

Observation of EM physicians' non-technical skills		Observer	Trainee	Date
Management & Supervision	Maintenance of Standards	Subscribes to clinical and safety standards as well as considering performance targets. Monitors compliance.		
	Workload Management	Manages own and others' workload to avoid both under and over-activity. Includes prioritising, delegating, asking for help and offering assistance.		
	Supervision & Feedback	Assesses capabilities and identifies knowledge gaps. Provides opportunities for teaching and constructive feedback.		
Teamwork & Cooperation	Team Building	Provides motivation and support for the team. Appears friendly and approachable.		
	Quality of Communication	Gives verbal and written information concisely and effectively. Listens, acknowledges receipt of information and clarifies when necessary.		
	Authority & Assertiveness	Behaves in an appropriately forceful manner and speaks up when necessary. Resolves conflict effectively and remains calm when under pressure.		
Decision - Making	Option Generation	Uses all resources (written and verbal) to gather information and generate appropriate options for a given problem or task. Involves team members in the decision making process.		
	Selecting & Communicating Options	Considers risks of various options and discusses this with the team. Involves clearly stating decisions and explaining reasons, if necessary.		
	Outcome Review	Once a decision has been made, reviews suitability in light of new information or change in circumstances and considers new options. Confirms tasks have been done.		
Situational Awareness	Gathering Information	Surveys the environment to pick up cues that may need action as well as requesting reports from others.		
	Anticipating	Anticipates potential issues such as staffing or cubicle availability in the department and discusses contingencies.		
	Updating the Team	Cross-checks information to ensure it is reliable. Communicates situation to keep team 'in the picture' rather than just expecting action.		

Management & Supervision	Maintenance of Standards	<ul style="list-style-type: none"> Notices doctor's illegible notes and explains the value of good note keeping Explains importance of ensuring sick patient is stable prior to transfer Ensures clinical guidelines are followed and appropriate pro forma is complete 	<ul style="list-style-type: none"> Fails to write contemporaneous notes Does not wash hands (or use alcohol gel) after reviewing patient Fails to adhere to clinical safety procedures
	Workload Management	<ul style="list-style-type: none"> Sees a doctor has spent a long time with a patient and ascertains the reason Ensures both themselves and other team members take appropriate breaks Deals with interruptions effectively 	<ul style="list-style-type: none"> Fails to act when a junior is overloaded and patient care is compromised Focuses on one particular patient and loses control of the department Fails to escalate appropriately when overloaded
	Supervision & Feedback	<ul style="list-style-type: none"> Gives constructive criticism to team member Takes the opportunity to teach whilst reviewing patient with junior doctor Gives positive feedback to junior doctor who has made a difficult diagnosis Leads team through appropriate debrief after resuscitation 	<ul style="list-style-type: none"> Criticises a colleague in front of the team Does not adequately supervise junior doctor with a sick patient Fails to ask if junior doctor is confident doing a practical procedure unsupervised
Teamwork & Cooperation	Team Building	<ul style="list-style-type: none"> Even when busy, reacts positively to a junior doctor asking for help Says thank you at end of a difficult shift Motivates team, especially during stressful periods 	<ul style="list-style-type: none"> Harasses team members rather than giving assistance or advice Speaks abruptly to colleague who asks for help Impolite when speaking to nursing staff
	Quality of Communication	<ul style="list-style-type: none"> Gives an accurate and succinct handover of the department Ensures important message is heard correctly Gives clear referral to specialty doctor with reason for admission (e.g. SBAR) 	<ul style="list-style-type: none"> Uses unfamiliar abbreviations that require clarification Repeatedly interrupts doctor who is presenting a patient's history Gives ambiguous instructions
	Authority & Assertiveness	<ul style="list-style-type: none"> Uses appropriate degree of assertiveness when inpatient doctor refuses referral Willing to speak up to senior staff when concerned Remains calm under pressure 	<ul style="list-style-type: none"> Fails to persevere when inpatient doctor refuses appropriate referral Shouts instructions to staff members when under pressure Appears panicked and stressed
Decision making	Option Generation	<ul style="list-style-type: none"> Seeks help when unsure Goes to see patient to get more information when junior is unclear about history Encourages team members' input 	<ul style="list-style-type: none"> Does not look at previous ED notes/ old ECGs when necessary Fails to listen to team members input for patient management Fails to ensure all relevant information is available when advising referral
	Selecting & Communicating Options	<ul style="list-style-type: none"> Verbalises consideration of risk when sending home patient Discusses the contribution of false positive and false negative test results Decisive when giving advice to junior doctors 	<ul style="list-style-type: none"> Uses CDU to avoid making treatment decisions Alters junior doctor's treatment plan without explanation Forgets to notify nurse-in-charge of admission
	Outcome Review	<ul style="list-style-type: none"> Reviews impact of treatment given to acutely sick patient Follows up with doctor to see if provisional plan needs revising Ensures priority treatment has been given to patient 	<ul style="list-style-type: none"> Fails to establish referral outcome of complicated patient Sticks rigidly to plan despite availability of new information Fails to check that delegated task has been done
Situational Awareness	Gathering Information	<ul style="list-style-type: none"> Uses Patient Tracking System appropriately to monitor state of the department 'Eyeballs' patients during long wait times to identify anyone who looks unwell Notices doctor has not turned up for shift 	<ul style="list-style-type: none"> Fails to notice that patient is about to breach and no plan has been made Ignores patient alarm alerting deterioration of vital signs Fails to notice that CDU is full when arranging new transfers
	Anticipating	<ul style="list-style-type: none"> Identifies busy triage area and anticipates increased demand Discusses contingencies with nurse-in-charge during periods of overcrowding Prepares trauma team for arrival of emergency patient 	<ul style="list-style-type: none"> Fails to anticipate and prepare for difficulties or complications during a practical procedure Fails to ensure that breaks are planned to maintain safe staffing levels Fails to anticipate and plan for clinical deterioration during patient transfer
	Updating the Team	<ul style="list-style-type: none"> Updates team about new issues such as bed availability or staff shortages Keeps nurse-in-charge up to date with plans for patients Communicates a change in patient status to relevant inpatient team 	<ul style="list-style-type: none"> Notifies the long wait but fails to check the rest of the team is aware Fails to inform team members when going on a break