

## CUSP Tool: A Fly On The Wall – Observing Patient Care Rounds

### PROBLEM STATEMENT:

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Interdisciplinary rounds are in the best interest of patients. Communication is a root cause of many patient adverse and sentinel events. Communication among disciplines could be improved if viewed through the objective eye of a non-participant.

### WHAT IS OBSERVATIONAL ROUNDS?

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Observational rounds is a teamwork and communication tool to objectively assess and improve (1) teamwork dynamics across and between disciplines, (2) identify areas where communication could be more concise and relevant in setting daily patient goals, and (3) provide a method to continually improve communication skills.

### PURPOSE OF TOOL:

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The purpose of this tool is to provide a structured approach for improving teamwork and communication behaviors across and between disciplines that negatively affect staff morale and patient care delivery.

### WHO SHOULD USE THIS TOOL?

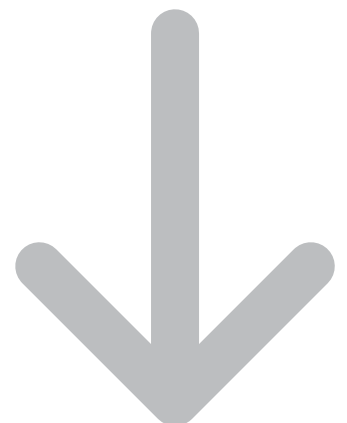
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- Physicians who conduct patient rounds.
- Administrators, house officers, nurses, pharmacists, respiratory therapists, medical and nursing students should use this tool to: (1) better understand the dynamics of multidisciplinary rounds, (2) identify defects in communication, (3) foster collaboration among disciplines or practice domains, and (4) target areas where communication can be improved in the rounding process and in setting patient daily goals.

### HOW TO USE THIS TOOL:

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Complete this tool while **observing** patient care rounds. Discuss your findings with the multidisciplinary team **at the end of rounds**. You may use this for one patient or the entire unit. There are leading questions and prompts to encourage teamwork and communication assessment from a broad perspective on the attached page.



# OBSERVATION PROCESS:

## QUESTIONS TO CONSIDER

- I. **Identify communication that was explicit** (clearly stated and measurable), **versus implicit** (suggested, but not clearly expressed).
  - Who was explicit in their communication?
  - Were care directives ever implied, but not clearly expressed? If yes, by whom? And within which practice domain? Medicine, Nursing, Pharmacy, Dietary, Respiratory
  - Did anyone ask for clarification? If yes, what team members spoke up?
- II. **Were rounds conducted in an open forum** (all team members could participate and make suggestions) **or closed** (led by the attending, dealt with the primary resident caring for the specific patient)?
  - If rounds were in an open forum, were team members encouraged to offer opinions/ suggestions?
  - If the rounds were in a closed forum, would input from other team members benefit the patient or the plan of care?
  - Was there something missing in the patient care goals? If so, fill-in below:

PATIENT ROOM	PATIENT SYSTEM, GOAL NOT ADDRESSED

- III. **Were conflicts identified in a patient's plan of care?**
  - How were the conflicts resolved?
  - Was hierarchy, attending physician over resident an issue?
  - Was change in plan of care supported by evidence-based medicine (literature)?
  - Did the interaction style and/or communication change between providers?

A FLY ON THE WALL – OBSERVING PATIENT CARE ROUNDS *continues*—

**IV. Were you able to identify assertive behavior or communication?**

- Was it appropriate for the situation?

**V. Were team members able to maintain situational awareness (Aware of activities going on in the unit)**

- Where changes in the average day clearly identified?
- How were these changes resolved? Effective vs. Ineffective?

**VI. At the end of rounds, what do you wish you would have said that you did not say?**

**Below is a framework to help review your findings with members of the team.**

Based on your observations and after reviewing the preceding questions, list any teamwork and communication problems you identified during the course of patient rounds.

**POINTS FOR DISCUSSION WITH TEAM**

PROBLEM	TEAM MEMBERS AFFECTED	PATIENT CARE NOT ADDRESSED	SUGGESTIONS/ACTIONS