Supplemental Digital Appendix 1

Interview Guide, From a Study of Interdisciplinary Team Processes and Outcomes, Faculty of Health, Medicine and Life Sciences, Maastricht University, the Netherlands, November 2017–March 2018

1. Why did you become a member of this teacher team?
2. How is your membership valued?
3. How does your teacher team work together in practice?
4. What do you consider important values in your teamwork process and why?
5. How would you describe leadership in your team?
6. How would you describe your feelings about change in your course or curriculum?
7. How do you feel about the support and facilities, provided by the organization?
8. Could you tell me about your role and task?
9. How do you feel about your capability of achieving the task successfully?
10. How do you feel about the team’s capability of achieving the task successfully?
11. To what extent does the team strive for the same outcomes?
12. How does the team get along?
13. To what extent do you feel a member of the team?
14. Do you feel comfortable to speak against the status quo and why?
15. Do you feel dependent on the team to achieve the task successfully and why?
16. To what extent does the team feel responsible for the outcomes and why?
17. To what extent are the outcomes influenced by your personal background?
18. What kind of team interactions do you undertake, can you give examples? (see vignettes)
19. When do conflicts take place?
20. How do you feel about working in interdisciplinary teacher teams?
21. What could be improved or would help you in interdisciplinary teacher teamwork?
22. What do you consider a difference with respect to other teacher teams that you are in?
Supplemental Digital Appendix 2

Vignettes, From a Study of Interdisciplinary Team Processes and Outcomes, Faculty of Health, Medicine and Life Sciences, Maastricht University, the Netherlands, November 2017–March 2018

Vignette 1
Today, the teacher team members are discussing an educational case focusing on pneumonia. The coordinator, who works in the physiology department, indicates that the following needs to be discussed: the clinical symptoms, most common pathogens, and treatment associated with pneumonia, the latter in terms of both medication and surgery. The respiratory physician, surgeon, microbiologist, and anatomist agree and share what they know and think about these topics.

Vignette 2
Today, the teacher team is discussing an educational case focusing on pneumonia. The coordinator, who works in the physiology department, indicates that the following needs to be discussed: the clinical symptoms, most common pathogens, and medicinal treatment associated with pneumonia. The surgeon adds that the surgical treatment needs to be included as well, because medicinal treatment does not always suffice. The respiratory physician recognizes this problem and notes that it is indeed good to introduce students to the surgical treatment of complicated pneumonia at an early stage. The block planning group decides to have the surgical treatment options included in the learning objectives as well.

Vignette 3
Today, the block planning group members are tasked with discussing an educational case focusing on pneumonia. The coordinator, who works in the physiology department, indicates that the following needs to be discussed: the clinical symptoms, most common pathogens, and treatment associated with pneumonia. The microbiologist observes that the various types of antibiotics should therefore be repeated now. In addition, the surgeon points out that the surgical treatment needs to be included as well, because medicinal treatment does not always suffice. The respiratory physician disagrees with both, because, as he argues, first-year students should only learn about the regular treatment in cases of uncomplicated pneumonia. The microbiologist agrees to discuss only the antibiotics against the most common pathogens. Reinforcing his view, the surgeon stresses that there won’t be any next case in which
the surgical treatment options of pneumonia can be discussed. All members of the block planning group therefore agree with the final decision to include the symptoms, most common pathogens, and the medicinal as well as surgical treatment associated with pneumonia.

a. Do you see any differences in this situation?
b. If you translate the situations to your block planning group, could you indicate which situation you recognize and give an example?
c. What do you think makes such a level of discussion possible? / Why is it not possible to discuss the issue or issues at greater length? You might consider the questions that were just posed, but other (facilitating/inhibiting) factors might also play a role.
## Supplemental Digital Appendix 3

**Information Per Team Member, From a Study of Interdisciplinary Team Processes and Outcomes, Faculty of Health, Medicine and Life Sciences, Maastricht University, the Netherlands, November 2017–March 2018**

| Interview | Team approach | Educational background | Professional discipline | Formal role | Team composition (Total number of teachers: number of clinicians, biomedical scientists, social scientists) | Experience current team (years) |
|-----------|---------------|------------------------|-------------------------|-------------|--------------------------------------------------------------------------------------------------|--------------------------------|
| 1         | Framework-guided | Traditional           | Biomedical scientist    | Member      | T 5 C 0 B 3 S 2                                                                 | 2                              |
| 2         | Integrated     | Traditional           | Clinician               | Member      | T 4 C 1 B 3 S 0                                                                 | 7                              |
| 3         | Fragmented     | Traditional           | Social scientist        | Coordinator | T 4 C 0 B 1 S 3                                                                 | 3                              |
| 4         | Integrated     | PBL                   | Biomedical scientist    | Coordinator | T 5 C 0 B 3 S 2                                                                 | 3                              |
| 5         | Framework-guided | Traditional           | Clinician               | Coordinator | T 5 C 4 B 1 S 0                                                                 | 3                              |
| 6         | Integrated     | Traditional           | Social scientist        | Coordinator | T 5 C 0 B 0 S 5                                                                 | 3                              |
| 7         | Integrated     | Traditional           | Biomedical scientist    | Coordinator | T 4 C 1 B 3 S 0                                                                 | 1                              |
| 8         | Integrated     | PBL                   | Social scientist        | Member      | T 7 C 0 B 1 S 6                                                                 | 3                              |
| 9         | Integrated     | Traditional           | Social scientist        | Member      | T 4 C 0 B 1 S 3                                                                 | 3                              |
| 10        | Integrated     | PBL                   | Biomedical scientist    | Vice-coordinator | T 5 C 0 B 4 S 1                                                                 | 3                              |
| 11        | Framework-guided | Traditional           | Social scientist        | Vice-coordinator | T 6 C 0 B 1 S 5                                                                 | 3                              |
| 12        | Integrated     | Traditional           | Biomedical scientist    | Member      | T 5 C 0 B 5 S 0                                                                 | 3                              |
| 13        | Fragmented     | Traditional           | Biomedical scientist    | Coordinator | T 5 C 0 B 4 S 1                                                                 | 2                              |
| 14        | Framework-guided | Traditional           | Biomedical scientist    | Vice-coordinator | T 5 C 1 B 4 S 0                                                                 | 2                              |
| 15        | Integrated     | PBL                   | Social scientist        | Member      | T 6 C 0 B 2 S 4                                                                 | 3                              |
| 16        | Integrated     | PBL                   | Clinician               | Coordinator | T 7 C 3 B 2 S 2                                                                 | 3                              |
| 17        | Integrated     | Traditional           | Clinician               | Member      | T 5 C 2 B 0 S 3                                                                 | 2                              |

Abbreviations: PBL, problem-based learning; T, teacher; C, clinician; B, biomedical scientist; S, social scientist.