

SHARPENING OUR OBSERVATION SKILLS

Activity

As part of championing a new approach to safety, we are promoting proactive approaches that involve using all the senses; hearing, seeing, perceiving and sensemaking to inform our understanding of ‘how safe is care today?’ This exercise aids individuals involved in delivering or receiving care in refining their observation skills. It underscores the importance of recognizing the safety intelligence that we gather from what we see, hear, and observe is just as important as quantifiable metrics.

The observation activity is flexible. You can choose to observe an everyday setting (e.g. a bus stop, a coffee shop, a hotel reception, etc.) or a healthcare environment where you do not work, or even within your own work environment. You can also choose to observe a specific healthcare process such as medication delivery, application of a surgical checklist, admission of a patient, a clinic appointment, etc.

How to conduct an observation

Time:

- Prep: 5 minutes
- Observation: 5 to 30 minutes contingent on location of observation
- Debrief: 10 to 30 minutes contingent on the size of the group

Number of People:

- One or more, noting that more observers enrich what is learned because your insights are informed by many perspectives, not just one.

Who to include:

- Healthcare staff, multidisciplinary members of the care team (clinical and non-clinical), organizational leaders, patients, families and care partners.

Tools:

- A phone to take photos of examples of safety risks and good safety practice, ensuring no personal information is collected, privacy is maintained and that you follow your institution’s privacy and confidentiality policy.
- A notebook and pen to record observations.
- A timer

Getting started:

- Decide if you are going to observe a setting or a process.
- If observing a **setting**, decide where the observation will be conducted:
 - Non-healthcare: for example, bus stops, traffic intersections, mall entrances, coffee shops, etc.
 - In a healthcare environment where you do not usually work: for example, a facility entrance, a clinical area, a waiting room, a cafeteria, etc.
 - Within your own work environment: for example, a nursing unit, an operating room, a medical imaging department or facility, a pharmacy, a healthcare clinic, a homecare setting, etc.
- If observing a **process**, select the specific processes to be observed, for example, medication delivery, patient or client transport, a new admission, a clinic visit, etc.

Planning your observation:

- If you are observing in an area outside your usual healthcare work environment, notify one of the leaders in that area that you would like to carry out an observation. Explain the purpose of the observation and the amount of time you will be there. Make it clear that the observers will be unobtrusive, and that the spirit of the observation will be learning and improvement, not auditing and judgement.
- Prepare the observers; they need to be humble, kind, curious, self-aware, and able to put people at ease. Self-awareness and being able to put people at ease are important skills as they reduce the risk that the staff being observed will change their behaviour because there is an observer present.

Host the observation activity:

- Gather the observers: together to describe the exercise including focusing on a wide variety of practices that may or may not support safety, and how these are influenced by the work environment, equipment and technology, team dynamics, external influences, task demands and broader organizational factors.
- Depending on the size of the group, break them into small groups and assign them to a specific area to observe. For example, outside the facility, in a separate nursing unit or local unit, in a healthcare clinic or a pharmacy, etc.
- Observers should record their observations in a notebook, with photos, or both.
- Designate the amount of time the observers should spend performing the exercise.
- Inform the observers that they are to return to the meeting room for the debrief.

Tips for success

- Conducting the exercise with multidisciplinary groups (for example, a nurse, a physiotherapist, environmental services and maintenance staff, a manager, a patient, care partners, etc.) can broaden the types of safety observations captured.
- When selecting an observation setting, it may be helpful to choose a different location other than the one you work in. To gain additional insights, invite others to come to your location to conduct an observation.
- When assigning observers, remember they need to be unobtrusive and able to put people at ease. Consider physical space constraints when making decisions about how many observers go where.
- Remind your observers that the people being observed may appear nervous. This is to be expected and doesn't mean they are doing it wrong.
- When briefing observers before the observation is carried out, discuss strategies for creating success and encourage them to:
 - use all their senses during the observation (that is, listening as well as seeing), present themselves as humble and curious
 - be unintrusive and not audit-focused (that is, I am here to learn about everyday work in this setting; Could you share with me...; I noticed that...and am curious to learn more about...').
- Including patients, family and care partners as observers will enhance the activity and help expand their role in safety. It will also emphasize the importance of their perceptions to creating safety.

Debrief

The facilitator's role is to create a warm and welcoming environment, which encourages participant sharing and learning. Start the debrief by emphasizing the importance of creating a non-judgemental and psychologically safe space. The facilitator should acknowledge there may be different perspectives across observers, but each has equal value and importance.

1. I am curious to hear what you noticed.
2. Share with me what you saw (invite participants to share photos taken).
3. Share with me what you learned.
4. Describe some of the safety behaviours and practices you observed and were told about (those that enhance or potentially pose a risk to safety).
5. I would love to know if anyone has insights into how the work environment, equipment, broader organization, task demands, etc. affected safety behaviours.
6. Share what you are taking away from the observation that will change what you currently do in your workplace.
7. What did patients, families and care partners share (that is, what they see, hear or perceive)?
8. How might we work collegially with the area, team or individuals observed to celebrate the strengths identified and to offer support to help resolve the safety issues seen or heard?

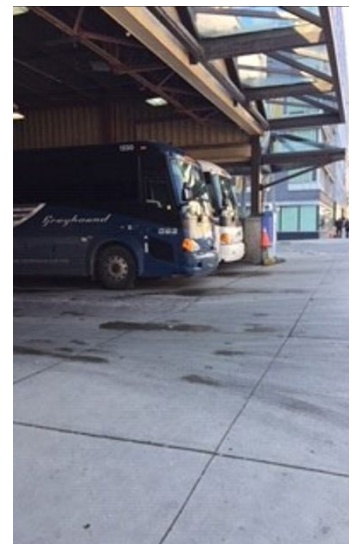
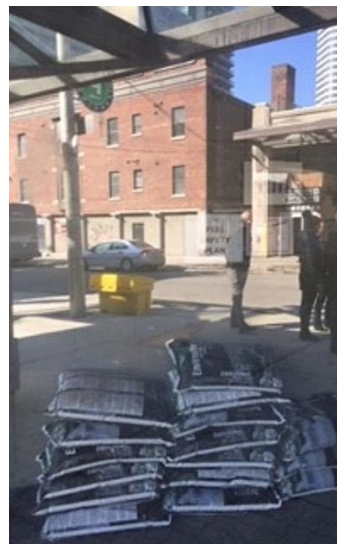
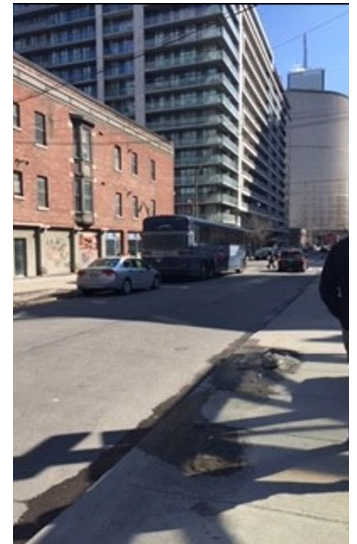
Example of observing a process

Medication Delivery Process

- Observers should position themselves close to the medication room or cart. Try to be as inconspicuous as possible to avoid the staff changing their behaviour.
- Potential safety risks (limited list) included:
 - frequent distractions by residents and staff
 - medication cart left unattended
 - not checking patient identification
 - method of recording medication in patient chart – i.e. before actual delivery
 - not maintaining privacy when delivering medications in a public space

Examples of photos taken during observation

Observation of a bus stop in Toronto:



Observation of a residential care home:

- a. a staff-only door left open
- b. a locked cabinet with keys left in and cart unattended
- c. an unattended maintenance cart

