Observation Pro-forma

Opening	*Initial contact*: How was the person greeted? Things to look out for may include if they were presented with a warm and friendly smile? If they were given eye contact? Handshake? If they felt welcomed? *Patient introduction:* How was the person introduced? Did the person have the opportunity to introduce themselves, or did someone introduce them? If so, who? *Clinicians Introduction:* How were the clinicians introduced? Did they introduce themselves, or were they introduced by the lead? Were their roles or reason for being in the meeting clear? *Clinician's briefing (patient synopsis)*: Were the clinicians briefed before the meeting or whilst the person was present? If the person was present, was this carried out in a respectful manner? Or alternatively, was the patients given the opportunity to provide their own briefing i.e. Can you tell us a bit about the circumstances that led up to your admission? *Rapport:* Did the lead clinician establish a rapport? This may be through an ice breaker question or humour e.g. Hello Sally, how are you today? As I was walking through the ward this morning, I heard your lovely singing voice. *Timing:* Did the meeting start on time? Were there any delays? If there were, how did the person react?
Closing	*Summary:* Did the lead clinician summarise what had been discussed in the meeting? *Recap of decisions:* Did the lead clinician recap what had been decided? Did they check if the person understood and

	whether they were happy? *Ending:* Was the date for the next meeting set? Did the lead clinician say a warm friendly goodbye or was the meeting ended abruptly?
Interpersonal effectiveness	*Understanding:* Did the lead clinician convey their understanding by rephrasing or summarising what the person said? *Interpersonal skills:* The observer should look at whether the lead clinician is sensitive, empathetic and sympathetic, or cold and detached. For example, the clinician may reflect back the person's feelings, or acknowledge the persons frustrations and show genuine care. *Acknowledgement and resolving disagreements:* Is the person's viewpoint acknowledged as valid and important? Or is their behaviour or viewpoint criticised, ridiculed or disapproved. Also, if differences have occurred, are these acknowledged and managed respectfully? If the clinician has to refuse a request, do they still provide a sense of hope? Is an explanation provided and a criteria to gain approval? For example, I am unable to authorise leave, as you have only just been admitted but we will review this again next ward round, when you have had the chance to rest. *Language:* The language used throughout the meeting should be kept at a level that is understandable to the patient. Observers may look out for abbreviations or anonyms that clinicians' often use or whether clinicians offer any explanation for what they are referring to. Also, was their speech clear? I.e. not muttered, too quiet. *Flow* – is the flow of verbal interchange smooth with a balance of listening and talking. Observers should assess whether the person is given the platform to speak about their views/experiences or if they are dismissed/interrupted (vice versa for the clinician).

Non-verbal communication	*Eye contact:* Was there appropriate eye contact throughout the meeting? Did the lead clinician appear present and interested, rather than distracted e.g. looking through their notes? *Tone of voice:* was their tone of voice warm, friendly, sympathetic, concerned or abrupt and cold? *Non-verbal gestures:* Whilst the person was talking, did the clinician use their non-verbal listening skills by nodding their head or smiling? *Body posture:* relaxed and open or tense and intimidating.
Service user and clinician interaction	*Body Language:* Observers should refer to the non-verbal communication section above and use this to reflect on how the person presented themselves in the meeting. For example, if the person is very hostile or disengaged i.e. no eye contact, tense body posture and aggressive facial expression, this may have an adverse effect on how the clinician interacts with that person. *Relationship/History:* How is the relationship between the lead clinician and the person? Do they know each other? Is the person happy about who is leading the meeting? Does the person mention something that has happened before which has caused a loss or gain in trust? Is the person under a section, a CTO or a deprivation of liberty?
Risk	Risk Assessment: During the meeting, was safety or risk discussed? Was the person given the opportunity to provide their own views about risk? Was the carer asked about their perspective and concerns around risk? Were there any disagreements? If so, how were these resolved? Risk management: Was a risk management plan formulated or discussed? Was a crisis, contingency or relapse plan mentioned? If yes, did the person have the opportunity to contribute and provide their perspective? If the person has a

	named carer, were they consulted with? Relapse indicators: Were any relapse triggers or signs discussed? Was the person given the opportunity to identify their own triggers? For example, are you aware of any early signs that may indicate that you are becoming unwell? Is there anything that can cause you to become unwell?
Recovery	*Care plan:* Was the Care Plan mentioned or discussed? Was the care plan document available? This could have been via hard copies or on a screen projector. *Strengths:* Were the person's strengths/interests and/or goals discussed? Was the person encouraged and supported to pursue or develop these strengths/goals? *Recovery orientated:* Did the meeting focus on building recovery? For example, facilitating new relationships, assistance with education or return to work, finance or money, personal-care, physical wellbeing or developing a new sense of purpose. *Collaborative:* Was the meeting collaborative? Were goals and treatment plans collaborative and jointly formulated? Was there shared ownership? Or was responsibility not accepted by the clinicians? *Recognition of personal relationships:* Was there any recognition of the importance in fostering or maintaining existing relationships?
Support Systems	*Involvement of family and friends:* Is there any involvement of family and friends? Who? Were they present in the meeting or able to contribute another way? Did they contribute? Were their views listened to? Were there any identified carers? If

	yes, were they invited to and involved in the meeting? *Support from named nurse:* Did the named nurse attend the meeting? Was their role clear? How was the relationship between the named nurse and the service user? Did the named nurse contribute to the meeting? Were his/her views taken into consideration during the decision making process? *Support from other workers:* Did the person have an advocate present in meeting? Did they have space to voice their views? Were these taken into consideration in the decision making process? Were there any other workers involved i.e. psychologist, OT, support worker? Were they given the opportunity to contribute? *Care coordinator:* Did the person have a care-coordinator? Did they attend the meeting? Were they asked their views? Were these taken into consideration? *Communication between support systems:* Was there communication between different parts of the person's support network or system? Did information appear to be passed on between workers/family/friends? Did they appear to be working collaboratively?
Personalisation	*Person-centred:* Did the lead clinician ask the person for their views of their care and treatment goals? Was the focus of the meeting around the person's assessment of their needs? Was the person offered choice? Was the person's suggestions and choices acknowledged? Any evidence that the person was in charge of their care and support? *System-based goals:* in contrast to the above, were the care and treatment goals discussed focused on the system needs, such as compliance with treatment or need to free beds?

	Personal budget: Were personal budgets discussed? If so, how? *Difficulties/Challenges:* Were there any difficulties or challenges with delivering a personalised approach? For example, was the person very unwell, disengaged or under a section?
Overall experience (Reflection)	*Focus of meeting:* What was the main focus of the meeting? Was it treatment focus i.e. medication review, or recovery orientated e.g. goals, strengths or social outcomes. *Person's expectations:* did the persons expectations appear to have been met?