

Suggestions for use of the modified McMaster-Ottawa Scale

We modified the original 9-point McMaster-Ottawa scale to a 3-point scale* to assess the behaviors of interprofessional teams of 3 to 4 students. Teams should be rated while working together during huddles and during a direct patient encounter, over a minimum of 20 minutes, to allow time for individual team members to be observed in action.

We recognize that ‘team culture’ may differ across programs and institutions and that there may be variability in interpreting these behaviors in the local context. We therefore recommend prior observer/rater training if it is used to provide formative feedback to teams. Such training may be achieved with the use of a standardized video demonstrating different levels (*below, at and above expected*) of behavior. Or having the observers/raters first discuss and score one or more teams together, to optimize inter-observer consistency and reliability when giving feedback to subsequent teams.

MODIFIED MCMASTER-OTTAWA RATING SCALE
TEAM RATING SCALE
Observer Instructions for Rating of Team Performance

Keck School of Medicine, University of Southern California, 2015

Observer Scoring Instructions:

Observe the team interaction at the pre- and post-encounter huddle and the patient encounter. *Do not interrupt the team.* Using the 3-point scale, assess the team's performance (*regardless of the individuals' performance*) in each of the 6 competencies; and then provide an overall/global score. Please score all team behaviors. Do not leave any item blank unless instructed to do so.

COMPETENCIES	TEAM RATING		
	Below Expected	At Expected	Above Expected
COMMUNICATION (of team with patient) Assertive communication Respectful communication Effective communication	1	2	3
COLLABORATION Establishes collaborative relationships Integration of perspectives Ensures shared information	1	2	3
ROLES AND RESPONSIBILITIES Describes roles and responsibilities Shares knowledge with others; Accepts accountability	1	2	3
COLLABORATIVE PATIENT-FAMILY CENTERED APPROACH Seeks input from patient and family Shares with patient and family Advocates for patient and family	1	2	3
CONFLICT MANAGEMENT / RESOLUTION Demonstrates active listening Respectful of different perspectives Works with others to prevent conflict	1	2	3
TEAM FUNCTIONING Evaluates team function and dynamics Contributes effectively Demonstrates shared leadership	1	2	3
GLOBAL RATING – SCORE Provide a single rating of the team's performance	1	2	3

Detailed explanation of behaviors for each scoring category:

Communication: *Above Expected:* The team provides comprehensive information about the purpose of the encounter and its findings throughout the encounter. The team anticipates the patient's questions by asking for questions, addresses concerns and answers questions directly. The team is explicit about conversations among the members and includes the patient in those discussions by summarizing. *At Expected:* The team provides basic information about the purpose of the encounter. The team respectfully addresses the patient's questions when initiated by the patient. The team includes the patient in its discussions by turning to the patient but uses some jargon. *Below Expected:* The team fails to inform the patient of its actions and intentions. The team talks down to the patient and/or avoids dialogue with the patient even when questioned. The team ignores the patient when members converse with one another.

Collaboration: *Above Expected:* The team recognizes disagreements and acts to reach consensus so that the patient perceives a unified approach. *At Expected:* The team is able to reach agreement by discussing issues, with the patient's best interest in mind. *Below Expected:* The team is unable to reach agreement on at least half the issues prior to or after the patient encounter.

Roles and Responsibilities: *Above Expected:* Team members actively solicit information about one another's roles before the patient encounter. *At Expected:* Team members check in when a misunderstanding about one another's roles is apparent. *Below Expected:* Team members act on mistaken assumptions about one another's roles

Collaborative Patient-Family Centered Approach: *Above Expected:* The team elicits family and community information, and actively seeks to involve both in the patient's care plan. *At Expected:* The team expresses disagreement in a respectful manner and comes to an agreement before seeing the patient. *Below Expected:* The team fails to elicit any information about the patient's family or home setting.

Conflict Management Resolution: *Above Expected:* The team recognizes areas of potential conflict and elicits ways to resolve them and agrees on a process to anticipate future conflict. *At Expected:* Team member listens to other team members, asks for feedback if not clear, recognizes conflict. *Below Expected:* The team argues in front of the patient and has no mechanism for resolving the arguments.

Team Functioning: *Above Expected:* The team is able to reflect on its own actions and purpose and change dynamics to achieve excellence in team function. *At Expected:* The team demonstrates recognition of its function as a unit and discusses communication strategies. *Below Expected:* The team has no recognition of the need to function as a unit; individuals make decisions according to their own opinion.

Global Rating Score: Provide an overall rating for the team's performance based on all the factors above.

*From: Lie, DA, May, W, Richter, R, Forest, C, Banzali, Y and Lohenry, K. Adapting the McMaster-Ottawa Scale for Assessing Individual and Team performance in a Team Objective Structured Clinical Examination (TOSCE), *Medical Education Online* 2015, 20: 26691 available at <http://dx.doi.org/10.3402/meo.v20.26691>

Original 9-point McMaster-Ottawa Scale available at <http://fhs.mcmaster.ca/tosce/en/>
Solomon, P., Marshall, D., Boyle, A., Burns, S., Casimiro, L., Hall, P., & Weaver, L. (2011). Establishing Face and Content Validity of the McMaster-Ottawa Team Observed Clinical Encounter (TOSCE). *Journal of Interprofessional Care*, July 25(4), 302–304