

Supplemental Digital Content

Supplemental Digital Table 1	2
Definition of Terms Used in a 2012 Systematic Review of the Literature on Team Leadership Assessment Tools in Health Care Action Teams	
Supplemental Digital Appendix 1	4
Full Search Strategy Used in a 2012 Systematic Review to Identify Research Describing Team Leadership Assessment Tools in Health Care Action Teams	
Supplemental Digital Table 2	7
Leadership Behaviors By Assessment Tool Included in a Systematic Review of the Literature on Team Leadership Assessment Tools in Health Care Action Teams, Published Through March 2012	
Supplemental Digital Table 3	18
Leadership Styles By Assessment Tool Included in a Systematic Review of the Literature on Team Leadership Assessment Tools in Health Care Action Teams, Published Through March 2012	
Supplemental Digital Table 4	20
Characteristics of 15 Studies Describing Team Leadership-Focused Assessment Tools Included in a Systematic Review of the Literature on Team Leadership Assessment in Health Care Action Teams, Published Through March 2012	
Supplemental Digital Table 5	21
Characteristics of 68 Studies Describing Assessment Tools with a Team Leadership Component Included in a Systematic Review of the Literature on Team Leadership Assessment in Health Care Action Teams, Published Through March 2012	
References Cited in the Supplemental Digital Content	25

Supplemental Digital Table 1 Definition of Terms Used in a 2012 Systematic Review of the Literature on Team Leadership Assessment Tools in Health Care Action Teams

Term	Definition
Participants	
Health professions learner	Any undergraduate, graduate, fellow, board-eligible or licensed practitioner in a health care field, including physicians, nurses, physician assistants, respiratory therapists, medical assistants, and pre-hospital providers.
Work team	Team consisting of two or more individuals who (1) share common goals, (2) are part of a larger organizational system, (3) are formed to execute organizational tasks, and (4) exhibit interdependencies with respect to workflow, goals, and outcomes.
Action team	Interdisciplinary work team whose members, improvise and coordinate their actions in time-pressured, unstable situations where the stakes are high (e.g., code team, surgical team, disaster management team).
Study design^a	
Cross-sectional	A single group assessed without a preceding intervention or following an intervention but without a baseline/pre-intervention assessment.
Single-group pre-/posttest	A single group was assessed at least once both before and after an intervention.
Non-randomized comparison	Comparisons made between two or more non-randomized groups. Comparisons could be pre and post-intervention or post-intervention only.
Randomized comparison	Comparisons made between two or more randomized groups. Comparisons could be pre and post-intervention or post-intervention only.
Validity evidence^b	
Content validity	Evaluation of the degree to which the instrument accurately and completely represents the construct being assessed.
Internal structure	Evaluation of (1) reliability (inter-rater agreement, internal consistency, temporal stability, parallel forms) and/or (2) factor analysis data of the instrument.
Relationship to other variables	Evaluation of the statistical association between the assessment tool and another measure of performance, or expected developmental/experiential pattern. Other variable should logically be expected to correlate to outcome assessed.
<i>Participant characteristics</i>	Experience level (e.g., level of training, prior educational experiences) or participant attributes (e.g., personality type).
<i>Separate measure</i>	Any assessment external to the target assessment tool or a sub-component of the same tool that clearly measures a different construct (e.g., a tool with both technical and non-technical skills). Includes tools assessing teamwork or clinical performance and non-tool based assessments such as patient care metrics.

Response process	Evaluation of the raters or participants interpretation of the assessment tool to determine whether the tool is being used as it was intended to be used (e.g., rater assessment).
<hr/>	
Other	
Rater training	Report of rater instruction, rater practice with the provision of feedback, or the explicit mention of prior rater training or experience, <i>specific to the leadership assessment tool</i> .
Global rating scale ^c	Likert scale-based assessment tool providing an overall impression of either the entire construct (leadership) or individual items within a construct.
Direct observation	Any assessment that involves viewing either simulated or actual patient clinical encounters. Observations may be done real time at the bedside or using video recordings of clinical encounters.

^a Fraenkel J, Wallen N. How to Design and Evaluate Research in Education. McGraw-Hill Companies, Incorporated; 2008.

^b Cook DA, Beckman TJ. Current concepts in validity and reliability for psychometric instruments: Theory and application. Am J Med. 2006;119:166.e7-166.e16.

^c Bould MD, Crabtree NA, Naik VN. Assessment of procedural skills in anaesthesia. Br J Anaesth. 2009;103:472-483.

Supplemental Digital Appendix 1

1. Full Search Strategy Used in a 2012 Systematic Review to Identify Research Describing Team Leadership Assessment Tools in Health Care Action Teams

PubMed search strategy:

("Leadership"[MH] OR leadership[tiab] OR teamwork[tiab] OR "effective teams"[tiab] OR "management course"[tiab] OR "team training"[tiab]) AND ("Quality of Health Care"[Mesh] OR "Outcome Assessment (Health Care)"[MH] OR assessment[tiab] OR assess[tiab] OR performance[tiab] OR evaluation[tiab] OR evaluate[tiab] OR evaluated[tiab] OR validity[tiab] OR validation[tiab] OR measure[tiab] OR measurement[tiab] OR "Program Evaluation"[mh] OR ("educational status"[MeSH Terms] OR "education"[MeSH Terms]) OR "education"[Subheading] OR "pilot study"[tiab] OR training[tiab] OR "leadership development"[tiab]) AND ("Health Personnel"[Mesh] OR "Faculty"[Mesh] OR "Emergency Responders"[Mesh] OR "Students, Health Occupations"[Mesh] OR residents[tiab] OR "Internship and Residency"[mh] OR "care teams"[tiab] OR "Patient Care Team"[mh] OR "Hospital Rapid Response Team"[mh] OR "Students, Medical"[mh]) AND English[lang] AND Journal Article[ptyp] NOT ("duty hours"[All Fields] OR executive[All Fields])

CINAHL search strategy:

S23 S21 Limiters - English Language; Research Article; Exclude MEDLINE records
S21 S18 and S19 and S20
(S7 or S8 or S9 or S10 or S11 or S12) OR (assessment OR assess OR performance OR
S20 evaluation OR evaluate OR measure OR measurement OR "leadership development"
OR training)
S19 (S1 or S2 or S3) OR "care teams"
S18 (S4 or S5 or S6) OR ("team building" OR teamwork OR "effective teams")
S17 S13 and S14 and S15
S16 S13 and S14 and S15
S15 S7 or S8 or S9 or S10 or S11 or S12
S14 S4 or S5 or S6
S13 S1 or S2 or S3
S12 (MH "Teaching Methods+")
S11 (MH "Educational Measurement+")
S10 (MH "Validation Studies")
S9 (MH "Program Evaluation")
S8 (MH "Professional Competence+")
S7 (MH "Clinical Competence+")
S6 (MH "Team Building")
S5 (MH "Teamwork")
S4 (MH "Leadership")
S3 (MH "Faculty+")
S2 (MH "Multidisciplinary Care Team+")
S1 (MH "Health Personnel+")

Embase search strategy:

('rapid response team'/exp OR 'health care personnel'/exp OR 'medical personnel'/exp OR 'care team') AND (teamwork'/exp OR 'leadership'/exp OR training) AND ('competence'/exp OR 'outcome assessment'/exp OR 'performance measurement system'/exp OR 'validation study'/exp) AND [embase]/lim

PyscINFO search strategy:

(DE "Leadership" OR DE "Leadership Qualities" OR DE "Leadership Style" OR DE "Transformational Leadership" OR "team training" OR teamwork) AND ((DE "Measurement" OR DE "Achievement Measures" OR DE "Aptitude Measures" OR DE "Attitude Measurement" OR DE "Attitude Measures") OR (DE "Competence" OR DE "Professional Competence") OR (DE "Evaluation" OR DE "Course Evaluation" OR DE "Program Evaluation") OR (DE "Training")) AND (((DE "Health Personnel" OR DE "Allied Health Personnel" OR DE "Medical Personnel" OR DE "Mental Health Personnel") OR (DE "Medical Students")) OR (DE "Medical Internship") OR (DE "Medical Education") OR "care teams")

Web of Science search strategy:

Topic=(teamwork OR leadership OR "team training") AND Topic=("care providers" OR residents OR students OR nurse* OR physician* OR team OR teams OR faculty) AND Topic=(quality OR assessment OR competence OR evaluation OR metrics OR outcome OR validation OR pilot OR evaluated)

Timespan=1955-2012. Databases=SCI-EXPANDED, SSCI.

ERIC search strategy

((DE "Leadership" OR DE "Student Leadership" OR DE "Teacher Leadership" OR DE "Instructional Leadership" OR DE "Transformational Leadership") OR (DE "Leadership Training")) OR (DE "Teamwork") OR "team training" OR "effective teams" OR (DE "Interprofessional Relationship") OR (DE "Cooperation" OR DE "Educational Cooperation") AND ((((((DE "Clinical Experience") OR (DE "Validity" OR DE "Test Validity" OR DE "Predictive Validity")) OR (DE "Program Effectiveness")) OR (DE "Educational Assessment")) OR (DE "Program Evaluation")) OR (DE "Educational Indicators")) OR (DE "Evaluation" OR DE "Peer Evaluation" OR DE "Self Evaluation (Individuals)" OR DE "Informal Assessment" OR DE "Alternative Assessment" OR DE "Personnel Evaluation" OR DE "Institutional Evaluation" OR DE "Portfolio Assessment" OR DE "Student Evaluation" OR DE "Instructional Material Evaluation" OR DE "Student Teacher Evaluation" OR DE "Computer Software Evaluation" OR DE "Course Evaluation" OR DE "Program Evaluation" OR DE "Summative Evaluation" OR DE "Medical Care Evaluation" OR DE "Medical Evaluation" OR DE "Curriculum Evaluation" OR DE "Needs Assessment" OR DE "Recognition (Achievement)" OR DE "Educational Assessment" OR DE "Formative Evaluation" OR DE "Self Evaluation (Groups)") OR DE "Competency Based Education" OR DE "Competency Based Teacher Education" AND ((DE "Health Personnel" OR DE "Allied Health Personnel" OR DE "Mental Health Workers" OR DE "Nurses" OR DE "Physicians" OR DE "Psychologists") OR (DE "Medical Education" OR DE "Veterinary Medical Education" OR DE "Graduate Medical Education" OR DE "Nursing Education" OR DE "Pharmaceutical Education")) OR (DE "Medical School Faculty") OR "care teams" OR medicine OR healthcare OR "health care" OR DE "Health Services" OR DE "Prenatal Care" OR DE "School Health Services" OR DE "Community Health Services" OR DE "Hospices (Terminal Care)" OR DE "Medical Services"

2. Full Journal Review

We included indices from relevant Journal issues that were not fully indexed in PubMed at the time of the search. *Teaching and Learning in Medicine* and *Medical Teacher* were hand searched from (1/2011 – 3/2012) due to a possible delay in indexing. All 2006 issues of *Simulation in Healthcare* were hand searched as they had not been retrospectively indexed in MEDLINE at the time of the literature search.

3. Bibliography Search

We searched full bibliographies from all included studies in addition to the following review articles and observational studies:

Klein KJ, Ziegert JC, Knight AR, Xiao Y. Dynamic delegation: Hierarchical, shared and deindividualized leadership in extreme action teams. *Administrative Science Quarterly*. Dec 2006;51(4):590-621.

Kunzle B, Kolbe M, Grote G. Ensuring patient safety through effective leadership behaviour: A literature review. *Safety Science*. Jan 2010;48(1):1-17.

Hunziker S, Johansson AC, Tschan F, et al. Teamwork and leadership in cardiopulmonary resuscitation. *J Am Coll Cardiol*. Jun 14 2011;57(24):2381-2388.

Parker SH, Yule S, Flin R, McKinley A. Towards a model of surgeons' leadership in the operating room. *BMJ Qual. Saf.* Jul 2011;20(7):570-579.

Supplemental Digital Table 2

Leadership Behaviors By Assessment Tool Included in a Systematic Review of the Literature on Team Leadership Assessment Tools in Health Care Action Teams, Published Through March 2012^{a,b,c}

Tool name (study first author, publication year)	Level of assessment	Transition <i>Mission analysis</i> <i>Goal specification</i> <i>Strategy formulation</i> <i>Reflection</i>	Action <i>Patient monitoring</i> <i>Systems monitoring</i> <i>Team monitoring / Backup</i> <i>behavior</i> <i>Coordination</i>	Interpersonal <i>Conflict management</i> <i>Affect management</i> <i>Motivation / Empowering</i> <i>Communication</i>
Leadership focused				
Campbell Leadership Descriptor ^d (Sakran,2012) ¹	Individual	<ul style="list-style-type: none"> • Effectively assigns responsibility and authority • Sets clear work priorities • Gives constructive feedback • Open and responsive to other's ideas 	<ul style="list-style-type: none"> • Sees the big picture in developing a vision for each patient's plan of care • Develops systems for efficiently organizing people and resources • Knows a wide range of people to help get things done • Helps others deal with difficult situations • Provides challenges and coaches 	<ul style="list-style-type: none"> • Develops teamwork among individuals with differing backgrounds • Thinks independently to come up with novel ideas • Helps others achieve more than they thought they were capable of achieving • Positive / upbeat • Believable, ethical, trustworthy • Actively brings energy to a team
EMCRM (Emergency medicine crisis resource management) scale (Youngblood, 2008) ² (Wallin, 2007) ³	Individual	<ul style="list-style-type: none"> • Delegates by name and checks for verification • Knowledge of the environment • Anticipation of and planning for potential problems • Utilization of information 	<ul style="list-style-type: none"> • Coordinates team activities • Distribution of workload • Attention allocation • Utilization of resources • Recognition of limitations/ calls help early 	<ul style="list-style-type: none"> • Calmly inspires confidence • Communication with other team members • Professional behavior/ interpersonal skills
LBDQ (Adapted Leadership Behavior Description Questionnaire)				

LBDQ
(Cooper, 1999)⁴

Individual

- Let the team know what was expected through direction and command
 - Demonstrated use of uniform guidelines
 - Decided what should be done
 - Decided how things should be done
 - Assigned group members to a particular task
 - Planned work to be done
- Maintained standards of performance

Displayed a positive attitude

LBDQ (modified) (Cooper, 2001) ⁵	Individual	<ul style="list-style-type: none"> • Let the team know what was expected through direction and command • Demonstrated use of uniform guidelines • Decided what should be done • Decided how things should be done • Assigned group members to a particular task • Planned work to be done <p>Maintained standards of performance</p>	Remains hands off throughout the scenario	Displayed a positive attitude
LBDQ (modified) (Marsch, 2004) ⁶	Team	<ul style="list-style-type: none"> • Let the team know what was expected through direction and command • Decided what should be done • Decided how things should be done • Assigned group members to a particular task 		
LBDQ (modified) (Cooper, 2007) ⁷	Individual	<ul style="list-style-type: none"> • Let the team know what was expected through direction and command • Demonstrated use of uniform guidelines • Tried out his/her ideas in the team • Decided what should be done • Decided how things should be done • Assigned group members to a particular task • Planned work to be done • Maintained standards of performance 	Assisted team members as required	<ul style="list-style-type: none"> • Displayed a positive attitude • Was friendly and approachable • Did little things to encourage team members • Treated all team members with respect • Kept to himself/herself^e <p>Willing to make changes</p>

		<ul style="list-style-type: none"> • Put team member suggestions into operation • Gave advanced notice of changes • Explained his/her actions • Consulted the group 		
LBDQ (modified) (Bradley, 2009) ⁸	Team			
LBDQ (modified) (Hunziker, 2009) ⁹	Team	<ul style="list-style-type: none"> • Decided what should be done • Decided how things should be done • Direction or command • Task assignment • Reflection (assesses situation) 		
LBDQ (modified) (Streiff, 2011) ¹⁰ (Hunziker, 2010) ¹¹	Team	<ul style="list-style-type: none"> • Decided what should be done • Decided how things should be done • Direction or command • Task assignment 		
LBDQ (modified) (Luscher, 2010) ¹²	Team	<ul style="list-style-type: none"> • Decided what should be done • Decided how things should be done • Direction or command • Task assignment 		Conflict resolution
Unnamed (Fernandez-Castelao, 2011) ¹³	Team	<ul style="list-style-type: none"> • Gives direct orders • Assigns tasks • Planning 		
Unnamed ^{f,g} (Gilfoyle, 2007) ¹⁴	Not Defined	<ul style="list-style-type: none"> • Assigns roles • Considers limitations of team • Overall team atmosphere 	Reassessment of progress	<ul style="list-style-type: none"> • Communication • Management of distraction
Unnamed (Grant, 2012) ¹⁵	Individual	<ul style="list-style-type: none"> • Delegates roles and responsibilities • Prioritizes multiple orders when several are needed 	<ul style="list-style-type: none"> • Manages resources and distributes workload evenly 	<ul style="list-style-type: none"> • Maintains control / manages distractions / controls noise and crowd

- Verbalizes thoughts and summarizes progress periodically
 - Asks for and acknowledges team member input
 - Reassesses and reevaluates situation frequently
 - Verbally identifies changes in patient status in a timely fashion
 - Acknowledges information that is inconsistent with interpretation
 - Avoids fixation errors / uses new information or changes in status as an opportunity to reconsider other dx
 - Shows anticipation of future events by asking for preparation of equipment or medication not yet needed
- Asks for help early and shows awareness of own limitations
 - Refrains if possible from active participation
- Uses closed loop communication
 -

Leadership as a component

ACLS Mega Code Performance Score Sheet (modified) ⁸ (Rodgers, 2010) ¹⁶	Individual	<ul style="list-style-type: none"> • Assured correct clinical care (high-quality CPR was in progress, monitor leads were applied appropriately, etc) • Assigned team member roles 	Recognized the ECG rhythm changes	<ul style="list-style-type: none"> • Demonstrated confidence
AOTP (Assessment of Obstetric Team Performance) (Morgan, 2012) ¹⁷ (Tregunno, 2009) ¹⁸	Team	<ul style="list-style-type: none"> • Encourages team member participation • Engages team members for improvement 		
CTS (Clinical Teamwork Skills) (Guise, 2008) ¹⁹	Team			
GCS (Rhode Island Hospital Global Competency Score) (Sudikoff, 2009) ²⁰	Individual			

HFRS (Human Factors Rating Scale) (Morgan, 2007) ²¹	Team	<ul style="list-style-type: none"> • Encourages questions 		
MedPACT (Medical performance assessment tool for communication and teamwork) (Weaver, 2010) ²²	Team	<ul style="list-style-type: none"> • Huddle • Assign resources • Verbalization of changes in plans • Delegation of tasks or assignments 		
MHPTS (Mayo High Performance Teamwork Scale)				
MHPTS (Geis, 2011) ²³ (Malec, 2007) ²⁴ (varkey, 2009) ²⁵	Team			<ul style="list-style-type: none"> • Maintains appropriate balance of command authority and team member participation
MHPTS (modified) (Hamilton, 2009) ²⁶	Team			
MHPTS (modified) (Hobgood, 2010) ²⁷	Team			
NOTECHS				
NOTECHS ^h (Moorthy, 2005) ²⁸ (Moorthy, 2006b) ²⁹	Individual	<ul style="list-style-type: none"> • Adherence to best practices during the procedure • Delegation of responsibilities 	<ul style="list-style-type: none"> • Appropriate task load distribution 	<ul style="list-style-type: none"> • Authority / assertiveness
NOTECHS (modified) (Powers, 2008) ³⁰ (Moorthy, 2006a) ³¹	Individual	<ul style="list-style-type: none"> • Adherence to best practices during the procedure • Delegation of responsibilities 	<ul style="list-style-type: none"> • Appropriate task load distribution • Time management 	<ul style="list-style-type: none"> • Authority / assertiveness
NOTECHS (modified) ⁱ (Sevdalis, 2008) ³² (Undre, 2007a) ³³	Team ³² Individual ³³	<ul style="list-style-type: none"> • Adherence to best practices during the procedure • Delegation of responsibilities • Debriefing the team 	<ul style="list-style-type: none"> • Appropriate task load distribution • Time management 	<ul style="list-style-type: none"> • Authority / assertiveness
NOTECHS (modified) (Catchpole, 2010a) ³⁴	Team	<ul style="list-style-type: none"> • Reflects on suggestions • Subscribes to standards 	<ul style="list-style-type: none"> • Monitors compliance to standards 	<ul style="list-style-type: none"> • Inspires / motivates / coaches • Responds to stress

(McCulloch, 2009) ³⁵ (Mishra, 2009) ³⁶ (Catchpole, 2007) ³⁷ (Mishra, 2008) ³⁸		<ul style="list-style-type: none"> • Deviates from standards with team approval • Planning is shared • Understanding is confirmed • Tasks are prioritized • Values team input 	<ul style="list-style-type: none"> • Identifies deviations from standards • Distributes tasks • Monitors • Allots adequate time • 	<ul style="list-style-type: none"> • Advocates position / appropriate assertiveness •
NOTSS (Nontechnical Skills for Surgeons) (Beard, 2011) ³⁹ (Yule, 2008) ⁴⁰ (Yule, 2009) ⁴¹ (Arora, 2011) ⁴²	Individual	<ul style="list-style-type: none"> • Setting and maintaining standards 	<ul style="list-style-type: none"> • Supporting team members 	<ul style="list-style-type: none"> • Coping with pressure • Adopting a suitably forceful manner if appropriate
OSCAR (Observational skill-based clinical assessment tool for resuscitation) (Walker, 2011) ⁴³	Team	<ul style="list-style-type: none"> • Advises team on best management and contingency plans • Clearly instructs assistants 	<ul style="list-style-type: none"> • Supervises and supports staff lacking familiarity with tasks or equipment 	
OTAS (Observational Teamwork Assessment for Surgery) ^j (Hull, 2011a) ⁴⁴ (Hull, 2011b) ⁴⁵ (Undre, 2007b) ⁴⁶ (Undre, 2006) ⁴⁷ (Sevdalis, 2009) ⁴⁸	Team	<ul style="list-style-type: none"> • Provides direction, instruction, and explanation to the team 	<ul style="list-style-type: none"> • Draws attention to team processes and changing events • Proactive in effort to direct themselves and team to relevant stimuli and processes 	<ul style="list-style-type: none"> • Fully asserted themselves
Ottawa crisis resource management checklist (Kim, 2009) ⁴⁹	Individual	<ul style="list-style-type: none"> • Acts decisively and maintains control 	<ul style="list-style-type: none"> • Maintains global perspective 	<ul style="list-style-type: none"> • Maintains calm demeanor
Ottawa global rating scale (Kim, 2009) ⁴⁹ (Kim, 2006) ⁵⁰	Individual	<ul style="list-style-type: none"> • Acts decisively and maintains control 	<ul style="list-style-type: none"> • Maintains global perspective 	<ul style="list-style-type: none"> • Maintains calm demeanor
PoHAT (Postoperative handover assessment tool) (Nagpal, 2011) ⁵¹	Team			

TBR (Teamwork Behavioral Rater) (Frengley, 2011) ⁵²	Team	<ul style="list-style-type: none"> • The leader's plan for treatment was communicated to the team • Priorities and orders of action were communicated to the team 	<ul style="list-style-type: none"> • Was able to maintain an overview of the situation • 	<ul style="list-style-type: none"> • Showed an appropriate balance between authority and openness to suggestion
TEAM (Team Emergency Assessment Measure) (Cooper, 2010) ⁵³	Individual	<ul style="list-style-type: none"> • Let the team know what was expected of them through direction and command • Appropriate delegation 	<ul style="list-style-type: none"> • Remaining “hands off” as applicable • Monitoring clinical procedures and the environment 	
TENTS (Teamwork evaluation of non-technical skills) (Mayer, 2011) ⁵⁴	Team	<ul style="list-style-type: none"> • Delegates as appropriate • Verbalizes plan 	<ul style="list-style-type: none"> • Instructs as appropriate 	
TLIS (Team Leadership Interpersonal Skills, modified) (Pascual, 2011) ⁵⁵	Individual			
T-NOTECHS (Steinmann, 2011) ⁵⁶ (Steinmann, 2012) ⁵⁷	Team	<ul style="list-style-type: none"> • Briefs the team prior to patient arrival • Debriefs the team after resuscitation • Accepts input from all team members • Delegates tasks 	<ul style="list-style-type: none"> • Facilitates team problem solving • Keeps a “birds eye view” • Excellent time management • Calls for additional assistance or dismisses team when necessary 	<ul style="list-style-type: none"> • Non-hierarchical
TPOT (Trauma team performance observation tool) (Capella, 2010) ⁵⁸	Team			
TRACS (Tool for resuscitation assessment using computerized simulation) (Brett-Fleegler, 2008) ⁵⁹	Individual	<ul style="list-style-type: none"> • Assigns roles 	<ul style="list-style-type: none"> • Utilizes personnel effectively 	<ul style="list-style-type: none"> • Communicates effectively with team • Assumes adequate responsibility when in non-leader roles
Unnamed (Catchpole, 2007b) ⁶⁰	Team		<ul style="list-style-type: none"> • Coordination • Mutually supportive 	<ul style="list-style-type: none"> • Communication • Assertive

- Calm
- Encouraging

Unnamed (Daniels, 2008) ⁶¹	Individual			
Unnamed (Gaba, 1998) ⁶²	Team	<ul style="list-style-type: none"> • Acts decisively • Takes command or delegates command as appropriate 	<ul style="list-style-type: none"> • Calls for help when necessary • Coordinates activities • Checks with crew about task status • Stays free to direct except when necessary 	
Unnamed ^g (Hoff, 1997) ⁶³	Team			
Unnamed (Høyer, 2009) ⁶⁴	Individual	<ul style="list-style-type: none"> • Delegation of tasks 		
Unnamed (Høyer, 2011) ⁶⁵	Individual	<ul style="list-style-type: none"> • Delegated tasks 	<ul style="list-style-type: none"> • Requested help 	
Unnamed (Knudson, 2008) ⁶⁶	Individual			
Unnamed (Lubbert, 2009) ⁶⁷	Team	<ul style="list-style-type: none"> • Working according to protocol • Resuscitation in the correct order 	<ul style="list-style-type: none"> • Patient always under supervision 	<ul style="list-style-type: none"> • Efficient leader
Unnamed (Mäkinen, 2007) ⁶⁸	Team			
Unnamed (Ottestad, 2007) ⁶⁹	Team		<ul style="list-style-type: none"> • Re-evaluates progress / problems • Stands back for “big picture” 	<ul style="list-style-type: none"> • Calm
Unnamed ^g (Ritchie, 1999) ⁷⁰ (Sugrue, 1995) ⁷¹	Individual	<ul style="list-style-type: none"> • Instructions to commence secondary survey • Overall plan announced to all • Gives direction 	<ul style="list-style-type: none"> • Checks task (bloods sent) completed 	<ul style="list-style-type: none"> • Communicate clearly

Unnamed (Schraagen, 2010) ⁷² (Schraagen, 2011) ⁷³	Team	<ul style="list-style-type: none"> • Maintenance of standards 	<ul style="list-style-type: none"> • Workload management • Support of others 	
Unnamed (Shetty, 2009) ⁷⁴	Team	<ul style="list-style-type: none"> • Task planning and decision-making 	<ul style="list-style-type: none"> • Response sequencing • Establishing mutual support 	
Unnamed (Thomas, 2006) ⁷⁵	Team	<ul style="list-style-type: none"> • Sharing of a mental model • Assigning tasks • Sharing of information and opinion 		
Unnamed (Weller, 2011) ⁷⁶	Team	<ul style="list-style-type: none"> • Leader's plan for treatment was communicated • Priorities and orders of actions were communicated • Each team member had a clear role • Plans were adapted when the situation changed 	<ul style="list-style-type: none"> • Task implementation was well-coordinated • Team leader was 	<ul style="list-style-type: none"> • Communication was explicit and directed • Appropriate balance between authority and openness to suggestion • Conflicts impaired team performance^e
Unnamed (Wright, 2009) ⁷⁷	Team	<ul style="list-style-type: none"> • Explains to other team members exactly what is needed during the task • Listens to the concerns of other team members • Provides statements of team direction, strategy, or priorities for the task • Sets goals for the team and orients the team toward goals • Provides feedback to other team members regarding his/her performance 		
Unnamed (Zala-Mezö, 2009) ⁷⁸	Team	<ul style="list-style-type: none"> • Creates a plan including several steps of the future work process • Allocates tasks among the team • Gives a simple instruction to carry out a task 		

Unnamed (Zausig, 2009) ⁷⁹	Individual	• Coordinate and distribute the workload
---	------------	---

^a Wording of items was shortened when possible to do so without losing inherent meaning of the item/behavior

^b If a tool was not provided or clearly cited, or the tool was modified but the modifications were not clearly described, the behaviors were considered not provided

^c When definitions were used as global rating scale anchors, the anchors for the “highest score” were provided

^d Campbell Leadership Descriptor was adapted from the business sector and therefore items may not all seem applicable to action team setting

^e Scored as a negative item

^f Items were scenario specific and thus were summarized to reflect checklists for more than one scenario

^g Items were primarily clinical, only the nonclinical items were included in the table

^h Assessment tool was named NOTECHS after publication of these studies

ⁱ The same assessment tool was used to evaluate individual³³ and team³² behaviors

^j Items reflect global definitions because individual behavioral anchors were specialty-specific

Supplemental Digital Table 3

Leadership Styles By Assessment Tool Included in a Systematic Review of the Literature on Team Leadership Assessment Tools in Health Care Action Teams, Published Through March 2012

Tool name	Level of assessment	Leadership styles
Leadership and Team Behavior Measurement Tool (Carlson, 2009) ⁸⁰	Team	<ol style="list-style-type: none"> (1) Transactional leadership - a single traditional manager who focuses on getting the job done and takes on the role of setting standards that followers complete to achieve the task (2) Flexible/dynamic - no clear emergence of a single leader however all members at one time or another take on leader role by communicating and directing other members on the team to perform tasks (3) Neither
Unnamed (Siassakos) ⁸¹	Team	<ol style="list-style-type: none"> (1) Directive: takes over and gives instructions all further decisions made by him or her (2) Guiding: evaluates first then only supports previous or junior leader and confirms their decisions (3) Mixed: gives some direct instructions but also evaluates and confirms others (4) Observational: no direction or guidance to previous leader.
Unnamed (Künzle) ⁸²	Team	<p>Content-oriented leadership: concentrates on the understanding of the task and on actual or potential challenges</p> <ol style="list-style-type: none"> (1) team members proactively acquire task relevant information (2) team members proactively provide task relevant information or knowledge (3) team members verbalize a problem, provide interpretation of a problem, are looking for a solution, and are setting new goals <p>Structuring leadership: is about guiding and structuring team processes by coordinating team activities</p> <ol style="list-style-type: none"> (1) team members assign tasks or roles to other team members (2) team members offer clear performance strategies or show other team members how to do something (3) team members initiate an action without being asked (4) team members determine the sequence of actions, coordinate pace and rhythm of activities and plan next steps (5) team members manage staff and equipment resources

Unnamed
(Tschan, 2006)⁸³

Team

- (1) **Directive leadership:** gives directions for immediate action, gives specific instructions about how a technical act should be performed, corrects the acts of others, plans ahead, gives directions about the algorithm/protocol
- (2) **Structuring inquiry:** questions asking for information relevant to the resuscitation procedure, including questions referring to the specifics of the task distribution, what technical acts were already done, information about the patient, the condition of the patient
- (3) **Other**

Supplemental Digital Table 4

Characteristics of 15 Studies Describing Team Leadership-Focused Assessment Tools Included in a Systematic Review of the Literature on Team Leadership Assessment in Health Care Action Teams, Published Through March 2012

Article	Study design	No. institutions ^a	No. individuals assessed ^b	No. teams assessed ^b	Participant profession ^c	Participant level of training	Participant specialty	MERSQI
Bradley, 2009 ⁸	Non-randomized, two group	>2	51		P; RN	Student	NA	14.5
Cooper, 2001 ⁵	Randomized	1	68		P; RN; Other	NR	NR	13.5
Cooper, 1999 ⁴	Cross-sectional	1		20	P; RN	Grad; LP	IM; CC	14
Cooper, 2007 ⁷	Cross-sectional	1	24		RN; Other	LP	NA	12.7
Fernandez Castelao, 2011 ¹³	Randomized	1		44	P	Student	NA	14.5
Gilfoyle, 2007 ¹⁴	Single group pre/post test	1	15		P	Grad	Ped	10
Grant, 2012 ¹⁵	Cross-sectional	1	30		P	Grad	Ped	14
Hunziker, 2009 ⁹	Randomized	>2		99	P	Grad; LP	IM; GP	16.4
Hunziker, 2010 ¹¹	Randomized	1		63	P	Student	NA	14.5
Luscher, 2010 ¹²	Cross-sectional	>2		48	P	Student; LP	IM	14
Marsch, 2004 ⁶	Cross-sectional	1		16	P; RN	Grad; LP	IM;CC	11.3
Sakran, 2012 ¹	Cross-sectional	1	7		P	LP	Surg	11.3
Streiff, 2011 ¹⁰	Cross-sectional	1	237		P	Student	NA	14
Wallin, 2007 ³	Single group pre/post test	1		15	P	Student	NA	12
Youngblood, 2008 ²	Randomized	2	30		P	Student	NA	15

Abbreviations: MERSQI, medical education research study quality instrument; NR, not reported or not clear; NA, not applicable; P, physician; RN, nurse; Grad, graduate medical trainee; LP, licensed provider; Surg, surgery; Ped, pediatrics; IM, internal medicine; CC, critical care; GP, general practitioner

^a If the number of institutions was not clearly reported it was recorded as one⁸⁴

^b Cells were left blank when the number of individuals or teams assessed was not clear

^c Other category may include technicians, pharmacists, midwives, prehospital providers, perfusionists, social workers, registration, transport, child life

Supplemental Digital Table 5

Characteristics of 68 Studies Describing Assessment Tools with a Team Leadership Component Included in a Systematic Review of the Literature on Team Leadership Assessment in Health Care Action Teams, Published Through March 2012

Article	Study design	No. institutions ^a	No. individuals assessed ^b	No. teams assessed ^b	Participant profession ^c	Participant level of training	Participant specialty
Arora, 2011 ⁴²	Cross-sectional	>2	25		P	Grad; LP	Surg
Beard, 2011 ³⁹	Cross-sectional	>2	85		P	Grad	Anes; Surg; OB
Brett-Fleegler, 2008 ⁵⁹	Cross-sectional	1	25		P	Grad; LP	Ped
Capella, 2010 ⁵⁸	Single group pre/post test	1		40	P; RN	Grad; LP	Surg
Carlson, 2009 ⁸⁰	Cross-sectional	1		44	P	Student	NA
Catchpole, 2010 ³⁴	Single group pre/post test	>2		61	NR	NR	NR
Catchpole, 2007a ³⁷	Cross-sectional	2		42	P; RN	Grad; LP	Anes; Surg
Catchpole, 2007b ⁶⁰	Single group pre/post test	1		50	NR	NR	NR
Cooper, 2010 ⁵³	Cross-sectional	1		3	P; RN	Student	NA
Daniels, 2008 ⁶¹	Cross-sectional	2	19	10	P; RN	Grad; LP	Anes; OB
Frengley, 2011 ⁵²	Randomized	>2		40	P; RN	Grad; LP	Anes; IM; CC
Gaba, 1998 ⁶²	Cross-sectional	>2	72	18	P; RN	Grad; LP	Anes
Geis, 2011 ²³	Cross-sectional	1	81	24	P; RN; RT; Other	LP	EM; Ped
Guise, 2008 ¹⁹	Cross-sectional	1		3	NA	NA	NA
Hamilton, 2009 ²⁶	Cross-sectional	1	11	10	P	Grad	Surg
Hobgood, 2010 ²⁷	Randomized	2		32	P; RN	Student	NA
Hoff, 1997 ⁶³	Cross-sectional	1		425	P	Grad; LP	Surg
Hoyer, 2009 ⁶⁴	Cross-sectional	>2	72		P	LP	IM
Hoyer, 2011 ⁶⁵	Randomized	>2	46		P	LP	IM
Hull, 2011a ⁴⁴	Cross-sectional	1		30	P; RN	LP	Anes; Surg
Hull, 2011b ⁴⁵	Cross-sectional	1		20	P; RN; Other	LP	Anes; Surg
Kim, 2006 ⁵⁰	Cross-sectional	1	58	112	P	Grad	Anes; Surg; IM; EM; FM; Psych; Neuro

Kim, 2009 ⁴⁹	Cross-sectional	1	60		P	Grad	Anes; Surg; IM; EM; FM; Psych; Neuro
Knudson, 2008 ⁶⁶	Randomized	1	10		P	Grad	Surg
Künzle, 2010 ⁸²	Cross-sectional	1	24	12	P; RN	Grad; LP	Anes
Lubbert, 2009 ⁶⁷	Cross-sectional	1		387	P; RN; Other	Grad; LP	Anes; Surg; EM; Neuro; Rad
Mäkinen, 2007 ⁶⁸	Cross-sectional	2		75	RN	LP	NR
Malec, 2007 ²⁴	Single group pre/post test	1		273	P; RN	Grad; LP	NR
Mayer, 2011 ⁵⁴	Single group pre/post test	1	195		P; RN; RT	LP	Anes; Surg; Ped
McCulloch, 2009 ³⁵	Single group pre/post test	1		103	P; RN	LP	Anes; Surg
Mishra, 2008 ³⁸	Cross-sectional	1		26	P; RN	LP	Anes; Surg
Mishra, 2009 ³⁶	Single group pre/post test	1		65	P; RN	LP	Anes; Surg
Moorthy, 2005 ²⁸	Cross-sectional	1	27		P	Grad	Surg
Moorthy, 2006a ³¹	Cross-sectional	1	20		P	Grad	Surg
Moorthy, 2006b ²⁹	Cross-sectional	1	27		P	Grad	Surg
Morgan, 2007 ²¹	Cross-sectional	1		12	P; RN	Grad; LP	Anes; OB
Morgan, 2012 ¹⁷	Cross-sectional	>2		12	P; RN	LP	Anes; FM; OB
Nagpal, 2011 ⁵¹	Cross-sectional	2		100	NR	NR	NR
Ottestad, 2007 ⁶⁹	Cross-sectional	1		23	P; RN; RT; Other	Grad; LP	Anes; Surg; IM
Pascual, 2011 ⁵⁵	Single group pre/post test	2	12	3	MLP	LP	CC
Powers, 2008 ³⁰	Cross-sectional	1	20		P; RN	Grad; LP	Surg
Ritchie, 1999 ⁷⁰	Cross-sectional	1	50		P; RN; Other	Grad; LP	Anes; Surg; EM
Rodgers, 2010 ¹⁶	Cross-sectional	>2	34		RN	Student	NA
Schraagen, 2010 ⁷²	Cross-sectional	1		19	P; RN	LP	Anes; Surg
Schraagen, 2011 ⁷³	Cross-sectional	1		1	P; RN; Other	LP	Anes; Surg

Sevdalis, 2008 ³²	Cross-sectional	1		29	P; RN; Other	Grad; LP	Anes; Surg
Sevdalis, 2009 ⁴⁸	Cross-sectional	2		12	NR	NR	NR
Shetty, 2009 ⁷⁴	Cross-sectional	2		3	NA	NA	NA
Siassakos, 2011 ⁸¹	Cross-sectional	>2		19	P; Other	Grad; LP	OB
Steinemann, 2011 ⁵⁶	Single group pre/post test	1		244	P; RN; RT; MLP; Other	Grad; LP	Surg; EM
Steinemann, 2012 ⁵⁷	Cross-sectional	1		103	P; RN; RT; MLP; Other	Grad; LP	Surg; EM
Sudikoff, 2009 ²⁰	Randomized	1	16		P	Grad	Ped
Sugrue, 1995 ⁷¹	Cross-sectional	1	50		P; RN; Other	Grad; LP	Surg; EM; Ped; CC
Thomas, 2006 ⁷⁵	Cross-sectional	1		132	P; RN; RT	Grad; LP	Ped
Tregunno, 2009 ¹⁸	Cross-sectional	1		12	NR	NR	OB
Tschan, 2006 ⁸³	Cross-sectional	>2		21	P; RN	Grad; LP	NR
Undre, 2006 ⁴⁷	Cross-sectional	1		50	P; RN; Other	LP	Anes; Surg
Undre, 2007a ³³	Cross-sectional	1		20	P; RN; Other	Grad; LP	Anes; Surg
Undre, 2007b ⁴⁶	Cross-sectional	2		50	P; RN; Other	Grad; LP	Anes; Surg
Varkey, 2009 ²⁵	Cross-sectional	1		1	P	Grad	IM
Walker, 2011 ⁴³	Cross-sectional	1		8	P;RN	LP	Anes; IM
Weaver, 2010 ²²	Non- randomized, two group	1	55		P; RN; MLP; CRNA; Other	LP	Anes; Surg
Weller, 2011 ⁷⁶	Cross-sectional	>2		40	P; RN	LP	IM;CC
Wright, 2009 ⁷⁷	Cross-sectional	1	35		P	Student	NA
Yule, 2008 ⁴⁰	Cross-sectional	>2		6	NA	NA	NA
Yule, 2009 ⁴¹	Cross-sectional	>2		6	NA	NA	NA

Zala-Mezo, 2009 ⁷⁸	Cross-sectional	1		23	P; RN	Student; Grad; LP	Anes
Zausig, 2009 ⁷⁹	Randomized	>2	42		P	LP	Anes

Abbreviations: NR, not reported or not clear; NA, not applicable; P, physician; RN, nurse; MLP, mid-level provider; CRNA, certified registered nurse anesthetist; RT, respiratory therapist; Grad, graduate medical trainee; LP, licensed provider; Surg, surgery; Anes, anesthesia; OB, obstetrics; Ped, pediatrics; IM, internal medicine; CC, critical care; EM, emergency medicine; FM, family medicine; Psych, psychiatry; Neuro, neurology; Rad, radiology; GP, general practitioner

^a If the number of institutions was not clearly reported it was recorded as one⁸⁴

^b Cells were left blank when the number of individuals or teams assessed was not clear

^c Other category may include technicians, pharmacists, midwives, prehospital providers, perfusionists, social workers, registration, transport, child life

References Cited in the Supplemental Digital Content

1. Sakran JV, Finneman B, Maxwell C, et al. Trauma leadership: Does perception drive reality? *J. Surg. Educ.* 2012;69(2):236-240.
2. Youngblood P, Harter PM, Srivastava S, Moffett S, Heinrichs WL, Dev P. Design, development, and evaluation of an online virtual emergency department for training trauma teams. *Simulation in healthcare : journal of the Society for Simulation in Healthcare.* Fall 2008;3(3):146-153.
3. Wallin CJ, Meurling L, Hedman L, Hedegard J, Fellander-Tsai L. Target-focused medical emergency team training using a human patient simulator: effects on behaviour and attitude. *Med. Educ.* Feb 2007;41(2):173-180.
4. Cooper S, Wakelam A. Leadership of resuscitation teams: 'Lighthouse Leadership'. *Resuscitation.* Sep 1999;42(1):27-45.
5. Cooper S. Developing leaders for advanced life support: evaluation of a training programme. *Resuscitation.* Apr 2001;49(1):33-38.
6. Marsch SC, Muller C, Marquardt K, Conrad G, Tschan F, Hunziker PR. Human factors affect the quality of cardiopulmonary resuscitation in simulated cardiac arrests. *Resuscitation.* Jan 2004;60(1):51-56.
7. Cooper S, O'Carroll J, Jenkin A, Badger B. Collaborative practices in unscheduled emergency care: role and impact of the emergency care practitioner--quantitative findings. *Emerg. Med. J.* Sep 2007;24(9):630-633.
8. Bradley P, Cooper S, Duncan F. A mixed-methods study of interprofessional learning of resuscitation skills. *Med. Educ.* Sep 2009;43(9):912-922.
9. Hunziker S, Tschan F, Semmer NK, et al. Hands-on time during cardiopulmonary resuscitation is affected by the process of teambuilding: a prospective randomised simulator-based trial. *BMC Emerg. Med.* 2009;9:3.
10. Streiff S, Tschan F, Hunziker S, et al. Leadership in medical emergencies depends on gender and personality. *Simulation in healthcare : journal of the Society for Simulation in Healthcare.* Apr 2011;6(2):78-83.
11. Hunziker S, Buhlmann C, Tschan F, et al. Brief leadership instructions improve cardiopulmonary resuscitation in a high-fidelity simulation: a randomized controlled trial. *Crit. Care Med.* Apr 2010;38(4):1086-1091.
12. Luscher F, Hunziker S, Gaillard V, et al. Proficiency in cardiopulmonary resuscitation of medical students at graduation: a simulator-based comparison with general practitioners. *Swiss Med. Wkly.* Jan 23 2010;140(3-4):57-61.
13. Fernandez Castelao E, Russo SG, Cremer S, et al. Positive impact of crisis resource management training on no-flow time and team member verbalisations during simulated cardiopulmonary resuscitation: a randomised controlled trial. *Resuscitation.* Oct 2011;82(10):1338-1343.
14. Gilfoyle E, Gottesman R, Razack S. Development of a leadership skills workshop in paediatric advanced resuscitation. *Med. Teach.* Nov 2007;29(9):e276-283.
15. Grant EC, Grant VJ, Bhanji F, Duff JP, Cheng A, Lockyer JM. The development and assessment of an evaluation tool for pediatric resident competence in leading simulated pediatric resuscitations. *Resuscitation.* Jan 28 2012.
16. Rodgers DL, Bhanji F, McKee BR. Written evaluation is not a predictor for skills performance in an Advanced Cardiovascular Life Support course. *Resuscitation.* 2010;81(4):453-456.

17. Morgan PJ, Tregunno D, Pittini R, et al. Determination of the psychometric properties of a behavioural marking system for obstetrical team training using high-fidelity simulation. *Bmj Quality & Safety*. Jan 2012;21(1):78-82.
18. Tregunno D, Pittini R, Haley M, Morgan PJ. Development and usability of a behavioural marking system for performance assessment of obstetrical teams. *Qual Safety Health Care*. Oct 2009;18(5):393-396.
19. Guise JM, Deering SH, Kanki BG, et al. Validation of a tool to measure and promote clinical teamwork. *Simulation in healthcare : journal of the Society for Simulation in Healthcare*. Winter 2008;3(4):217-223.
20. Sudikoff SN, Overly FL, Shapiro MJ. High-fidelity medical simulation as a technique to improve pediatric residents' emergency airway management and teamwork: a pilot study. *Pediatr. Emerg. Care*. Oct 2009;25(10):651-656.
21. Morgan PJ, Pittini R, Regehr G, Marrs C, Haley MF. Evaluating teamwork in a simulated obstetric environment. *Anesthesiology*. May 2007;106(5):907-915.
22. Weaver SJ, Rosen MA, DiazGranados D, et al. Does teamwork improve performance in the operating room? A multilevel evaluation. *Jt Comm J Qual Patient Saf*. Mar 2010;36(3):133-142.
23. Geis GL, Pio B, Pendergrass TL, Moyer MR, Patterson MD. Simulation to assess the safety of new healthcare teams and new facilities. *Simulation in healthcare : journal of the Society for Simulation in Healthcare*. Jun 2011;6(3):125-133.
24. Malec JF, Torsher LC, Dunn WF, et al. The Mayo high performance teamwork scale: reliability and validity for evaluating key crew resource management skills. *Simulation in healthcare : journal of the Society for Simulation in Healthcare*. Spring 2007;2(1):4-10.
25. Varkey P, Gupta P, Arnold JJ, Torsher LC. An Innovative Team Collaboration Assessment Tool for a Quality Improvement Curriculum. *Am. J. Med. Qual*. Jan-Feb 2009;24(1):6-11.
26. Hamilton N, Freeman BD, Woodhouse J, Ridley C, Murray D, Klingensmith ME. Team behavior during trauma resuscitation: a simulation-based performance assessment. *J. Grad. Med. Educ*. Dec 2009;1(2):253-259.
27. Hobgood C, Sherwood G, Frush K, et al. Teamwork training with nursing and medical students: does the method matter? Results of an interinstitutional, interdisciplinary collaboration. *Qual Saf Health Care*. Dec 2010;19(6):e25.
28. Moorthy K, Munz Y, Adams S, Pandey V, Darzi A. A human factors analysis of technical and team skills among surgical trainees during procedural simulations in a simulated operating theatre. *Ann. Surg*. Nov 2005;242(5):631-639.
29. Moorthy K, Munz Y, Adams S, Pandey V, Darzi A. Self-assessment of performance among surgical trainees during simulated procedures in a simulated operating theater. *Am. J. Surg*. Jul 2006;192(1):114-118.
30. Powers KA, Rehrig ST, Irias N, et al. Simulated laparoscopic operating room crisis: An approach to enhance the surgical team performance. *Surgical Endoscopy and Other Interventional Techniques*. 2008;22(4):885-900.
31. Moorthy K, Munz Y, Forrest D, et al. Surgical crisis management skills training and assessment - A stimulation-based approach to enhancing operating room performance. *Ann. Surg*. Jul 2006;244(1):139-147.
32. Sevdalis N, Davis R, Koutantji M, Undre S, Darzi A, Vincent CA. Reliability of a revised NOTECHS scale for use in surgical teams. *Am. J. Surg*. Aug 2008;196(2):184-190.
33. Undre S, Koutantji M, Sevdalis N, et al. Multidisciplinary crisis simulations: The way forward for training surgical teams. *World J. Surg*. Sep 2007;31(9):1843-1853.
34. Catchpole KR, Dale TJ, Hirst DG, Smith JP, Giddings TA. A multicenter trial of aviation-style training for surgical teams. *J Patient Saf*. Sep 2010;6(3):180-186.

35. McCulloch P, Mishra A, Handa A, Dale T, Hirst G, Catchpole K. The effects of aviation-style non-technical skills training on technical performance and outcome in the operating theatre. *Qual Saf Health Care*. Apr 2009;18(2):109-115.
36. Mishra A, Catchpole K, McCulloch P. The Oxford NOTECHS System: reliability and validity of a tool for measuring teamwork behaviour in the operating theatre. *Qual Saf Health Care*. Apr 2009;18(2):104-108.
37. Catchpole KR, Giddings AE, Wilkinson M, Hirst G, Dale T, de Leval MR. Improving patient safety by identifying latent failures in successful operations. *Surgery*. Jul 2007;142(1):102-110.
38. Mishra A, Catchpole K, Dale T, McCulloch P. The influence of non-technical performance on technical outcome in laparoscopic cholecystectomy. *Surg. Endosc*. Jan 2008;22(1):68-73.
39. Beard JD, Marriott J, Purdie H, Crossley J. Assessing the surgical skills of trainees in the operating theatre: a prospective observational study of the methodology. *Health Technol. Assess*. Jan 2011;15(1):i-xxi, 1-162.
40. Yule S, Flin R, Maran N, Rowley D, Youngson G, Paterson-Brown S. Surgeons' non-technical skills in the operating room: reliability testing of the NOTSS behavior rating system. *World J. Surg*. Apr 2008;32(4):548-556.
41. Yule S, Rowley D, Flin R, et al. Experience matters: comparing novice and expert ratings of non-technical skills using the NOTSS system. *ANZ J. Surg*. Mar 2009;79(3):154-160.
42. Arora S, Miskovic D, Hull L, et al. Self vs expert assessment of technical and non-technical skills in high fidelity simulation. *Am. J. Surg*. Oct 2011;202(4):500-506.
43. Walker S, Brett S, McKay A, Lambden S, Vincent C, Sevdalis N. Observational Skill-based Clinical Assessment tool for Resuscitation (OSCAR): development and validation. *Resuscitation*. Jul 2011;82(7):835-844.
44. Hull L, Arora S, Kassab E, Kneebone R, Sevdalis N. Observational teamwork assessment for surgery: content validation and tool refinement. *J. Am. Coll. Surg*. Feb 2011;212(2):234-243 e231-235.
45. Hull L, Arora S, Kassab E, Kneebone R, Sevdalis N. Assessment of stress and teamwork in the operating room: an exploratory study. *Am. J. Surg*. Jan 2011;201(1):24-30.
46. Undre S, Sevdalis N, Healey AN, Darzi SA, Vincent CA. Observational teamwork assessment for surgery (OTAS): Refinement and application in urological surgery. *World J. Surg*. Jul 2007;31(7):1373-1381.
47. Undre S, Healey AN, Darzi A, Vincent CA. Observational assessment of surgical teamwork: a feasibility study. *World J. Surg*. Oct 2006;30(10):1774-1783.
48. Sevdalis N, Lyons M, Healey AN, Undre S, Darzi A, Vincent CA. Observational teamwork assessment for surgery: construct validation with expert versus novice raters. *Ann. Surg*. Jun 2009;249(6):1047-1051.
49. Kim J, Neilipovitz D, Cardinal P, Chiu M. A comparison of global rating scale and checklist scores in the validation of an evaluation tool to assess performance in the resuscitation of critically ill patients during simulated emergencies (abbreviated as "CRM simulator study IB"). *Simulation in Healthcare*. 2009;4(1):6-16.
50. Kim J, Neilipovitz D, Cardinal P, Chiu M, Clinch J. A pilot study using high-fidelity simulation to formally evaluate performance in the resuscitation of critically ill patients: The University of Ottawa Critical Care Medicine, High-Fidelity Simulation, and Crisis Resource Management I Study. *Crit. Care Med*. Aug 2006;34(8):2167-2174.
51. Nagpal K, Abboudi M, Fischler L, et al. Evaluation of postoperative handover using a tool to assess information transfer and teamwork. *Ann. Surg*. Apr 2011;253(4):831-837.
52. Frengley RW, Weller JM, Torrie J, et al. The effect of a simulation-based training intervention on the performance of established critical care unit teams. *Crit. Care Med*. Dec 2011;39(12):2605-2611.

53. Cooper S, Cant R, Porter J, et al. Rating medical emergency teamwork performance: development of the Team Emergency Assessment Measure (TEAM). *Resuscitation*. Apr 2010;81(4):446-452.
54. Mayer CM, Cluff L, Lin WT, et al. Evaluating efforts to optimize TeamSTEPPS implementation in surgical and pediatric intensive care units. *Jt Comm J Qual Patient Saf*. Aug 2011;37(8):365-374.
55. Pascual JL, Holena DN, Vella MA, et al. Short simulation training improves objective skills in established advanced practitioners managing emergencies on the ward and surgical intensive care unit. *J. Trauma*. Aug 2011;71(2):330-337; discussion 337-338.
56. Steinemann S, Berg B, Skinner A, et al. In situ, multidisciplinary, simulation-based teamwork training improves early trauma care. *J. Surg. Educ*. Nov 2011;68(6):472-477.
57. Steinemann S, Berg B, DiTullio A, et al. Assessing teamwork in the trauma bay: introduction of a modified "NOTECHS" scale for trauma. *Am. J. Surg*. Jan 2012;203(1):69-75.
58. Capella J, Smith S, Philp A, et al. Teamwork training improves the clinical care of trauma patients. *J. Surg. Educ*. Nov-Dec 2010;67(6):439-443.
59. Brett-Fleegler MB, Vinci RJ, Weiner DL, Harris SK, Shih MC, Kleinman ME. A simulator-based tool that assesses pediatric resident resuscitation competency. *Pediatrics*. Mar 2008;121(3):E597-E603.
60. Catchpole KR, de Leval MR, McEwan A, et al. Patient handover from surgery to intensive care: using Formula 1 pit-stop and aviation models to improve safety and quality. *Paediatr. Anaesth*. May 2007;17(5):470-478.
61. Daniels K, Lipman S, Harney K, Arafeh J, Druzin M. Use of simulation based team training for obstetric crises in resident education. *Simulation in healthcare : journal of the Society for Simulation in Healthcare*. Fall 2008;3(3):154-160.
62. Gaba DM, Howard SK, Flanagan B, Smith BE, Fish KJ, Botney R. Assessment of clinical performance during simulated crises using both technical and behavioral ratings [see comments]. *Anesthesiology*. 1998;89(1):8-18.
63. Hoff WS, Reilly PM, Rotondo MF, DiGiacomo JC, Schwab CW. The importance of the command-physician in trauma resuscitation. *J. Trauma*. Nov 1997;43(5):772-777.
64. Hoyer CB, Christensen EF, Eika B. Junior physician skill and behaviour in resuscitation: a simulation study. *Resuscitation*. Feb 2009;80(2):244-248.
65. Hoyer CB, Christensen EF, Eika B. Standards of resuscitation during inter-hospital transportation: the effects of structured team briefing or guideline review - A randomised, controlled simulation study of two micro-interventions. *Scandinavian Journal of Trauma Resuscitation & Emergency Medicine*. Mar 2011;19.
66. Knudson MM, Khaw L, Bullard MK, et al. Trauma training in simulation: translating skills from SIM time to real time. *J. Trauma*. Feb 2008;64(2):255-263; discussion 263-254.
67. Lubbert PH, Kaasschieter EG, Hoorntje LE, Leenen LP. Video registration of trauma team performance in the emergency department: the results of a 2-year analysis in a Level 1 trauma center. *J. Trauma*. Dec 2009;67(6):1412-1420.
68. Makinen M, Aune S, Niemi-Murola L, et al. Assessment of CPR-D skills of nurses in Goteborg, Sweden and Espoo, Finland: teaching leadership makes a difference. *Resuscitation*. Feb 2007;72(2):264-269.
69. Ottestad E, Boulet JR, Lighthall GK. Evaluating the management of septic shock using patient simulation. *Crit. Care Med*. Mar 2007;35(3):769-775.
70. Ritchie PD, Cameron PA. An evaluation of trauma team leader performance by video recording. *Aust. N. Z. J. Surg*. Mar 1999;69(3):183-186.
71. Sugrue M, Seger M, Kerridge R, Sloane D, Deane S. A prospective study of the performance of the trauma team leader. *J. Trauma*. Jan 1995;38(1):79-82.

72. Schraag JM, Schouten T, Smit M, et al. Assessing and improving teamwork in cardiac surgery. *Qual Saf Health Care*. Dec 2010;19(6):e29.
73. Schraag JM, Schouten T, Smit M, et al. A prospective study of paediatric cardiac surgical microsystems: assessing the relationships between non-routine events, teamwork and patient outcomes. *Bmj Quality & Safety*. Jul 2011;20(7):599-603.
74. Shetty P, Cohen T, Patel B, Patel VL. The cognitive basis of effective team performance: features of failure and success in simulated cardiac resuscitation. *AMIA Annu Symp Proc*. 2009;2009:599-603.
75. Thomas EJ, Sexton JB, Lasky RE, Helmreich RL, Crandell DS, Tyson J. Teamwork and quality during neonatal care in the delivery room. *J. Perinatol*. Mar 2006;26(3):163-169.
76. Weller J, Frengley R, Torrie J, et al. Evaluation of an instrument to measure teamwork in multidisciplinary critical care teams. *BMJ Qual Saf*. Mar 2011;20(3):216-222.
77. Wright MC, Phillips-Bute BG, Petrusa ER, Griffin KL, Hobbs GW, Taekman JM. Assessing teamwork in medical education and practice: relating behavioural teamwork ratings and clinical performance. *Med. Teach*. Jan 2009;31(1):30-38.
78. Zala-Mezo E, Wacker J, Kunzle B, Bruesch M, Grote G. The influence of standardisation and task load on team coordination patterns during anaesthesia inductions. *Qual Saf Health Care*. Apr 2009;18(2):127-130; 121 p following 130.
79. Zausig YA, Grube C, Boeker-Blum T, et al. Inefficacy of simulator-based training on anaesthesiologists' non-technical skills. *Acta Anaesthesiol. Scand*. 2009;53(5):611-619.
80. Carlson J, Min E, Bridges D. The impact of leadership and team behavior on standard of care delivered during human patient simulation: a pilot study for undergraduate medical students. *Teach. Learn. Med*. Jan-Mar 2009;21(1):24-32.
81. Siassakos D, Bristowe K, Draycott TJ, et al. Clinical efficiency in a simulated emergency and relationship to team behaviours: a multisite cross-sectional study. *BJOG*. Apr 2011;118(5):596-607.
82. Kunzle B, Zala-Mezo E, Wacker J, Kolbe M, Spahn DR, Grote G. Leadership in anaesthesia teams: the most effective leadership is shared. *Qual Safety Health Care*. Dec 2010;19(6).
83. Tschan F, Semmer NK, Gautschi D, Hunziker P, Spychiger M, Marsch SU. Leading to Recovery: Group Performance and Coordinative Activities in Medical Emergency Driven Groups. *Human Performance*. 2006;19(3):277-304.
84. Reed DA, Cook DA, Beckman TJ, Levine RB, Kern DE, Wright SM. Association between funding and quality of published medical education research. *Jama-Journal of the American Medical Association*. Sep 5 2007;298(9):1002-1009.