		Good Practice	Poor Practice
Leadership & Management	**Maintenance of Standards**	• Notices doctor's illegible notes and explains the value of good note keeping • Ensures clinical guidelines are followed and appropriate pro forma is complete • Explains importance of ensuring sick patient is stable rather than moving patient for organisational reasons	• Fails to write contemporaneous notes • Does not wash hands after reviewing patient • Shows lack of concern for achieving 4 hour target
	Workload Management	• Identifies that junior doctor has spent a long time with a patient and ascertains the reason • Escalates appropriately when overloaded • Asks colleague to lead cardiac arrest to avoid getting caught up in resus.	• Does not notice that a junior is stuck with a patient and is not seeing any other patients • Fails to act when a junior is overloaded and patient care is compromised • Gets caught up with one particular patient and loses control of department
	Supervision & Feedback	• Gives constructive criticism to team member • Takes the opportunity to teach whilst reviewing patient with junior • Gives positive feedback to junior who has made a difficult diagnosis	• Criticises junior doctor in front of the team • Does not adequately supervise junior doctors wor • Fails to ask if junior is confident doing practical procedure unsupervised
Teamwork & Cooperation	**Team Building**	• Even when they are busy, reacts positively to a junior doctor asking for help • Says thank you at end of shift • Motivates team, especially during stressful periods	• Harasses team members about not working fast enough rather than giving assistance or advice • Speaks abruptly to colleague who asks for help • Impolite when speaking to nursing staff
	Exchanging Information	• Gives succinct clinical history when requesting an investigation • Ensures important message is heard correctly • Gives clear referral to specialty doctor with reason for admission (e.g. SBAR)	• Uses abbreviations that team members are not familiar with and require clarification • Continually interrupts doctor who is presenting a patient's history • Gives ambiguous instructions
	Authority & Assertiveness	• Uses appropriate degree of assertiveness when specialty refuses referral • Willing to speak up to senior staff when appropriate • Remains calm under pressure	• Gives in when specialty refuses referral even though they believe an admission in warranted • Shouts instructions to staff members when under pressure • Appears panicked and stressed
Problem-solving & Decision making	**Option Generation**	• Goes to see patient to get more information when junior is unclear about history • Checks that the patient/ carer have been involved when discussing discharge plan. • Listens to team members input • Seeks help when unsure	• Does not look at previous ED notes/ old ECGs when necessary • Fails to get all the history from doctor before advising referral to specialty and referral subsequently refused • Fails to listen to team members input for management plan
	Selecting & Communicating Options	• Verbalises consideration of risk when suggesting sending home elderly patient • Discusses the contribution of false positive and false negative test results • Decisive when giving advice to juniors	• Uses CDU to avoid making treatment decisions • Alters junior doctor's treatment plan without explanation • Forgets to notify nurse-in-charge of admission so patient breaches
	Outcome Review	• Seeks out doctor after seeing patient to see if initial plan needs revising • Assesses outcome of moving doctor from majors to minors to relieve waiting time • Reviews impact of treatment on acutely sick patient	• Fails to ask doctor if successful in referring difficult patient to specialty - patient refused and inappropriately sent home • Sticks rigidly to plan despite availability of new information • Fails to check that delegated task has been done
Situation Awareness	**Gathering Information**	• Keeps any eye on triage screen of Patient Tracking System • Eyeballs patients in cubicles when long wait to check for anyone who looks unwell • Calls mini-board round to get update on patients when department is busy • Checks team members all turn up for shift at correct times	• Fails to notice that patient is about to breach and no plan has been made • Fails to notice that doctor has not turned up for shift • Fails to notice that CDU is full when accepting new patients
	Anticipating	• Identifies that there are lots of patients with injuries waiting to be triaged and allocates extra doctor to Minors • Recognises that Majors is almost full and discusses plan with nurse-in-charge to clear cubicles • Asks for side room early for patient who may be admitted with infective diarrhoea	• Fails to anticipate that the minor's doctor has finished their shift and the area is left unstaffed • Fails to ensure that doctors have taken breaks and subsequently several doctors want breaks at the same time
	Informing the Team	• Updates team about waiting time • Keeps nurse-in-charge up to date with plan for patients • Communicates to the team any new issue, such as a doctor calling in sick	• Notices the long wait but fails to check that the rest of the team is aware • Relies on computer to check bed availability for CDU and does not cross-check with nurse-in-charge/CDU nursing staff