# Observation guide

This guide designed to provide a framework for the researcher to be alert to certain activities or personnel we are keen to observe but it is not designed to limit the researcher who will be encouraged to observe any activities that feel are relevant. In addition, the observation guide will be refined during the data collection as the research team identify specific areas in which to focus our observations.

This observation guide will develop iteratively as the study progresses.

## Patient journey (Based on those patients that are recruited to the study) –

* Observe which staff interact with the patients and who are responsible for making decisions related to discharge
* Observe meetings/conversations etc that are related to the patient’s discharge
* Observe interactions between the patient and their family/carers when discharge conversations are happening
* Observe interactions between the patient and the staff responsible for their care when discharge conversations are happening
* We are particularly interested in:
  + Looking at power imbalances/relationship between patients/carers and professionals
  + Also looking to see what the power imbalances/relationships are between patients and carers
  + Who is the main driver/barrier to discharge?
  + How informed is the patient/carer about who each of the staff members are and what their involvement with the patient is?

## ‘Shadowing’ of individuals in key roles

* We will select key individuals in explicit boundary-spanning and other support roles and observe their work to gain a deeper understanding of their contribution to organising discharges for frail older people e.g.
  + Members of the Older People Assessment and Liaison teams/Complex assessment liaison service.
  + Advanced nurse practitioners
  + Discharge teams
  + Physiotherapists
  + Occupational therapists
  + Ward clerks
  + Ward-based consultants and other medical staff
  + Ward-based nursing staff
  + Bed managers
  + Matrons
  + Social workers
  + Whoever else the researcher identifies as having a key role in discharge planning
* We will be looking for;
  + What seems to be their main role in patient discharge
  + How/whether they become involved with the patient
  + Who initiates discharge
  + Who decides to involve a wider team in the decision-making process?
  + How they work/don’t work/overlap with the other services providing care to the patient
  + What factors might influence this, e.g. day of the week, time of day etc.

## Observations of key interactions

* We will observe interactions where groups of professionals and resources come together to address specific decisions and tasks e.g.,
  + daily or twice-daily ‘board rounds’
  + consultant ward rounds
  + multidisciplinary team (MDT) meetings
  + team meetings - of nurses, doctors and therapy staff
  + shift-handovers
  + informal staff discussions.
* We are particularly interested in:
  + Power imbalances between professionals
  + Inter-professional relationships
  + Which professionals take the lead in discharge planning
  + Where are the main facilitators and barriers in relation to inter-professional decision making i.e. ability to meet, familiarity with each other etc.