

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 and individuals.

MODIFIED MCMASTER-OTTAWA RATING SCALE

INDIVIDUAL RATING SCALE

Observer Instructions for Rating of Individual Performance within a team

Keck School of Medicine, University of Southern California, 2015

Observer Scoring Instructions:

Observe each team member during the huddles and patient encounter. Using the 3-point scale, assess *each* member’s demonstration of behaviors for each of the six competencies; then provide an overall global score based on all the competencies. Please score all behaviors. Do not leave any item blank unless instructed to do so.

COMPETENCIES	INDIVIDUAL RATING		
	Below Expected	At Expected	Above Expected
COMMUNICATION (with other team members) 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 individual’s performance	1	2	3

Detailed explanation of behaviors for each scoring category:

Communication: *Above Expected:* Expresses opinions in an objective, confident manner; speaks calmly in disagreements; shows deference; listens carefully; asks clarifying questions; responsive to non-verbal clues. *At Expected:* Speaks politely; able to comfortably express disagreement and share opinions; does not talk down to others; fully attentive to others' non-verbal clues. *Below Expected:* Expresses opinions in a hostile manner; talks down to others; does not make good eye contact or adopt a listening posture.

Collaboration: *Above Expected:* Incorporates information provided by others; ensures information is disseminated to entire team. *At Expected:* Uses information provided by team members. *Below Expected:* Does not use information provided by members.

Roles/Responsibilities: *Above Expected:* Shows initiative describing own role/scope; asks for and clarifies members' roles/responsibilities; describes contributions of other professions' to team's task; uses evidence-based practice to inform actions; clearly describes the rationale and takes responsibility for own challenging or blameworthy actions. *At Expected:* Articulates own role when asked; inquires about team members' roles/responsibilities; shares evidence-based practice; describes actions. *Below Expected:* Does not ask roles/responsibilities of others; does not take ownership of decisions; if challenged, vague in description of actions.

Collaborative Patient-Family Centered Approach: *Above Expected:* Provides patient/family with options for care and reviews including pros/cons; actively summarizes and attempts to incorporate family members' views in care plans. *At Expected:* Listens/solicits family members' views; provides patient/family with options for care; articulates these needs to the team. *Below Expected:* Ignores the family's views/needs, fails to provide options for care.

Conflict Management Resolution: *Above Expected:* Seeks harmony by listening respectfully to all; acknowledges and processes conflict; initiates resolution, seeks consensus, respects differing opinions; develops common agreement. *At Expected:* Listens to team members, asks for feedback, recognizes conflict but does not develop common agreement. *Below Expected:* Ignores and interrupts team members, avoids acknowledging conflict.

Team Functioning: *Above Expected:* Discusses how the team can be more effective; keeps the climate for team functioning constructive; contributes to discussion; encourages others to contribute; takes a leadership role; allows others to lead when appropriate. *At Expected:* Observes team dynamics and determines climate for the team's functioning; contributes to the discussion. *Below Expected:* Does not determine the team climate; fails to contribute to the discussion; states views but does not engage in dialogue.

Global Rating Score: Provide a single rating of the individual's performance based on all the ratings 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 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