

7.6 Interview form

INTERVIEW FORM

1. How do/did you feel the FMEA team is/was functioning?

1 2 3 4 5 6 7 8 9 10
Very poorly.....Very well

2. How comfortable do/did you feel about participating in the FMEA team meetings?

1 2 3 4 5 6 7 8 9 10
Very uncomfortable.....Very comfortable

3. Did your participation on the FMEA team give you a better understanding of how other areas of the hospital to which you are not directly affiliated work?

1 2 3 4 5 6 7 8 9 10
No, not at all.....Yes, definitely

4. How would you assess the progress and pace of the FMEA team towards its goal?

1 2 3 4 5 6 7 8 9 10
Very bad.....Very good

5. Do/Did you feel your contributions to FMEA the team are/were taken into account?

1 2 3 4 5 6 7 8 9 10
No, not at all.....Yes, definitely

6. Do/Did you feel some people grouping together and pushing hard to promote their points of view and vested interests?

1 2 3 4 5 6 7 8 9 10
No, not at all.....Yes, definitely

7. How would you rate the overall effectiveness of the team?

1 2 3 4 5 6 7 8 9 10
Very bad.....Very good

8. How would you define the initial goal of the group?

9. How would you define your personal goals for this FMEA?

10. Could you list any strengths of this team?

Could you list any shortcomings of this team?

When utilizing this document please cite:

1. Wetterneck, T. B., Hundt, A. S., & Carayon, P. (2009). FMEA team performance in health care: A qualitative analysis of team member perceptions. *Journal of Patient Safety*. 5(2): 102-108. PMID 19920449