

INVESTIGATION OBSERVATION WORK

Structure:

Each session will enable you to:

- Look around clinical areas
- Watch what's going on in clinical and public areas

Duration:

Each session will last no longer than a couple of hours. All members of the investigation team who wish to do so will carry out observations.

Where:

Observation sessions will be conducted on all wards caring for older people.

What:

The aim of the observation sessions is to capture information about the following:

- Profession to professional interactions (e.g. are discussions about patients held in public areas, are communications about patients clear at shift handover, what happens at multidisciplinary team meetings)
- Professional to patient/carer interactions (e.g. privacy and dignity issues, respectful communication, positive and negative body language, help with feeding, telephone use)
- Risk management issues (e.g. cleanliness, hand washing, cleaning of spills, 'sharps' hazards, MRSA arrangements)
- Facilities (e.g. access for people with physical and sensory disabilities, toilet and washing facilities)

Things to consider:

- Examples of respect to privacy, dignity, individual needs, confidentiality, respectfulness, sensitivity, kindness (to patients **and** relatives)
- Are people asked personal questions in public places?
- Do staff speak to patients on an equal basis (e.g. draw up a chair, pull curtains if needed, appropriate use of first name)?
- How long do patients wait (and what kind of response do they get) – if they ring a call bell on a ward. Are the bell, water jugs, glasses etc. within easy reach? Do they get an explanation for a long wait?
- Positive and negative body language (e.g. smiling, greeting appropriately)
- Are telephone messages from relatives quickly passed on?
- What kind of information is discussed with relatives on the phone (privacy)?
- Is the identity of callers checked?
- Do patients sitting in armchairs look comfortable?

Ground rules:

- Introduce yourself to the person in charge of the ward and any staff you come across
- Don't engage with patients except for simple pleasantries
- Be careful not to place yourself in situations where you may over hear confidential information

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1. AIMS AND OBJECTIVES

The aim of observation is to gather first-hand information about the way a service works in practice. The observer can describe the "patients'-eye view" of the service.

Observation adds to the information gathered from interviews and other sources in Consumer Audit. Feedback from independent observers sometimes brings to light important features which are so familiar that patients or staff do not consider them worth mentioning.

Observation is also a valuable process for provider staff as an awareness exercise, helping them to look at a service through the eyes of its users.

Impartial observers position themselves in a waiting room (or some similar vantage point) to observe what happens from the patients' point of view as a service is provided. Usually the observer will be equipped with a checklist highlighting the areas for particular consideration.

The objectives of observation are to discover:

- what happens to people using services
- the information available to hand about services
- the sequence of events and how the service is provided
- particular events or circumstances to illustrate a view of the waiting area and facilities.

Observation sessions usually last for about two hours. In order to ensure success, observers need to:

- adopt the patients' view and discard any prior knowledge of the service
- adhere to the observation checklist
- work as inconspicuously as possible.

In this way, observers will be able to gather valuable information without either changing the behaviour of individuals or hampering service delivery, which are the two major difficulties associated with this technique.

2. ORGANISING OBSERVATION

2.1 Who Should Do the Observing?

Staff should be told an observer is likely to attend at some time. The observer should not be a member of the staff team. He or she should be as impartial as possible, but should be familiar with possible areas of interest and should know how to use the checklist and record what happens.

2.2 Developing the Observation Checklist

The precise checklist will depend upon the service being studied, but the following areas should usually be considered:

- *Access*

How easy is it for disabled people, older people, parents with pushchairs and so on to get to the service? Are there any dangerous obstacles for visually impaired people and toddlers?

- *Waiting area*

Comfort: are there enough chairs, is it comfortable, clean, warm, bright and welcoming?

Passing the time: is there a good choice of reading matter, toys and comics?

Atmosphere: is it quiet and relaxing or noisy and hectic, do patients seem at ease?

- *Facilities*

Toilets and telephones: are these adequate and easily accessible, particularly for people with disabilities?

- *Reception*

Waiting: are patients seen promptly, do they have to wait for further information or repeat prescriptions?

Privacy: can patients be overheard giving personal details, can staff be heard giving information about patients over the telephone?

Reception staff: are staff welcoming, helpful and efficient?

Telephones: are they answered promptly or do they ring unanswered for a long time?

● *Information*

Availability: is there information for people to take away, is information available in the appropriate languages?

Notice boards: are posters up-to-date? What range of information is there?

Displays: are displays useful/interesting?

Patient interest: do patients use or seem interested in the information?

● *Appointments*

Waiting: does the system seem to work well, how many patients and their companions are waiting, what is the busiest time, are patients being seen on time or is an explanation given for lateness, do patients seem agitated about the waiting time, what happens to patients who do not have an appointment?

Called for consultation: is it clear who is next, do people know where to go?

Making appointments: can appointments be made for a time which suits patients, can new patients be seen quickly, are people given written details of appointments?

● *Staff*

How many staff are involved in providing the service, who is involved, does the number of staff available vary?

● *Patients*

How many patients are waiting for the service, describe age range, sex and languages spoken.



3. ROLE OF OBSERVERS

(This section should also be photocopied and used as a handout for the training for observers.)

An observer's main task is to be a 'fly on the wall' - to gather valuable information without changing the behaviour of individuals or hampering service delivery.

Do:

- *Arrive before the session starts and stay to the end (if appropriate)*

This is the least disruptive way to observe, and will help you become the 'fly on the wall'.

- *Introduce yourself to the receptionist or clinic clerk (as appropriate)*

This is an important matter of courtesy.

- *Look at what is happening through a patient's eyes*
- *Try the facilities: use the toilets and telephones, see if you can get a drink from the drinks machine*
- *If a patient with a problem approaches you for help, refer them to staff*

Don't:

- *Be obtrusive*

Try to observe the service and what is going on without making it obvious that you are doing so.

- *'Interview' staff but do explain what you are doing if asked*
- *'Interview' patients*
- *Interfere*

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The aim of observation is to gather first-hand information about the way a service works in practice. The observer can describe the "patients'-eye view" of the service.

Observation adds to the information gathered from interviews and other sources in Consumer Audit. Feedback from independent observers sometimes brings to light important features which are so familiar that patients or staff do not consider them worth mentioning.

Observation is also a valuable process for provider staff as an awareness exercise, helping them to look at a service through the eyes of its users.

Impartial observers position themselves in a waiting room (or some similar vantage point) to observe what happens from the patients' point of view as a service is provided. Usually the observer will be equipped with a checklist highlighting the areas for particular consideration.

The objectives of observation are to discover:

- what happens to people using services
- the information available to hand about services
- the sequence of events and how the service is provided
- particular events or circumstances to illustrate a view of the waiting area and facilities.

Observation sessions usually last for about two hours. In order to ensure success, observers need to:

- adopt the patients' view and discard any prior knowledge of the service
- adhere to the observation checklist
- work as inconspicuously as possible.

In this way, observers will be able to gather valuable information without either changing the behaviour of individuals or hampering service delivery, which are the two major difficulties associated with this technique.

2. ORGANISING OBSERVATION

2.1 Who Should Do the Observing?

Staff should be told an observer is likely to attend at some time. The observer should not be a member of the staff team. He or she should be as impartial as possible, but should be familiar with possible areas of interest and should know how to use the checklist and record what happens.

2.2 Developing the Observation Checklist

The precise checklist will depend upon the service being studied, but the following areas should usually be considered:

- *Access*

How easy is it for disabled people, older people, parents with pushchairs and so on to get to the service? Are there any dangerous obstacles for visually impaired people and toddlers?

- *Waiting area*

Comfort: are there enough chairs, is it comfortable, clean, warm, bright and welcoming?

Passing the time: is there a good choice of reading matter, toys and comics?

Atmosphere: is it quiet and relaxing or noisy and hectic, do patients seem at ease?

- *Facilities*

Toilets and telephones: are these adequate and easily accessible, particularly for people with disabilities?

- *Reception*

Waiting: are patients seen promptly, do they have to wait for further information or repeat prescriptions?

Privacy: can patients be overheard giving personal details, can staff be heard giving information about patients over the telephone?

Reception staff: are staff welcoming, helpful and efficient?

Telephones: are they answered promptly or do they ring unanswered for a long time?

● *Information*

Availability: is there information for people to take away, is information available in the appropriate languages?

Notice boards: are posters up-to-date? What range of information is there?

Displays: are displays useful/interesting?

Patient interest: do patients use or seem interested in the information?

● *Appointments*

Waiting: does the system seem to work well, how many patients and their companions are waiting, what is the busiest time, are patients being seen on time or is an explanation given for lateness, do patients seem agitated about the waiting time, what happens to patients who do not have an appointment?

Called for consultation: is it clear who is next, do people know where to go?

Making appointments: can appointments be made for a time which suits patients, can new patients be seen quickly, are people given written details of appointments?

● *Staff*

How many staff are involved in providing the service, who is involved, does the number of staff available vary?

● *Patients*

How many patients are waiting for the service, describe age range, sex and languages spoken.



3. ROLE OF OBSERVERS

(This section should also be photocopied and used as a handout for the training for observers.)

An observer's main task is to be a 'fly on the wall' - to gather valuable information without changing the behaviour of individuals or hampering service delivery.

Do:

- *Arrive before the session starts and stay to the end (if appropriate)*

This is the least disruptive way to observe, and will help you become the 'fly on the wall'.

- *Introduce yourself to the receptionist or clinic clerk (as appropriate)*

This is an important matter of courtesy.

- *Look at what is happening through a patient's eyes*

- *Try the facilities: use the toilets and telephones, see if you can get a drink from the drinks machine*

- *If a patient with a problem approaches you for help, refer them to staff*

Don't:

- *Be obtrusive*

Try to observe the service and what is going on without making it obvious that you are doing so.

- *'Interview' staff but do explain what you are doing if asked*

- *'Interview' patients*

- *Interfere*

Sit near the booking-in desk and change your position a few times during the session so that you obtain different perspectives. Move around naturally to get the patients' perspective.

There is no need to start filling in the checklist straight away. Take time to look around, and settle in.

The checklist is not a questionnaire and so it is not necessary for you to comment on every point. Write what actually happens, as well as anything else you think matters and make a note of how often things occur and the words you hear the receptionist using to a patient.