

# Why leadership matters

Observation of patient experience/care



# Preparation and planning

## 1. Selecting an area

Whether you are clinical or non-clinical you need to choose an area which falls within your remit. For example, support services are often assigned to a directorate or other organisational cluster, so choose an area within this directorate. If this doesn't apply to you then choose any service area, but be able to explain your rationale.

If you work in a community, or mental health organisation and wish to see services delivered in the patient's own home, then you just need to discuss this in advance with the relevant manager so that they can follow the correct process to gain the patient's consent.

## 2. Finding a partner

The observations need to be made by you and someone from a patient perspective. Ideally this would be one of your non-executive directors, patient governor (if FT) or another patient representative. If this proves difficult for you then just use your creativity to source someone- would anyone from the League of Friends help for example, or any of the volunteers your organisation utilises?

## 3. Communicating

You need to think about who you need to communicate this with, and how you will explain the process. Before you start, it's important that work colleagues in the chosen area are informed about what is going to happen. To be observed can initially feel uncomfortable, so it is important to prepare people well. Find time to discuss what will happen, how they feel about it, what might be the positive aspects

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and what might be more difficult. Allow time for questions. Clearly your fellow observer also needs to understand their role and the overall process too. Your work colleagues will probably also want to know what happens to the information.

Patients/service users/family/carers will need to know what is happening, and it is important to emphasise that THEY are not being observed.

## 5. Feedback planning

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It is expected that you will offer the team feedback after the session. If you decide not to then you need to have a clear rationale, and add this to your learning journal. Make sure you have prepared well. The section on “Difficult conversations” might be useful preparation for you. Even if your observations are largely positive, feedback needs to be specific rather than the generic, “you have all done very well..!” if it is to help the team recognise and replicate good practice. You also need to agree with your fellow observer if they wish to participate in the feedback session or not. Further information about feedback is also provided in the next section.

Finally, the information gathered may not just be related to the immediate team, and may have implications for other departments. You need to decide how the information is collected and fed back to other departments and colleagues, if you feel this is important.

# Doing the observation

## Choosing an area to observe

**Identify a specific area that is going to be observed. For example:**

- hospital ward – perhaps focus your attention on four beds
- social services – the reception area where the public come in
- accident and emergency department - you may decide to sit in the admissions area
- a physiotherapy department - you may decide to observe a session in the gym
- GP surgery - waiting room
- in the community - perhaps attend a clinic or a home visit.

As an observer you should position yourself as unobtrusively as possible. Concentrate on opening up your senses to take in as much as you can about what is happening around you.

## Recording what you see

An observation should last for 30 minutes. During this time both observers write down a description of everything they see.

**In addition to the actual description of what was observed you should include the following information:**

- the observers' names
- start and finish times for the session
- area under observation
- where the observers were seated
- precise details of the area (for example, numbers of patients or occupied beds, or in a GP's surgery - the numbers of those waiting and/or consulting rooms observed).

This information provides a context for the discussion/analysis later. The description of what you observe may include sounds, smells, snippets of conversations or the language used between professionals and patients/clients/users. You should record everything you observe, and your written record must be made available to staff if they wish to read it.

Remember to describe what you observe and try to avoid making value judgements, for example: “The receptionist smiled and gained eye contact with people as they came in for their appointments”, rather than, “The receptionist was very friendly” OR; “The receptionist looked at the computer screen whilst people came to the desk to book in for their appointments”, rather than, “The receptionist was rude and unwelcoming.”

Remember that although it's very easy to focus on the negative, it's equally important to notice good practice that has been observed. Staff may often take their own good practice for granted and will find it motivating to have specific incidences highlighted, if you do provide feedback.

# Feeding back

## **Sharing feedback with your colleague**

After the 30 minutes of observation, you should find somewhere private to discuss your notes and compare and contrast these. This is the data for your assignment so it is important that you understand your colleague's observations and findings as much as your own.

## **Sharing feedback with staff**

Feedback (if provided) needs to be given constructively and should take place in a quiet area where you won't be disturbed. This can be more difficult than it sounds, so you will need to decide how much you are prepared to compromise. Depending on the issues that are raised, feedback should take between 15 and 30 minutes.

The observers (if both of you present) offer their feedback, in descriptive non-judgemental ways. Staff members will then be invited to expand on what they were doing – to ‘make sense’ of what was happening in the area at that time. Staff may feel defensive at this stage, trying to rationalise and justify why they behaved in a particular way. It is therefore important to be explicit that the purpose of this exercise is not criticism; but to think about, and understand, the reasons behind what has been observed and to help make sense of the observation.

This understanding is vital, because the observers won't always have the full picture. For instance, in one example, a nurse woke a patient up in order to assist him with a wash. When the observers described what they observed, the nurse explained that she had earlier asked the patient what time he wanted his wash and agreed that if he was asleep it was all right to wake him. This provides an important lesson – it is important to talk to and clarify with the staff, rather than making assumptions.

It is helpful to ask the team if they want to make any additions to the observations you have made. There will be times when the practice that is observed isn't very good. If this is the case, how the observers handle the feedback is key in helping staff to commit to improve these areas.

# Reflecting

**Use the following questions to help you reflect on the experience.**

- What have you observed that makes you feel proud?
- What have you observed that illustrates compassion?
- Are there any aspects of behaviour that need to change? How might you tackle that?
- How might the patient experience you observed be influenced – positively or negatively?
- What are the implications for managers and leaders of what you saw?
- What did you notice about equality and diversity – were staff and patients from similar social groupings and backgrounds do you think? Were there any specific issues? Which seemed pertinent?
- What did/will you choose to feedback to teams and why?
- What did/will you choose NOT to feedback to teams and why?

Record your observations and reflections on these questions in your learning journal.

**Note - We would like to acknowledge the Royal College of Nursing who developed observations of care as part of their Clinical Leadership programme. The above is adapted from this work.**