathering information by talking and listening to the patient.

- **Examination, diagnostic testing and practical procedures (10%)**

This category covers the competences that a nurse would need to demonstrate when eliciting physical signs, using instruments (e.g. sphygmomanometer) and undertaking technical procedures (e.g. wound dressing) in a patient consultation.

- **Care planning/patient management (20%)**

This category covers the competences that a nurse would need to demonstrate when negotiating a shared management plan with the patient and in explaining the management plan to the patient.

- **Problem solving (15%)**

This category covers the competences that a nurse would need to demonstrate in coming to a decision about the nature of a patient's problem(s) and the associated management. It concerns the cognitive (thinking) skills required to decide what information is needed and how it should be interpreted.

- **Behaviour/relationship with patients/clients (15%)**

This category covers the competences that a nurse would need to demonstrate in establishing and maintaining a professional relationship with patients.

- **Health promotion/disease prevention (10%)**

This category covers the competences that a nurse would need to demonstrate in identifying and acting appropriately on opportunities for health promotion/disease prevention.

- **Record keeping (10%)**

This category covers the competences that a nurse would need to demonstrate in making an appropriate and accurate record of the consultation.

Development of the criteria

The criteria of consultation competence as contained in the Consultation Assessment and Improvement Instrument (CAIIN1) for primary care nurses were adapted as a result of focus group discussions and observation of videotaped consultations with nurses working in secondary care. The amended criteria were sent to a sample of nurse consultants, specialist nurses and nurse practitioners (n=394) to determine their face[a] and content[b] validity. Support for the seven categories of consultation competence varied from 96-99% and for the 37 component competences from 94-99%. There was no consensus for alternative or additional categories or components. 87% of respondents strongly agreed or agreed that the categories of consultation competence should be prioritised and 63% strongly agreed or agreed with the suggested weightings[7].

It will not, of course, be necessary or appropriate for a secondary care nurse to employ every one of the listed competences in all consultations, since different patients will provide different clinical challenges. Some will be required in every consultation (for example, the need to listen attentively, maintain a friendly but professional relationship, make an appropriate record, etc.) but others will be required in a minority of consultations (e.g. performing a technical procedure; ordering a laboratory test; offering opportunistic health promotion).

It is for this reason that any regulatory assessment of the consultation competence of a secondary care nurse must involve the monitoring of performance in a series of consultations, rather than in a single consultation. The percentages in brackets reflect the weighting accorded to each category based on a combination of research evidence and professional consensus

The CAIIN2 has been designed as an effective tool to aid learning as well as to make reliable assessments of competence. The 37 component competences are precise descriptions of the skills a nurse may need when consulting. When a number of these have been identified as in need of improvement they constitute an 'educational diagnosis'. A nurse and a teacher who understand the meaning of the competences will then be better able to design a programme to overcome these weaknesses. The accompanying booklet *'Recommended Strategies for Improvement'* contains specific advice to facilitate this process.

2 OBSERVER RECORDING FORM

This form is intended for use as an 'aide-memoire' for the observer; it is not meant to be retained as a permanent record. One form is completed for each consultation. It identifies the nurse and observer, the date of the assessment, the duration of the consultation and gives space to note the content of the consultation.

The main part of the form provides space in three sections to record the competences displayed during the consultation as strengths, those that are weaknesses or omissions and the grade or mark awarded in each category.

[a] The extent to which the assessment instrument subjectively appears to be measuring what it is supposed to measure.

[b] The extent to which the instrument includes a representative sample of the content of a construct.

If a particular category of competence is not challenged in a consultation the observer should write n/a (not applicable) in the relevant space. For example, it might be seen that there were no appropriate opportunities for *'Health promotion/disease prevention'*. This situation will arise with some frequency, as a preventive intervention relating directly to the main problem being tackled should be assessed under *'Care planning/patient management'*. For example, discussing how to give up smoking with an asthma patient would be assessed in this category. The category *Health promotion/disease prevention'* concerns 'opportunistic' preventive initiatives e.g. discussing smoking cessation when a patient has come for a minor operation.

The category *'Examination, diagnostic testing and practical procedures*' is concerned with the technical ability of the nurse to conduct a physical examination (e.g. testing vibration sense in a diabetic patient, using a sphygmomanometer), perform a diagnostic test (e.g. dipstick testing of urine) or to carry out a procedure such as connecting the patient to an intravenous line. It is important to note that the decision **whether** or not to do a particular test or look for particular physical signs is a thinking skill and is assessed in the *'Problem solving'* category.

The Recording Form is supplied on card to act as a 'template' to be photocopied, as a separate form will be required for every consultation observed.

3 QUESTIONS TO BE ASKED (Appendix 1)

These are the questions the observer should ask to explore the thinking underpinning the actions of the nurse. Clinical problem solving is an activity that takes place in the mind of the nurse during the consultation. This encompasses decisions about the likely cause of the problem presented by a patient as well as decisions about how to decide on the best care plan to address it. An observer can make judgements about why certain activities were done or not done, but in order to understand the nurse's reasons fully it is necessary to have the opportunity to explain the thinking processes. For regulatory assessment it is necessary to ask the questions in a standardised way to ensure equity between candidates. In a teaching context the questions serve as a guide to the teacher and nurse as to the issues that need to be addressed.

4 CRITERIA FOR THE ALLOCATION OF GRADES/MARKS

This form provides a set of descriptors of performance to facilitate conformity between different observers in assessing the level of performance. It is to be found on the reverse side of the laminate, which lists the consultation categories and component competences.

In single consultations sometimes only a small number of component competences may be challenged. For example: the problem may relatively straightforward such as 'assessing a patients fitness for surgery' but the demeanour of the patient may require particular strengths in *behaviour and relationship with the patient*. If a patient mentioned more than once that a relative had died and the nurse did not respond, this could be seen as *failing to recognise a verbal cue*, *ignoring social and psychological factors* and *not conveying sensitivity* to the needs of the patient.

Normally grades will be applied when the CAIIN2 is used for educational purposes. However, the grade letter should be seen as a code to represent the level of performance indicated by the descriptor to which it is attached. This needs to be understood by nurses being observed, as they are likely to have received grades in previous assessments where those less than A might have been regarded as insufficient. In general terms

competent secondary care nurses would expect to *'demonstrate capability in all components to a satisfactory standard'* during an assessment.

Marks are used when it is necessary to rate a level of performance more precisely than when awarding grades. This is of most value in regulatory assessment and if it is desired to rank candidates in an order of merit. The percentage weightings reflect the relative importance of each consultation category. For example: *Interviewing* the patient was regarded as more important than *Examination etc.* by respondents in the validation research of the CAIIN2.

Testing of the LAP, from which the original CAIIN for primary care nurses was developed, shows that it facilitates consistent judgements between markers in the assessment of the consultation performance of medical students [8] and of doctors[6]. As the methodology of the CAIIN is very similar it is reasonable to anticipate that it will be equally reliable.

5 RECOMMENDED STRATEGIES FOR IMPROVEMENT

The CAIIN2 has been developed primarily as a tool for education and improvement. It is imperative therefore that it facilitates the provision of effective and practical solutions to identified weaknesses in consultation performance. This document contains practical suggestions that can be made to a nurse as to how to perform differently in the future. Although the strategies are listed in the document against particular competences, they are not exclusive to these competences. If, in the view of an observer, a strategy linked to one component competence might be the best way to address a weakness in another, it can be so used. Furthermore, the observer can suggest an identified strategy of their own if the document does not offer an appropriate one.

6 FEEDBACK SUMMARY FORM (Appendix 2)

Feedback can be given verbally and/or in writing. This form is a template to assist the production of written feedback. It identifies the candidate and observer, the date of the assessment and the number of consultations on which the assessment was based. Space is provided to record the observer's description of the nurse's strengths along with specific suggestions for improvement, not only within the seven categories of consultation competence, but also in relation to overall consultation competence.

It is invaluable to include specific examples of instances where a competence was demonstrated as a strength or weakness. For example if the nurse twice overlooked verbal cues you might note: *'The patient seen for a wound check said "I have been tired lately"'.* Since these forms have been designed for use mainly in educational assessment, grades rather than marks are normally used. As feedback plays such a vital part in the educational process, copies of these forms should be given to the nurse to facilitate self-learning leading to improved consulting capability. Sequential assessments can be used to chart progress over time. The forms can also be adapted for regulatory use in which case grades can be converted to marks.

An electronic copy of the form in Microsoft Word and text file format is provided on the floppy disc in the pack. This will facilitate the typing of feedback summaries to a nurse who has been assessed. The disc also contains electronic copies of the Observer Recording Form.

7 GIVING AND RECEIVING FEEDBACK (Appendix 3)

This document provides practical suggestions on how an observer might give feedback to a nurse. Whilst written feedback serves as an invaluable aid to guide future learning, and can provide evidence of continuing professional development, effective verbal feedback has the more powerful educational impact. To give feedback well is a high level skill, particularly if there are a number of negative messages. As with all complex skills it is best learnt by supervised practice but the written guidance provided with the CAIIN2 serves as a suggested model to follow.

PROCEDURE FOR USING THE CAIIN2

SUMMARY

Preparation

- Familiarise yourself with the overall procedures to be followed
- Familiarise yourself with the required consultation competences and the criteria for the allocation of grades/marks.
- Agree with the nurse being assessed the purpose of the assessment and the number of consultations to be observed
- Check the nurse is aware of the procedures during each consultation

Observation

- Check the information available to the nurse from the record at the start of each consultation
- Ask about their objectives for the consultation
- Observe the consultation, including examination and tests
- Record competences displayed as strengths or difficulties and note omissions
- After the patient has left ask the questions to explore clinical reasoning
- Check the record made

Consideration

- Allocate grades/marks for performance in each consultation category challenged on the Observer Recording Form
- At the end of the observation phase scrutinise the Recording Forms for all consultations
- Determine the overall grade/mark for each consultation category, and the final mark to reflect performance over the whole assessment
- Decide on the key strengths and priorities for improvement

Feedback

- Prepare the written feedback
- Give verbal feedback, following the guidance in the document ‘Giving and receiving feedback’

These are the recommended procedures when the CAIIN2 is used in formal assessments, whether regulatory or formative. In such cases it will normally be most appropriate to use marks although grades can also be used. When a teaching session is in progress more flexibility may be allowed, but the competences remain an invaluable aid to learning consultation skills. Therefore, teaching will have most educational impact if is delivered within the framework of the CAIIN2. When it is necessary to give feedback to the nurse on their performance after a teaching session it is usually better to do so using the descriptor or code grade.

1. It is essential that you first become thoroughly familiar with the content and function of all the forms before carrying out any assessments. You must be fully conversant with the detailed criteria against which you are judging a nurse's performance, as well as the descriptors for the award of particular marks or grades. This will optimise equity and comparability between multiple observers and those nurses being assessed.

2. Before the consultation starts scrutinise the information available to the nurse from the patient record.

3. Ask the question concerning objectives before the patient enters the room. This will allow you to judge the nurse's ability to interpret prior knowledge of the patient and to organise the content and direction of the consultation.

4. Throughout the period of assessment use the Observer Recording Form to make detailed notes on the nurse's performance in every consultation witnessed. If no record is kept it is very difficult to remember what took place during a series of consultations. Include both positive and negative features as well as omissions.

5. In all instances when the patient gives permission observe the nurse's ability to elicit physical signs when examining, using an instrument or carrying out a practical procedure.

6. If a particular category of consultation competence is not tested enter *n/a* (not applicable) in the appropriate space. This is most likely to occur with the categories *Examination etc* and *Health promotion/disease prevention.*

7. The mark awarded for the seven categories of consultation competence, and the overall mark in each consultation will require the exercise of professional judgement by the observer. It will be influenced by the difficulty of the challenge and guided by reference to the criteria for the allocation of grades/marks. It is important to remember that all competences are unlikely to be challenged in every consultation.

8. Make a note of the duration of the consultation. In assessing whether the time taken is appropriate, due allowance must be made for any intervention(s) you have made. In this way you will be able to assess the extent to which the candidate is efficient in the use of time in the consultation.

9. The four questions to be asked at the end of each consultation give nurses the opportunity to explain the reasons for their actions. They also serve as a check that issues the patient has brought to the consultation, which were not apparent at the start, have been detected and addressed. If the assessment is being conducted for regulatory purposes it is wrong to ask questions other than those defined or to provide feedback between consultations. This ensures that idiosyncratic observers do not bias the process, which would not be fair.

10. After each consultation you should check the record made in the patient's notes.

11. The final task to be carried out between consultations is to enter a mark/grade in each box on the Observer Recording Form to reflect your assessment of the level of performance achieved, within each of the relevant categories. To arrive at this, the actual performance of the candidate needs to be compared with the criteria of consultation competences. The observer is not at liberty to consider any other criteria. Reference will also need to be made to the criteria for the allocation of grades/marks to assist in determining the appropriate mark/grades to be awarded.

12. Once the required number of consultations has been observed you should scrutinise all the recording forms and assess the nurse's performance as reflected by the grades/marks you have allocated in all seven categories of competence. For each of the categories the grades/marks awarded across all the consultations are collated into a final mark to reflect overall performance in all seven categories of competence in turn. It should be noted that the overall mark is **not** the average of the marks allocated to all the consultations. The observer will need to take account of the nature and difficulty of the clinical challenges presented and a final judgement may be, quite appropriately, disproportionately influenced by performance in challenging cases.

13. The observer should complete the feedback summary form using any comments made on the recording form for guidance. Make your comments as specific as possible, with due concentration on priority areas, since vague generalisations will be of little benefit to the nurse. This will provide the nurse with detailed feedback on performance, an essential component of any assessment process, which will facilitate self-learning and improved consulting capability.

14. In is important to consider carefully the prioritisation of your comments. Those messages you consider to be most important should appear at the start of the feedback summary. If a nurse has a large number of strengths or weaknesses the less important can be noted in the Additional Comments section. These will provide an important record for future reference, but the feedback should focus on the key messages you wish the nurse to act on.

15. Once the written feedback has been prepared the observer will be in a position to offer verbal feedback following the recommended procedures.

When the CAIIN2 is being used in regulatory assessment it is necessary to make a judgement about the number of patients and the range of challenges to be included. This will depend on the purpose of the assessment and the clinical context in which the nurse works. No specific formula currently exists to determine this. If the CAIIN2 is to be used to judge whether nurses are fit to work as nurse practitioners at the end of training we would recommend observation of a minimum of eight consultations, where the multiple problems would be likely to represent the range of challenges to which they would need to be able to respond. This figure is based on experimental evidence with the LAP [6].

GLOSSARY

Clinical information	Information gained from talking with, examining and diagnostic testing of a patient.
Clinical problem solving	The process of thinking about and interpreting clinical information to formulate a diagnosis or describe a problem, and to decide a management/care plan.
Consultation	The meeting between a nurse and a patient to discuss and assess the health concerns and problems of the patient.
Criterion	A systematically developed statement that can be used to assess the appropriateness of specific healthcare decisions, services and outcomes.
Double questions	Instances when a nurse asks a patient two questions at once. Usually patients will only answer the second, resulting in uncertainty about their response to the first
Focused questions	Questions that seek to elicit a specific piece of information. e.g. *"How often do you pass urine at night?".*
Formative assessment	A diagnostic evaluation of the capability of a nurse leading to advice on how to improve. The grade or mark awarded will not be used to decide whether the nurse has passed or failed a course of study.
Key features	Those attributes of a disease condition that are usually present, and whose absence would call into question the accuracy of the diagnosis.
Leading questions	Questions that are phrased in such a way that the patient is strongly encouraged to give the expected answer.
Near patient testing	A 'near patient' test is one conducted by the nurse during the consultation, whose result is available for immediate interpretation and action. e.g. Multi-function test strips for urinary tract infection as an alternative to MSU.
Nested questions	These are instances where an open question is followed by a closed one. For example: *'Tell me what the headache is like, is it sharp?'* This limits the opportunity for a patient to tell their story using their own words.
Normative	Conforming to an established standard
Nurse	In this context nurse refers to a qualified nurse working in an autonomous or semi-autonomous role e.g. Nurse practitioner, specialist nurse or nurse consultant
Over interpretation	Having unwarranted confidence in the significance of a particular piece of information. e.g. assuming that frequency of passing urine means the patient inevitably has diabetes.
Patient	The person consulting with the nurse about their healthcare. This also refers to individuals consulting by proxy e.g. parents, carers or partners.

Pattern-recognition	When a nurse believes that any cluster of symptoms and signs of a patient are a close enough fit to a recognised diagnosis.
Prodigy	Software, available on most primary care computer systems, which provides information and guidance in decision-making.
Protocol	Agreed written guidance to a nurse about the content of clinical care to be provided in particular circumstances. The majority of protocols in secondary care specify how chronic diseases should be managed, or how specialised clinics should operate.
Rank	To place in order of priority.
Regulatory assessment	An assessment that determines whether a nurse is competent to undertake duties, which form part of his/her recognised work.
Reliability	An indication of the consistency of scores across evaluators or over time.
Secondary care nurse	This includes all categories of nurses working in semi-autonomous or autonomous roles (nurse practitioners, specialist nurses and nurse consultants).
Shared understanding	When a nurse and a patient agree about the nature of the health problem of the patient, they have reached a shared understanding. This will require the nurse to provide sufficient explanation of his/her reasons for his/her conclusions, and for the patient to have the opportunity to explain his/her beliefs about the problem.
Standard	The percentage of events that should comply with the criterion.
Summative assessment	The determination of an individual's competence in order to decide whether or not a required level of competence has been reached.
Systematic care	Care that is provided consistently to all patients with the same health problem. It will usually involve the use of protocols, call/recall systems and audit.
Technical jargon	Words that are understood by professionals in the field but which cannot be assumed to carry the same meaning for patients.
Validity	An indication of how well an assessment actually measures what it is supposed to measure.

CONSULTATION ASSESSMENT AND IMPROVEMENT INSTRUMENT FOR NURSES- CAIIN2

QUESTIONS

To explore thinking, underpinning action, during secondary care nurse consultations

Before the consultation starts:

- What are your objectives for this consultation?

After the patient has left

- What do you believe are the main problems this patient is experiencing?
- Why have you reached this conclusion?
- Why did you choose your care plan / patient management plan?
- Have you addressed all the issues in the patient's agenda?

Appendix 2

CONSULTATION ASSESSMENT AND IMPROVEMENT INSTRUMENT FOR NURSES – CAIIN2

FEEDBACK SUMMARY FORM

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

INTERVIEWING (20%) Strengths Suggestions for improvement	**Mark/ Grade**
EXAMINATION, DIAGNOSTIC TESTING AND PRACTICAL PROCEDURES (10%) Strengths Suggestions for improvement	**Mark/ Grade**

CARE PLANNING/PATIENT MANAGEMENT (20%) Strengths Suggestions for improvement	**Mark/ Grade**
PROBLEM SOLVING (15%) Strengths Suggestions for improvement	**Mark/ Grade**
BEHAVIOUR/RELATIONSHIP WITH PATIENT (15%) Strengths Suggestions for improvement	**Mark/ Grade**
HEALTH PROMOTION/DISEASE PREVENTION (10%) Strengths Suggestions for improvement	**Mark/ Grade**
RECORD KEEPING (10%) Strengths Suggestions for improvement	**Mark/ Grade**

CONSULTATION ASSESSMENT AND IMPROVEMENT INSTRUMENT FOR NURSES – CAIIN2

GIVING AND RECEIVING FEEDBACK

Feedback is the process by which one or more observers reflect to a nurse their perception of his/her performance and provide focussed advice to facilitate necessary improvements. There are a few rules for giving and receiving feedback that help it to be more effective in facilitating improvements.

Giving feedback

For maximum impact feedback should be provided as soon after observed performance as possible. Focussed feedback is essential if nurses are to improve their current practice. Vague and general feedback may not be readily understood and is ineffectual. Effective feedback consists of practical and explicit advice tailored to the individual's specific learning needs. The 'Strategies for improvement' document is a useful guide to assist in this task.

It is a good idea to balance positive and negative feedback. One way to do this is to use 'Pendleton's Rules' [9] as a guide to the structure of the feedback session

1. Clarify matters of fact, if appropriate, at the beginning of feedback.
2. The nurse goes first and describes what (s)he did well

The observer asks the nurse what (s)he thinks (s)he did well. The observer responds to the nurse's comments where appropriate with reference to the CAIIN2 criteria.

3. The observer then describes what the nurse did well

The observer outlines what the nurse did well using examples, as appropriate. For example, if the observer considers the nurse did well in negotiating a care plan with the patient, they might respond 'I felt you developed a shared understanding of the problem with the patient'. The observer should concentrate on performance not personality. Areas of disagreement should be noted and returned to later.

4. The nurse then describes what (s)he did not do well and suggests alternatives

The observer moves the nurse on to the problem areas that did not go so well and encourages the nurse to suggest how performance might have been improved. The observer responds to the nurse's comments and adds any further points where appropriate.

5. The observer then describes what the nurse did not do well and recommends specific actions that can be taken to improve performance

The observer describes aspects of the consultation that were done less well using examples, as appropriate. For example if the consultation was lengthy and disorganised the nurse is likely to have failed to 'demonstrate an efficient approach to information gathering'. The observer might suggest that if the patient has several issues to be discussed the nurse should deal with these in turn, indicating that (s)he will return to each one.

At the end of the feedback session the observer should summarise the points made and give the nurse a further opportunity to ask questions. The observer should try to end on a positive note; one way to do this is to ask the nurse to specify what (s)he has learned from the feedback session.

Receiving feedback

Receiving feedback should not be regarded as a passive experience. The nurse should try to establish a dialogue with the observer. Future implementation of the educational messages depends upon the nurse playing an active role in the learning process. The following points may help:

- If feedback is not clear or practical the nurse should ask for further explanation.
- The nurse should listen to the feedback without prematurely judging it, before commenting.
- The nurse should try not to explain compulsively why (s)he did something or even explain away the positive feedback.
- If the nurse is interested in an aspect of the consultation that has not been covered by the observer (s)he can ask for additional feedback.

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