



Behavioral Health Consultant Observation Rating Scale

Communication With Primary Care Provider	Rating
1. Display confidence and collegiality	
2. Ask at least one clarifying question to understand the provider's agenda	
3. Discuss flow to ensure efficient throughput of patient care (e.g. any other stops for the patient today?)	
4. Ask about follow-up plan for patient (e.g. when was patient told to come back to see PCP?)	
5. Effective communication of proposed plan including follow-up recommendation	
6. SOAP note logic is evident (e.g. S + 0 = A, therefore P)	
7. SOAP note assessment provides a clear opinion of why the patient is where they are and links approach to patient motivation	
8. SOAP note language is concise and content includes information relevant to a medical chart	
Core Components of Contextual Interview	Rating
9. Effective and confident introduction which explains BHC role, highlights collaboration with PCP and medical team, explains that BHC will be charting in the record and discussing all findings with PCP for optimal care	
10. Effective transition to functional analysis/ contextual interview (e.g. close ended or specific question)	
11. Contextual interview that reflects a contextual understanding of the patients behavioral concern	
12. Functional analysis/ contextual interview that reflects the patients values and areas of high motivation	
13. Functional analysis/ contextual interview that is engaging for the patient and shows evidence of motivational interviewing core concepts (vs. an interview)	
14. Effective integration of any medication-related and medical diagnosis concerns (e.g. exploration of adherence issues, discussion of patient openness to psychotropic medication for target symptoms, patient understanding of medical diagnosis)	
15. Effective and seamless transition to problem formation/ problem solving	
16. Problem is well defined and collaboratively agreed upon by BHC and patient	
17. Generation of solutions or ideas matches the patient stage of change	
18. Plan of action is collaboratively generated and agreed upon and is clear to BHC and patient	
19. Effectively integrates the use of screening/outcome tool(s) into the consult	
General Efficiency	Rating
20. Efficient chart review (e.g. does not impede care team workflow; generally less than 5 min)	
21. Efficient consult (e.g. 15-30 minutes)	
22. Efficient SOAP Note completion (e.g. around 10 minutes; generally less than 15 minutes)	
23. Efficient verbal contact with primary care provider (e.g. does not impede care team workflow)	



Behavioral Health Consultant Observation Rubric

General Instructions: Expert raters should convene prior to a simulation to review their understanding of the rubric and arrive at consensus on items where they may perceive discrepancy. This should be accomplished through discussion and observation exercises. Note also that while examples are provided, expert raters can apply their professional judgment to rate items, particularly with regard to advanced performance, even when the specified items are not specifically present in the observation.

- Advanced performance is generally the most non-specific as it can take various forms. It is also expected that not all cases will elicit each of the competencies equally. Therefore this rating is only valid in comparison to the simulated case.
- Ratings of 2 and 4 are provided to give raters the ability to give partial credit for observations above or below minimum competency.
- Ratings of 3 should be interpreted to signify baseline competency for BHC performance.
- Ratings of 1 should be relegated to performance, which either did not exist or was so poorly executed that remediation is obviously necessary. The right column on the table below can be used in the expert rater training process.

1. Display confidence and collegiality

The rater is assessing that the BHC has adopted an egalitarian professional identity that allows them to communicate effectively with the primary care provider. The end result should be a sense that the provider has the potential for developing confidence in the BHC as a professional.

	Score	Comments
1= Failed to demonstrate The BHC accepts the handoff with minimal communication with the provider. Lacks eye contact and speaks in a tone that expresses doubt in his/her ability to assist, or is defensive or disinterested in the referral.		
2= Partial but sub-par demonstration		
3= Passing demonstration <ul style="list-style-type: none"> • BHC demonstrates confident tone of voice, eye contact • Engages the provider in two-way dialogue that maintains a pace appropriate for primary care • Accepts the handoff with interest and expresses confidence in the ability to help. 		
4= Above average demonstration		
5= Superior demonstration <ul style="list-style-type: none"> • BHC takes a moment to validate the provider's judgment in asking for help ("good call, sounds like a case that could use some team work"), expresses appreciation for the opportunity to consult or makes a comment that clearly enhances the dyadic work relationship. 		

2. Ask at least one clarifying question to understand the provider's agenda

The rater is assessing whether the BHC successfully frames the interaction as a consultation to the provider by clarifying the provider's goals in relationship to the BHCs work.

Score	Comments
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1= Failed to demonstrate		
<ul style="list-style-type: none"> Does not ask the provider to clarify their goals in seeking a BH consult. Takes the patient "off the provider's hands," but does not foster shared treatment planning. 		
2= Partial but sub-par demonstration		
3= Passing demonstration		
<ul style="list-style-type: none"> Elicits a response from the provider to clarify what the nature of the consult is. BHC asks the provider to articulate what information they hope to gain through the consult. 		
4= Above average demonstration		
5= Superior demonstration		
<ul style="list-style-type: none"> Above and succinctly reflects back to the provider the reason and goal of the consult or successfully shapes the provider agenda in an active collaborative fashion. 		

3. Discuss flow to ensure efficient throughput of patient care (e.g. any other stops for the patient today?)

The rater is assessing whether the BHC demonstrates awareness of the system of care and the need for efficiency.

	Score	Comments
1= Failed to demonstrate		
<ul style="list-style-type: none"> The BHC does not ask about patient flow issues to consider once the consult is complete. 		
2= Partial but sub-par demonstration		
3= Passing demonstration		
<ul style="list-style-type: none"> Asks if there are any patient flow issues to consider once the consult is complete_ For instance, "Can the patient leave after my visit with them or are there other stops for them today?" 		
4= Above average demonstration		
5= Superior demonstration		
<ul style="list-style-type: none"> Above and the BHC makes a verbal commitment to escorting the patient to their next stop or demonstrates sophistication in their approach to the provider's flow. 		

4. Ask about follow-up plan for patient (e.g. when was patient told to come back to see PCP?)

	Score	Comments
1= Failed to demonstrate		
<ul style="list-style-type: none"> The BHC does not ask the PCP about the overall treatment plan for the patient. 		
2= Partial but sub-par demonstration		

The rater is assessing whether the BHC demonstrates awareness of the longitudinal nature of care and the need to coordinate the treatment plan.

3= Passing demonstration <ul style="list-style-type: none"> Asks at least one question related to the provider's next step(s) in the treatment plan, such as next visit, referrals or goals, for instance, "When do you plan on seeing this patient again? Are there any things you have asked the patient to do that I should be aware of?" 		
4= Above average demonstration		
5= Superior demonstration <ul style="list-style-type: none"> Above and the BHC reflects back an understanding of their role in team planning for the patient, for instance, "I will speak with the patient about their medication adherence, and I will help clarify the patient's needs and how they fit with your recommendations." 		

5. Effective communication of proposed plan including follow-up recommendation.

The rater observes this after the BHC completes the patient consult. The rater is assessing for whether the BHC has efficient, confident, professional communication with the primary care provider.

	Score	Comments
1= Failed to demonstrate <ul style="list-style-type: none"> The BHC does not answer the consult question or gives a lengthy and jargon/detailed filled explanation of the findings. 		
2= Partial but sub-par demonstration		
3= Passing demonstration <ul style="list-style-type: none"> The BHC communicates their findings and explicit goals and recommendations to the PCP. The BHC uses short, declarative sentences to express their professional opinion about the findings. BHC makes actionable recommendations, for instance "at this point, the plan is see if increased socializing will improve the patient's mood." BHC is responsive to any clarifying questions asked. 		
4= Above average demonstration		
5= Superior demonstration <ul style="list-style-type: none"> Above and uses this as an opportunity to amplify the patient's voice/perspective in the treatment planning process, for instance, "the patient is more comfortable waiting on medication and increasing the amount of socializing s/he has been doing." 		

6. SOAP note logic is evident (e.g. S + O = A, therefore P)

	Score	Comments
1= Failed to demonstrate <ul style="list-style-type: none"> The note is poorly organized, for instance, S data is found in A, or A simply restates S and O and does not offer a professional opinion. The plan is vague and does not contain a "next step" recommendation. 		
2= Partial but sub-par demonstration		

The rater observes this after the BHC completes the patient consult. The rater is assessing whether the relevant data is present and whether it is sufficiently organized.

3= Passing demonstration <ul style="list-style-type: none"> Evidence of linking data from each element of the note The assessment is supported by data in the S & O. The plan is logically connected to the assessment. 		
4= Above average demonstration		
5= Superior demonstration <ul style="list-style-type: none"> The note is brief, clear and to the point. Anyone on the team who reads the note can easily and quickly understand the findings and outcome of the consult. 		

7. SOAP note assessment provides a clear opinion of why the patient is where they are and links approach to patient motivation.

The rater observes this after the BHC completes the patient consult. The rater is assessing whether the BHC demonstrates the ability to formulate a clinical opinion in the context of patient motivation.

	Score	Comments
1= Failed to demonstrate <ul style="list-style-type: none"> The note does not help the reader to understand the patient's current functioning or stage of change. 		
2= Partial but sub-par demonstration		
3= Passing demonstration <ul style="list-style-type: none"> The assessment contains a statement of clinical opinion that is connected to the current context of the person's life, for instance, "The patient's poor adherence with medication is driven by symptoms of depression." The assessment contains a statement of motivation grounded in stage of change language e.g. "The patient is in the contemplation stage of change and is therefore not ready to commit to substantial behavioral change." 		
4= Above average demonstration		
5= Superior demonstration <ul style="list-style-type: none"> Above and the assessment broadly educates the team about the diagnosis allowing for spread to similar cases, for instance, "the patient's thoughts are disorganized at this time, however, this is not unusual after exposure to acute trauma, and it is important to wait and reassess mental status in 2-4 weeks." 		

8. SOAP note language is concise and content includes information relevant to a medical chart.

The rater observes this after the BHC completes the patient consult. The rater is assessing whether the SOAP note is specific and detailed but not verbose and avoids extraneous details and data. This skill is focused on the use of language by the BHC and the selection of data for the record.

Score | Comments

<p>1= Failed to demonstrate</p> <ul style="list-style-type: none"> The note is overly detailed and contains information that does not add to an understanding of current functional challenges and recommendations. 		
2= Partial but sub-par demonstration		
<p>3= Passing demonstration</p> <ul style="list-style-type: none"> The BHC evidences writing ability that avoids unnecessary language and content that does not belong in a medical record. Each element of the note contains information that is relevant to the presenting problem and directs the team's understanding of the functional context in which the problem occurs. The note provides history that is relevant to the presenting problem, for instance "Recurring depressive episodes since adolescence requiring hospitalization as recent as last year." The plan reflects next steps in behavioral and outcome-specific terms; for instance, "the patient will attend church for the next two Sundays to see if reconnecting with her social and spiritual community improves her mood." 		
4= Above average demonstration		
<p>5= Superior Demonstration</p> <ul style="list-style-type: none"> Concise language is used to simply describe complex data in a manner that is accessible to all members of the healthcare team. Assign this score when the above criteria are met and there are no possible alterations to the note that could make it more concise or clear. 		

9. The Introduction: Effective and confident introduction which explains BHC role, highlights collaboration with PCP and medical team, explains that BHC will be charting in the record and discussing all findings with PCP for optimal care.

	Score	Comments
<p>1= Failed to demonstrate</p> <ul style="list-style-type: none"> No orientation to the role of the BHC, the reason for the consult, and expectations related to time, focus and sharing of information with the medical team. 		
2= Partial but sub-par demonstration		
<p>3= Passing demonstration</p> <ul style="list-style-type: none"> BHC addresses the patient in a culturally respectful manner using a confident tone of voice. The BHC's introduction efficiently covers their role and relationship to the medical team and patient care. The BHC clearly states that the information shared during the consult will be documented in the medical record in order to assure whole-person care. 		
4= Above average demonstration		

The rater is assessing whether the BHC demonstrates a clear, confident and practiced introduction to their role that informs but does not overwhelm the patient.

<p>5= Superior demonstration</p> <ul style="list-style-type: none"> All of the above plus evidence of intangible elements in the introduction that begin the consult with a professional tone and connection between patient and BHC. (Example: All the content of the introduction is present and the patient's and BHCs non- verbals show signs of a relaxed, working attitude nearly immediately.) 		
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10. Effective transition to functional analysis/ contextual interview (e.g. close ended or specific question).

The rater is assessing whether the BHC demonstrates the ability to direct the conversation to a targeted and functional aspect of the patient's life while integrating the patient's concerns and needs.

	Score	Comments
<p>1= Failed to demonstrate</p> <ul style="list-style-type: none"> The BHC does not direct the focus of the consult and may instead start with highly open-ended questions such as "So how are things going?" or "what's on your mind?" 		
<p>2= Partial but sub-par demonstration</p>		
<p>3= Passing demonstration</p> <ul style="list-style-type: none"> The BHC frames the target area for the consult and elicits the patient's understanding of why the consult was requested. The BHC asks whether the patient is in agreement that this is a priority target area. 		
<p>4= Above average demonstration</p>		
<p>5= Superior demonstration</p> <ul style="list-style-type: none"> The BHC integrates use of reflective statements that summarize the patient's priorities and compare/contrast them with the PCPs. 		

11. Functional analysis/ contextual interview that reflects a contextual understanding of the patients behavioral concern.

The rater is assessing whether the BHC elicits information about how the problem impacts the patient's daily life and keeps the patient from acting in concert with their core values and life priorities.

	Score	Comments
<p>1= Failed to demonstrate</p> <ul style="list-style-type: none"> The BHC quickly transitions to problem solving and does not gain understanding of the meaning and importance of change. The BHC elicits information about the patient's past and does not focus on the current context of the patient's life, for instance "tell me about your childhood, who could you count on for support?" 		
<p>2= Partial but sub-par demonstration</p>		
<p>3= Passing demonstration</p> <ul style="list-style-type: none"> The BHC transitions to asking the patient about the ways in which the identified problem area impacts their daily functioning, e.g.: How does your worry about your husband affect your ability to do the things that are important to you?" 		
<p>4= Above average demonstration</p>		

<p>5= Superior demonstration</p> <ul style="list-style-type: none"> • Above and BHC uses reflection to amplify the patient's values and change-talk. • BHC evidences clear use of change-talk and values clarification while performing functional analysis. 		
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12. Functional analysis/ contextual interview that reflects the patient's values and areas of high motivation

A wide context is considered (family, work, spiritual, health, recreation... as the BHC elicits information about the patient's priorities, values and areas of life that might drive change.

The rater is assessing whether the BHC engages the patient in reflecting on the aspects of life that hold importance as a strategy for enhancing motivation to change

	Score	Comments
<p>1= Failed to demonstrate</p> <ul style="list-style-type: none"> • BHC avoids or does not address patient values or motivational elements 		
2= Partial but sub-par demonstration		
<p>3= Passing demonstration</p> <ul style="list-style-type: none"> • BHC elicits patient data on their values and what is important to them related to their healthcare concerns and/or life issues 		
4= Above average demonstration		
<p>5= Superior demonstration</p> <ul style="list-style-type: none"> • BHC elicits the above and is able to reframe, reflect or restate these values in a way that engages and affirms the patient 		

13. Functional analysis/ contextual interview that is engaging for the patient and shows evidence of motivational interviewing core concepts (vs. an interview)

- The BHC asks more open-ended questions than close ended questions.
- The BHC attends to change talk and strategically uses reflection and summary to move the conversation towards change.
- The BHC respectfully builds discrepancy between values and conflicting behavior choices.
- The BHC expressed curiosity and elicits the patient's curiosity about their behavior choices.

The rater is assessing whether the BHC demonstrates ability to use motivational interviewing skills to embed the issue of behavior change into a context of values and importance

	Score	Comments
<p>1= Failed to demonstrate</p> <ul style="list-style-type: none"> • BHC does not attend to patient motivation but may simply provide advice 		
2= Partial but sub-par demonstration		
<p>3= Passing demonstration</p> <ul style="list-style-type: none"> • BHC uses change talk to elicit values and develops a conversation that leads to specific goals 		
4= Above average demonstration		
<p>5= Superior demonstration</p> <ul style="list-style-type: none"> • Above and the BHC's use of motivational interviewing is so fluid in the consult that the patient appears to be driving the consult goals and moving towards a plan 		

14. **Effective integration of any medication-related and medical diagnosis concerns** (e.g. exploration of adherence issues, discussion of patient openness to psychotropic medication for target symptoms, patient understanding of medical diagnosis).

- The BHC discusses medication and/or physical health concerns as part of the exploration of the patient agenda or plan and/or as part of the discussion with the primary care provider
- Demonstration of this skill can be brief in nature (brief mention) and is dependent on the case evolution during the simulation. In other words, absence of need to integrate this knowledge based on the case evolution should not be counted against the BHC.

The rater is assessing whether the BHC can think about and Integrate knowledge related to medications and physical health diagnoses as they impact a patient's overall functioning.

	Score	Comments
1= Failed to demonstrate • BHC avoided or ignored medication or physical health data.		
2= Partial but sub-par demonstration		
3= Passing demonstration • BHC noted medication or physical health data verbally.		
4= Above average demonstration		
5= Superior demonstration • Above and the BHC integrated the medication and/or physical health data seamlessly into the consult in such a way that communicates competence to the patient and expands the conversation.		

15. **Effective and seamless transition to problem formation/ problem solving**

- The BHC pivots effectively from gathering data in the functional analysis to engaging the patient in developing a plan of action.
- This skill emphasis is on the transition from functional analysis to problem solving, not necessarily the problem solving itself.
- Demonstration of this skill may involve a transitional statement ("It seems as if we have defined the problem pretty well. I wonder if we can start generating some ideas about how we can make things better.") or may be slightly more nuanced, but the end result is adequate engagement of the patient in moving from describing their situation to thinking about solutions or different approaches.
- An aspect of the efficiency component of this skill is leaving adequate time for problem solving.

The rater is assessing the BHC's ability to move from gathering information in the functional analysis portion to engaging the patient in generating solutions.

	Score	Comments
1= Failed to demonstrate • The BHC does not transition at all to problem solving or skips right to it without a transition		
2= Partial but sub-par demonstration		
3= Passing demonstration • The BHC verbalizes a turn to problem-solving or goal-setting in such a way that is demonstrably acceptable to the patient.		
4= Above average demonstration		
5= Superior demonstration • Above and the BHC demonstrates intangible elements or excellent integration of change talk when ushering the patient into a brainstorming mode or goal setting.		

16. Problem is well defined and collaboratively agreed upon by BHC and patient

- The BHC clearly articulates, using summary statements or other clarifying or reflective statements, the nature of the problem that the patient is interested in working on or at least has identified to address in the present consult
- Some assent to work on the problem is provided by the patient, explicitly or implicitly
- An example may include: "So, what I am hearing is that you would like to take your medication more consistently but that you have some ambivalent feelings about taking it and that you find it hard to remember. Is that right?" & "Is this something we can work on in the next 10 minutes?"

The rater is assessing whether the BHC demonstrates the ability to use motivational interviewing strategies such as summary statements and empathic reflection to gain assent on a problem definition and assent to work on the problem.

	Score	Comments
1= Failed to demonstrate • BHC fails to verbally define the problem or main issue of the consult or fails to reach this definition with patient input		
2= Partial but sub-par demonstration		
3= Passing demonstration • BHC verbalizes the nature of the problem and this definition coincides with something acceptable to the patient		
4= Above average demonstration		
5= Superior demonstration • Above and BHC actively checks in with the patient related to the problem definition and uses motivational interviewing language to address any discrepancy.		

17. Generation of solutions or ideas matches the patient stage of change

- The BHC generates ideas or possible solutions with the patient evidencing, through verbal communication and through choice of ideas, an understanding of the patient current stage of change.
- This item focuses on the process of generation of ideas only, not the final formulation of a plan.
- An example of a statement a BHC might say demonstrating this competency includes: "So, given that you are not likely to start training for a marathon based on the fact that you have not been getting out much for the last 6 months, I wonder if we could come up with some ideas for how to take small steps to get out of the home more frequently?"

The rater is assessing whether the BHC demonstrates the ability to generate ideas or engage in a motivational conversation that are not beyond the patient's capacity for change or conversely too easy or minimalistic for the patient.

	Score	Comments
1= Failed to demonstrate • BHC failed to match patient stage of change		
2= Partial but sub-par demonstration		
3= Passing demonstration • BHC generated solutions and used change talk commensurate with patient stage of change		
4= Above average demonstration		
5= Superior demonstration • Above and the BHC demonstrated skills in either restraining an overly ambitious patient or successfully transitioning a contemplative patient to some action with observable patient agreement		

18. Plan of action is collaboratively generated and agreed upon and is clear to BHC and patient.

- The BHC generates ideas for a plan in such a way that appears tolerable to the patient and that involves patient ideas and assent
- The plan is definable and measurable (measurement need not imply sophisticated tracking such as walking THREE times per week but rather indicates that the plan minimally can be assessed as having been done or not done at future visits)

The rater is assessing whether the BHC demonstrates the ability to formulate a plan that is acceptable to the patient at a minimum and ideally that involves significant patient input and is well matched to patient stage of change.

	Score	Comments
1= Failed to demonstrate • BHC fails to either generate a plan or fails to elicit agreement		
2= Partial but sub-par demonstration		
3= Passing demonstration • BHC verbalizes a plan and elicits basic agreement from the patient.		
4= Above average demonstration		
5= Superior demonstration • Above and BHC demonstrates skills in preparing the patient for failure (relapse prevention) or preps the patient for key contingencies.		

19. Effectively integrates the use of screening/ outcome tool(s) into the consult

The rater is assessing whether the BHC reviews and shows evidence of using the data provided by the screening or outcome tool as appropriate to the consult. This item can vary across ratings based on the patient presentation, but at a minimum the tool should be reviewed and it should be reasonable to assume that it was on some level part of or at least not contradictory to the case conceptualization.

	Score	Comments
1= Failed to demonstrate • BHC fails to review and make any mention of or integrate any data (or misses key information) from the tool		
2= Partial but sub-par demonstration		
3= Passing demonstration BHC reviews and demonstrates suitable and effective use of the data provided by the tool		
4= Above average demonstration		
5= Superior demonstration • BHC demonstrates above and uses the tool to guide future treatment related to evidence based protocols for the tool		

20. Efficient chart review (e.g. does not impede care team workflow; generally less than 5 min)

- Time of completion is what is being observed in this item
- This is a PASS/FAIL item only eligible for a score of 5 or 1.
- The rater times and observes the BHC reading the chart
- In order for passing mark to be observed the BHC needs to attempt to read the chart

The rater is assessing whether the BHC demonstrates the ability to review a medical chart in a timely fashion.

	Score	Comments
1= Failed to demonstrate • BHC took longer than 5 minutes to review the chart or did not review the chart at all (and it impeded flow)		
NA		
NA		
NA		
5= Passing demonstration • The BHC reviewed the chart in under 5 minutes and/or did not impede flow with excessive chart review		

21. Efficient consult (e.g. 15-30 minutes)

- This is a PASS/FAIL item only eligible for a score of 5 or 1.
- The consult is completed (from the time a BHC walks into the exam room to the time the BHC walks out) within 20 minutes.
- Content of the consult is not being judged in this item.
- Too little time spent with the patient is not being judged in this item.
- The rater can use their own judgment relevant to the case to determine whether the BHC met criteria (e.g. if simulated patient disclosed suicidality and the consult is extended the BHC may still meet efficiency criteria or if the consult is efficient but just goes over the 30 minute mark the rater may still judge passing grade).

The rater observes this after the BHC completes the patient consult. This is a PASS/FAIL item only. The rater is assessing whether the BHC can demonstrate an awareness of time in primary care flow and complete a consult within 20 minutes.

	Score	Comments
1= Failed to demonstrate • The BHC took longer than 30 minutes in the consult room with the patient and there was not a need to judged by the rater		
NA		
NA		
NA		
5= Passing demonstration • The BHC completed the consult in under 30 minutes • Assumes a consult that could be judged to be complete by patient and observer (from introduction to problem solving)		

22. Efficient SOAP Note completion (e.g. around 10 minutes; generally less than 15 minutes)

- This is a PASS/FAIL item only eligible for a score of 5 or 1.
- Time of completion is what is being observed in this item.

The rater observes this after the consult is over and is reported on by the BHC. The rater is assessing whether the BHC demonstrates the ability to complete a SOAP note in 10 minutes or less.

1= Failed to demonstrate • SOAP note completion over 15 minutes		
NA		
NA		
NA		
5= Passing demonstration • Completion of SOAP note in under 15 minutes • Assumes a complete note with writing in each section		

23. Efficient verbal contact with primary care provider

- Pace is what is being observed in this item, not content
- This is a PASS/FAIL item only eligible for a score of 5 or 1.
- Pace should be sufficient to move the conversations with the PCP along quickly while maintaining good rapport

The rater is assessing whether the BHC demonstrates awareness of the need for brief, well-paced curbside consultations.

1= Failed to demonstrate • BHC spoke too slowly, took too much time in conversing with PCP. The debrief could be seen to impede flow.		
NA		
NA		
NA		
5= Passing demonstration • BHC pace of discussion with PCP • Demonstrates understanding of need for efficiency. Did not impede flow.		