Observation Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration (min):\_\_\_\_\_\_\_\_ Rater Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stable

Dynamic

Team Size:\_\_\_\_\_\_\_\_\_\_\_\_ Size Variability:

Multidisciplinary

PT Only

Physicians Only

Nurses Only

Team Diversity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dimension** | **Sub- Dimension** | **\*Rating** | **Observation Notes** | **\*Dimension Rating and Debrief Notes** |
| **Communication** | **Style** |  |  |  |
| **Content** |  |  |
| **Closed-Loop** |  |  |
| **Leadership** | **Delegation** |  |  |  |
| **Norms** |  |  |
| **Backup and Supporting Behavior** | **Offering/**  **Seeking Backup &**  **Support** |  |  |  |
| **Error Correction/ Feedback** |  |  |
| **Team Decision- Making**    **\*1 (Poor):** Performance was expected, but not observed; Performance consistently demonstrated negative teamwork behaviors.  **2 (Marginal)**  **3 (Neutral/Acceptable):** Performance was adequate. Team members demonstrated positive teamwork behaviors, but also showed areas for improvement; Team competency acknowledged, but opportunities to further demonstrate competency precluded due to patient conditions or situation.  **4 (Good)**  **5 (Very Effective):** Performance consistently demonstrated positive teamwork behaviors throughout the entire observation.  **N/A:** Performance was not expected for this team task. | **Goals** |  |  |  |
| **Contingency**  **Planning** |  |  |
| **Updating and**  **Revising** |  |  |

**Communication -** Communication refers to the style and structure of how information is conveyed between team members. Communication entails exchanging messages using standardized protocols with appropriate terminology in a manner that is clear, accurate, and succinct. A key feature of communication exchanges is that they are closed-loop; the sender conveys information, the receiver confirms the receipt of information, and the sender clarifies any misunderstandings.

Style: Messages are conveyed in a manner that is clear and succinct.

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Uses technical jargon when discussing care plan with patients and/or family members. * Multiple speakers presenting information simultaneously. * Volume is too low and pace is fast. * Shouting between team members. * Vague / indirect communication * Verbose communication. * Communication interrupted/disrupted. | * Uses lay terms when discussing care plan with patients and/or family members. * Only one speaker presenting information at a time. * The volume of speech is appropriate for all team members to hear. * Communication is calm, clear, and explicit. * Manages interruptions/disruptions appropriately. |

Content: Messages are conveyed with appropriate structure and accuracy.

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Standard communication protocols/tools are not used/followed. * Big picture situational summaries not provided. * Deficient accuracy and/or completeness of information. | * Appropriate communication protocols/tools are used/followed. * Big picture summaries are provided. * Rationales for orders and task assignments conveyed. |

Closed-Loop: The sender conveys information, the receiver confirms the receipt of information, and the sender clarifies any misunderstandings.

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Directives carried out without confirming intent. * Receipt of information is not confirmed. * Messages are sent electronically without subsequent face-to-face communication. | * Directive confirmed and intent to execute verbalized. * Receipt of communication acknowledged for both face-to-face and electronic communication. * Electronic delivery of messages is followed-up with face-to-face communication. |

**Leadership -** Team leadership refers to the management of team resources/personnel, establishment of team norms, and provision of opportunities to foster the development of knowledge and skills. Team leaders ensure there is clarity of team member roles/responsibilities and that input from all team members is welcomed.

Delegation and Task Management: The management of team resources/personnel.

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Team members ask for role clarification with no resolution. * Care plans and responsibilities are dictated without input from other team members. * Workload is arbitrarily assigned to clinical team members. * Expectations of taskwork assignments are not established. | * Roles and responsibilities delegated clearly. * Roles and responsibilities assumed implicitly with clear coordination and synchronization. * Leader confirms team has a shared understanding of care plans and priorities. * Team leader describes the importance of assigned taskwork in relation to care goals. * Verbalizes updates during the sequence of an ongoing task. |

Norms: The establishment of standards and models of behavioral expectations.

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Input from team members is dismissed or discouraged based on role and status hierarchies. * Good work is not acknowledged. | * Team establishes an inclusive atmosphere by seeking input from all team members and encouraging questions, regardless of role (including the patient). * Team leader acknowledges good work and provides positive reinforcement. * New team members introduce themselves to the clinical team. |

**Backup and Supportive Behavior -** Backup and supportive behavior refers to proactively seeking and providing task-related assistance.

Offering and Seeking Backup/Support: Offering and seeking task-related assistance.

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Does not offer assistance when team member is overloaded. * Do not support each other’s decisions in front of patient’s and family members. * Team members do not cross check to confirm recommended plans are being executed. * The page system is used to solicit assistance for planned clinical activities. * Does not seek assistance during emergent event or when overloaded. * Requests assistance from overloaded team member. | * Reallocates work when a more critical task is presented. * Offers help throughout the shift/performance episode. * Team members support each other’s decisions in front of patients and family members. * Informs other team members when assistance is needed prior to planned clinical activities. * Immediately requests assistance during acute situation. * Recognizes when overloaded and engages appropriate resources |

Error Correction & Feedback: The provision of error correction and developmental behaviors.

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Sr. clinician intervenes without explaining rationale. * Assistance and feedback not provided during unfamiliar tasks. * Team member receives no feedback when errors or near misses occur. | * Identifies errors/near misses and assists with remediation. * Assistance and feedback are provided for unfamiliar tasks. * Provides feedback when errors or near misses occur. * Teaching opportunities are provided through probes for additional information or by offering additional information about the case or treatment plan. * Verbalizes discrepancies. |

**Team Decision-Making -** Team decision-making refers to the team’s ability to determine goals, develop plans and strategies for task accomplishment, and identify contingencies.

Planning and Establishing Goals: Team members identify care goals, methods to achieve goals, and anticipated outcomes (prospective).

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Treatment plans are executed without a formal discussion. * Anticipated outcomes of treatment activities are not identified. * Treatment plans developed without diverse input. | * Team members deliberately discuss, propose, and prioritize the planned course of patient care for each patient. * Team members define anticipated outcomes. * Team members discus resource needs to accomplish goals |

Contingency Planning: Team members prepare for likely scenarios that alter care plans.

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Does not consider unanticipated outcomes or barriers/challenges that may impede progress. * Team members do not specify alternate treatment plans should unexpected event occur. * Alternate plans are specified without justification. | * Identifies conditions or events that may alter treatment plans, including barriers and challenges that may impede progress. * Specifies alternative courses of action for treatment plans. * Discuss why there is a need for alternate treatment plans. |

Updating and Revising: Team members discuss updates and make revisions to care goals as needed (retrospective).

|  |  |
| --- | --- |
| **Poor** | **Good** |
| * Treatment plans are not modified in response to changing patient conditions. * Team members do not discuss the underlying factors that prompted care plans to change. * Unique information not shared. * Assessment of care plan effectiveness not shared among team members. | * Review information relating to care, whether those goals have been achieved, and what needs to be accomplished if those goals have not been realized. * Identify any challenges encountered while executing care plans and emerging issues. * Relevant team members (including P/F) are informed of updates to care goals and pans, changing patient conditions, and following consults with inter-unit staff. |