

**Shadowing Field Journal**

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| **Date of Shadowing** |  |
| **Clinic/ Department** |  |
| **Person shadowing** |  |
| **Start time** |  |
| **Finish time** |  |
| **Contact Person in Division** |  |
| **Phone number** |  |
| **Email** |  |
| **Send Report to** |  |
| **Report Deadline** |  |

**Patient’s Story**

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| **Patient accompanied by?****e.g. wife, carer, husband** |  |
| **Notable details or characteristics** |  |
| **Interests or descriptive items** |  |

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| **Time** | **Location** | **Observations** (Include here who (role of staff member) interacts with the patient or person accompanying them, what was observed (positive and negative) and any anxieties the patient or the person accompanying them may have.) |
| Example |
| Start10:30amEnd10:35 | Orthopaedic Outpatient Department reception desk | Receptionist greeted patient with a smile. Took the patients name and date of birth. Patient asked to complete a medical history form and asked the patient to take a seat. Patient’s name misspelt on the label on the form. This worries the patient that the form will be mixed up. |
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**Patient Experience Flow Map**

Now that you have finished shadowing please take a few moments to make a list of each touchpoint and the member of staff that the patient came into contact with today.

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| **Touchpoint** | **Member of Staff (Role)** |
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