

Additional file 3. Observational form

Incl.nr	Department/group	Bed	Observer (initials):	Date:	Page /	
Relevant information electronic patient/medical record (E.g. new medicine, changed dose/adm.form/dosage/ time, discontinued. Changed patient condition, etc.)						
Start observation:		End observation:		Tentative discharge date:		
Encounter - type: <input type="checkbox"/> Measurements <input type="checkbox"/> Medicines adm. <input type="checkbox"/> Ward round <input type="checkbox"/> Meal		<input type="checkbox"/> Medicines reconciliation <input type="checkbox"/> Discharge <input type="checkbox"/> Other:	Hospital environment <input type="checkbox"/> Single-bed room <input type="checkbox"/> Meal <input type="checkbox"/> Facilitation, e.g. movement, hygiene <input type="checkbox"/> Telephone/calling <input type="checkbox"/> Other:	Written information about medicines at hospital discharge <input type="checkbox"/> Distributed <input type="checkbox"/> Reviewed jointly	Health care personnel (oral and written consent) Prof. title, incl.nr, ♂/♀	
<p>Part 1: Chronological observations; Actions, quotes patient/health care personnel (e.g. questions, use of medical terms), drawing of the setting.</p> <p>Part 2: Observer interpretations, reactions, feelings, opinions (environment and communication). <i>Remember to describe any consequence of observer presence!</i></p>						

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