**Observation form**

The observer can use this form to feedback to the trainee on their facilitation.

**The Session:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Introduction covered purpose of Rounds |  |  |  |
| Introduction covered ground rules (beepers, etc.) |  |  |  |
| Confidentiality of patient info and caregivers discussion both stressed |  |  |  |
| Began and ended on time |  |  |  |
| Comments: | | | |

**The Facilitators:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Fostered participation by attendees |  |  |  |
| Managed discussion and kept it aligned with topic and purpose of Rounds |  |  |  |
| Encouraged sharing of perspectives from varied disciplines or different points of view |  |  |  |
| Provided an appropriate closing (e.g. a summary of key take-home messages.) |  |  |  |
| Gave a final reminder to fill out evaluation forms. |  |  |  |
| Gave the panel the opportunity to have the last word by handing back to them at the end |  |  |  |
| Comments: | | | |

**The Attendees:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Seemed engaged |  |  |  |
| Seemed comfortable talking from the heart |  |  |  |
| Comments: | | | |

|  |
| --- |
| **Summary / Overall Impression:** |
|  |