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

Stable

Dynamic

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

Multidisciplinary

PT Only

Physicians Only

Nurses Only

Team Diversity:

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| **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.

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| **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.
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Content: Messages are conveyed with appropriate structure and accuracy.

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

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| **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.
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**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.

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

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| **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.
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**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.

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

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| **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.
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**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).

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

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

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| **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.
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