

Adapted version of the MDT-MODE: Rating scale for the quality of decision-making processes in MDTMs

Tumor board specialization:

Date:

Nr. of participants:

Place:

Start time:

End time:

#	Information						Team processes				Outcome		Free text	Min/ case
	History	X-ray	Co-morbidity	Palliative case (0/1)	Psy/Soc	Patient view	Nr. of contributions	Chair	Team	Uncertainty	Y/D/N	Nr. of recommendations		
1														
2														
3														
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18														

Quality of case history („history“)	5	Fluent, comprehensive case history: Listing of name, age, major health problem, family diseases, medications	Quality of radiological information (“x-ray”)	5	Radiological images were shown and discussed during case discussion
	3	Partial case history		3	Radiological information from a report/account
	1	No case history		1	No provision of radiological information
Quality of information on comorbidities (“comorbidity”)	5	Comprehensive first-hand knowledge of past medical history or performance status Listing of further diseases	Palliative case (0/1)	0	The case was not explicitly defined as palliative
	3	Vague first-hand knowledge or good second-hand knowledge of past medical history or performance status		1	The case was explicitly defined as palliative
	1	No information on of past medical history or performance status			
Quality of psychosocial information („Psy/Soc“)	5	First-hand knowledge and detailed consideration of information on patient's personal and social circumstances: - profession - marital status, children - living arrangements First-hand knowledge and detailed consideration of patient's psychological issues : - psychological problems - family problems - psychological disorders	Quality of information on the patient's views (“patient view”)	5	Comprehensive knowledge and detailed consideration of patient's wishes or opinions regarding treatment: Someone who has met the patient presents their views/preferences/holistic needs
	3	Vague first-hand knowledge or good second-hand knowledge of patients' personal circumstances, social and psychological issues		3	Vague first-hand knowledge or good second-hand knowledge of patient's wishes or opinions regarding treatment
	1	No information on patients' personal circumstances, social and psychological issues		1	No information on patient's wishes or opinions regarding treatment
Quality of MDTM chair behavior („chair“)	5	Good leadership enhanced team discussion and decision making: - Leader encouraged full participation of all team members - Showed assertive behavior - Demonstrated ability to resolve conflict - Monitored and coordinated contributions of team members	Quality of team behavior (“team”)	5	Good communication between team members: - Open and inclusive team discussion - Offering of constructive criticism - Climate of respect and equality, harmony within the group - Team engagement - Group cohesion (more than group of individuals)
	3	Leadership neither enhanced nor impeded team discussion and decision making		3	Communication between team members neither good nor poor
	1	Poor/inadequate leadership impeded team discussion and decision making: - Interrupted team members or behaved in a disrespectful manner - Participated reluctantly - Avoided conflict - Leader could not be identified		1	Poor communication between team members: - Reluctant contributions of team members - Interruption of team members - Destructive team discussion - Hostile climate and disharmony within the group - Poor team engagement and group cohesion
Medical and treatment uncertainty during the case discussion (“uncertainty”)	5	Team members showed medical and treatment uncertainty about best treatment decision	Recommendation reached? (“Y/D/N”)	Y	Clear recommendation about treatment(s) was offered
	3	Some medical and treatment uncertainty about decision was shown, but decision for one option seemed clear		D	Recommendation was deferred to next MDTM
	1	Team members seemed to have same opinion regarding treatment decision, no further treatment options mentioned		N	No recommendation or recommendation unclear
Number of active participants (“Nr. of contributions”)	Number of active participants contributing to the discussion		Number of recommendations	Number of treatment recommendations	
Minutes per case (“Min/case”)	Minutes spent on discussing each case		Free text	Additional observer comments	