Appendix 1.Interview Script

CFC Team Meeting Interview Guide

Introduction
Read consent script and obtain verbal consent from participant to video record the interview before proceeding. Verbalize that the participant agreed to the recording once you have started recording. Introduce the project –The purpose of this interview is to evaluate team functioning during multidisciplinary craniofacial center team meetings. This interview is meant to be semi-structured and open ended. The interview should take 30 – 45 minutes.

What is your discipline/role within your team:
Years in that role:
What would you describe as the primary role of the team meeting?
What factors are most important to the success of the team meeting?

Logistics
What disciplines are represented on your team?

How frequently does your team meet?

What has been the medium of your meetings for the last 6 months? (in-person, virtual, combo?) And for a year ago?

On average, how long are your team meetings and how many cases are discussed per meeting?

Does one discipline/person lead the meeting or is there an alternating lead?

If anything, what slows down your meetings?

How are the team's recommendations communicated to the patient/family? *(face-to-face, phone, written, combination of above?)*

Case Presentations
How are case presentations ordered? By appointment time, complexity, or other?

Describe a typical case discussion in your team meeting. *(ex – standardized order of info presented?, disciplines that contribute?, radiographs displayed?, etc.)*

For the following questions please consider the usefulness of presenting the info during the team meeting:
 • What portions of the patient's history is important to present?
 • What psychosocial factors are important to present?
 • Is it important to present the patient/family's *opinions* on progress and/or treatment?
  o Does your team routinely elicit these opinions and how so?
 • When is it important to display radiographs?
 • Anything else important to present?

What is most important for your discipline to present on every patient during team meetings?

Do you have any suggestions to improve patient presentations?

Decision-making
How do multidisciplinary team meetings affect the quality of clinical decisions?

Are there times when sub-optimal decisions are made? Why do you think this happens?

Generally, what factors does your discipline consider in decision-making regarding a patient's treatment plan?

How are patient preferences incorporated into the team discussion?

How much of decision-making happens outside the meeting?

What could be improved about the way decisions are made in your team meetings?

Team Processes
What is the atmosphere like in your team meetings and what do you think creates this atmosphere?

How do different professional groups interact in the team? Is the input of each discipline weighted equally?

How does diversity among your team members affect case discussions?

What happens when people disagree?

How does a team member's absence affect decision-making during the team meeting?

Can you think of anything that would improve team functioning during your team meetings?

Community Support
For the following questions consider the patient's community support system – local care providers, teachers, friends, family, etc..

How does your discipline interface with the patient's community/local resources?

How does the team promote the understanding of, and sensitivity to, the needs of patients with craniofacial differences to the patient's support system?

Is there a place for input from the patient's community support system in team meetings?

Videoconferencing
Do you prefer the video conferencing format to face to face meetings when social distancing is required? To face to face meetings when social distancing is not required? Why/why not?

How does video conferencing affect communication, negatively or positively, compared to face to face meetings?

If not mentioned in answer above - Do any problems with the videoconferencing technology occur and affect your meetings? *(Can you give examples?)*

Closing
Is there anything you would change about your team meetings?

Appendix 2.1 Self-Evaluation Instrument for Optimal Multidisciplinary Craniofacial Meetings: Case Evaluation Guide – created based on responses from interviewees. Intended to evaluate and improve individual case discussions during craniofacial team meetings.

Self-Evaluation Instrument for Optimal Multidisciplinary Craniofacial Team Meetings: Case Evaluation Guide		
Case Presentation		
History	**Current Context**	**Guiding Goal/Specific Question**
☐ Age ☐ Primary diagnosis ☐ Significant medical history including underlying syndrome(s) ☐ Craniofacial procedures + other pertinent surgical history if present ☐ Any intervention requiring revisions/takeback ☐ Any intervention performed outside of current institution ☐ Concerns from last visit	☐ Current stage of development/phase of care ☐ Current patient/family concerns ☐ Current symptoms and related studies to review ☐ Brief intro to major psychosocial considerations (financial hardship, geographic difficulty with treatment adherence, surgical trauma)	☐ Ex: Does this patient need speech surgery now or further optimization of medical interventions? ☐ If known, provide perspective on the guiding goal/specific question ☐ *Displayed photo of patient and/or family during presentation if available*
Case Discussion		
Patient Perspective	**Psychosocial Context**	**Allied Health Updates & Recommendations**
☐ Preferences and values ☐ Concerns ☐ Opinion on progress and treatments thus far	☐ Social considerations such as barriers to care, geographic challenges, etc. ☐ Psychiatric considerations such as diagnoses, surgical trauma, etc. ☐ Current or upcoming significant life events (i.e. tournament, parents divorcing, etc.) ☐ Relevant input from patient's support system (teachers, faith system, counselors, etc.)	☐ Care received since last clinic visit and/or team meeting *For each allied health discipline on the team ☐ Review of relevant physical exam, labs, imaging, studies ☐ Any local provider progress or recommendations ☐ Recommendation to address current symptoms/progress through current phase of care

Case Discussion Cont.		
Medical Updates & Recommendations	**Surgical Updates & Recommendations**	**Dental Updates & Recommendations**
☐ Medical care received since last clinic visit ☐ Review of relevant physical exam, labs, imaging, studies ☐ Any local provider progress or recommendations ☐ Recommendation to address current symptoms/progress through current phase of care	☐ Surgical care received since last clinic visit ☐ Review of relevant physical exam, labs, imaging, studies ☐ Any local provider progress or recommendations ☐ Recommendation to address current symptoms/progress through current phase of care	☐ Dental care received since last clinic visit ☐ Review of relevant physical exam, labs, imaging, studies ☐ Any local provider progress or recommendations ☐ Recommendation to address current symptoms/progress through current phase of care
Case Summary	**Comments**	
☐ Clear and concise verbalization of plan including final plans from all disciplines; giving attention to the sequence and timing of recommended treatments ☐ Verbalization of how the proposed plan interfaces with the patient perspective ☐ Team has considered how plan will be communicated to family & local care providers		

Appendix 2.2 Self-Evaluation Instrument for Optimal Multidisciplinary Craniofacial Meetings: Meeting Evaluation Guide – created based on responses from interviewees. Intended to evaluate and improve individual craniofacial team meetings as a whole.

Self-Evaluation Instrument for Optimal Multidisciplinary Craniofacial Team Meetings: Meeting Evaluation Guide		
Team Dynamics	**Discussion Leader**	**Virtual Format**
Team displayed most of the following behaviors throughout the meeting: ☐ Established welcoming environment by encouraging all to participate ☐ Remained engaged while others contributed to discussion ☐ Demonstrated some enjoyment in participating ☐ Exhibited respectful communication ☐ Handled criticisms/disagreements in a professional manner ☐ Maintained efficiency ☐ Sought diverse opinions to contribute to group discussion ☐ Demonstrated some understanding and gratefulness of the roles fulfilled by colleagues ☐ Team members displayed preparedness by appearing to have reviewed cases prior to meeting, brought and knew how to display relevant supplemental media (radiographs, video, etc.), anticipated absentees adequately communicated recommendations to present team member	**Lead efficient discussion:** ☐ Provided organized and concise presentation ☐ Focused the meeting on patient specific concerns (discouraging discussion of administrative concerns or academic and social minutia not contributing to patient care) **Encouraged equality among disciplines:** ☐ Encouraged all disciplines to contribute ☐ Prevented any one team member from dominating the conversation ☐ Established environment where all felt comfortable expressing their opinions ☐ Recognized and shut down minimization of other disciplines	**Team optimized the virtual format by displaying most of the following behaviors:** ☐ Optimized how they are displayed: camera on and framed to have the participant's head and shoulders centered in view, room lighting supports view of participant's face, professional background (measures taken to use a neutral background with use of virtual background or blur feature if necessary or preferred) ☐ Optimized their audio: sitting in close proximity to microphone, use of headphones if background noise is expected, adjusts volume on their own computer for other loud/quiet speakers but quickly comments in the chat if having difficulty hearing another speaker ☐ Technological mishaps did not appear to slow progression of the meeting ☐ Methods of nonverbal engagement (chat feature, icons) were utilized to facilitate a seamless flow of conversation (speaker periodically checks the chat and/or an individual may have been assigned to monitor the chat)

Team Dynamics Cont.	Discussion Leader Cont.	Virtual Format Cont.
Team avoided display of the following behaviors: ☐ Inequality among disciplines in contributing to discussion ☐ Multitasking during patient presentations ☐ Allowed one strong voice to dominate and dismantle healthy discussion ☐ Disagreements were minimized without addressing the issue ☐ Team dedicated excessive time to discussing a decision that could not be made without absent team member's input	☐ **Synthesized information and verbally summarized plan**	☐ Team appeared to be familiar with features of their web conferencing platform (mute/unmute easily, transfer of screensharing capability, optimizing view to see team members and presentation screen, etc.) ☐ Team members displayed active listening in the virtual format (gesturing, icons, chat comments)
Comments:		