Title: Excerpts from focus group data set

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Description: This dataset includes data collected from a focus group involving 3 participants who were lecturers on a skills based education programme that incorporated the Situated Cognition Learning theory (SCLT). It took place following analysis of individual interviews from student participants who had experienced a skills based education programme based on the principles of SCLT. It will be of interest to researchers engaging in data collection of focus groups within the research fields of social science, nursing, midwifery and education. It directly correlates to research based on practical skills and also research associated with the SCLT.

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The first theme generated was evaluation of the teaching interventions based on the principles of SCLT. Within this theme, participants highlighted the following subthemes which had positive effect on their learning. I will read each out individually. Can you discuss your opinions of the same?

1. **Online resources: for class preparation, videos for practice, OSCE preparation**
2. **Simulated practical sessions, felt very real, skills lab mimicked clinical environment, they thought as if they were at work, safe environment where they could safely make mistakes. Could practice skill and develop non-technical skills especially as they were practicing on real people and not mannequins**
3. **Role playing the nurse/midwife and patient, developed empathy skills, communication skills. They were aware of own practice and made them think about their approach to their patients. Some were reluctant to participate due to never being a patient themselves and not wanting be the centre of attention.**
4. **Access to experts, clarify queries, confirmed practice, identified, and**

alleviated wrong practice. Lecturer seen as facilitator, supporter, lecturer, and assessor

5. **Collaboration within the group; peer support, storytelling, learn from each other, facilitated reflection of their practice**

L001: So, the combination of online and in class was really dependent on whether they actually watched the online videos pre class. Those who did, definitely brought more to the class, if that makes sense, they certainly were able to hit the ground running and get stuck in pretty much straight away. But those maybe who didn't always watch it before they rocked up to the practical that would definitely be a big point of note, I suppose, that I would have noticed. I don't know about anybody else.

L002: I found the whole online piece, that's the biggest worry people have about undertaking the programme, just what I thought. And I found that over the years, we found that the best thing was to get everybody into the lab and get them to see Moodle and get them to be able to log in. And once they got over that fear, that hurdle, the rest of it then seemed to be plain sailing in terms of… the biggest fear to me was technology, and once that was overcome, they were able then to enjoy the rest of the programme, if that makes sense. That would be what I would have said about it.

L.003: Well certainly in the OSCEs, it was like a real clinical environment, and they acted in a very professional manner. The element of mimicking came in and they introduced themselves So the majority of people, did approach it in a professional way

L 002: I actually felt that, from a professional point of view, at the OSCE level, they're actually more professional that they probably would be in a clinical environment. So, they were coming in and very much, hello, I'm going to be your nurse today, this is what we're going to do. Whereas, they may not necessarily be that professional in the working environment. So, it was really nice to see even that engagement and that level of learning.

L001: When they're working with a real person, they actually work better than if they were working with a mannequin in the bed. A real person seemed to have a better

impact on the OSCE, it was a more real scenario. Do you remember we used to do it to mannequins, and… it's very noticeable, whether you do it on a real person or a mannequin – it's noticeable, much more authentic.

L002: And just back to your question earlier about watching the videos, I think it annoyed some of the students, that some of them had watched the videos before they came into class, and other ones wouldn't. And sometimes we've had to recap what was on the video and students – I think it put other ones off watching the videos, because they thought, if we're going to recap the whole thing anyway, there's no need for us to watch the videos. So, there was that difficultly sometimes. I suppose, it's a lot easier to have a video where you can… you're demonstrating a skill, and you can give the rationale, rather than doing it in the classroom environment. Where, you may be stopping to answer one question for one person, then moving on and then going back and forward. So, I thought it was quite good, actually.

What were your thoughts in their views on having the Access to experts, clarify queries, confirmed practice, identified, and alleviated wrong practice? Lecturer seen as facilitator, supporter, lecturer, and assessor and then Collaboration within the group; peer support, storytelling, learn from each other, facilitated reflection of their practice

L002: You could see where people were more experienced and better able to do an assessment, and the other one was learning from them. And it was very obvious, you'd some very experienced people who are very, very good at the assessments, and the other student… you see, sometimes they actually paired up quite well in that regard, you would you have a very experienced person and a maybe a less… someone less confident or less experienced, and they seemed to learn a lot from the other one. But just when I'm here, just with the videos, one thing I found about the videos is that, when you're watching American video, the accent can get a bit annoying and grating on you, and it can be a bit cheesy. Whereas, if you've got Irish videos, they seem much more real, because there's Irish people in it, Irish nurses, Irish assessments, and there is all of that, it's not even a culture thing. But just that they're more real than watching a Bates video, I thought.

L003: Yeah, I found from being a student on a similar course, and then looking at how the students are now learning with the Irish videos, I would have loved to have something like that, because Bates completely confused me when I was a student. I would have been quite junior trying to figure this out at the time. And then I was coming back into the classroom, and I was really, really, really heavily relying on the lecturers to tell me what was actually going on – I could not get my head around Bates. Whereas, I think as you were saying, if you have that Irish video, in the setting that they're familiar with, with the faces that they're familiar with, it makes it a lot much… I suppose it's a lot more approachable for them, really, isn't it?

L001: I think they're able to identify better with it, it's just a better reality, and it's just more authentic. I definitely feel see that a lot in the class, where you'd nearly stand back and watch them nearly debating something between themselves, maybe a part of the assessment or, oh no you do it this way or this way, or what about that. And they were learning from each other, definitely learning from each other. And then it would be can you just clarify this. So definitely, it was more in a practical, classroom setting, I definitely felt more like a facilitator, or almost somebody as a sounding board, so to speak, so that they were learning from each other, definitely all the time sounding things off each other. And then it was like, So, a lot of the learning went on in that small group, or in that pair. And as the lecturer, you were nearly definitely more of a sounding board facilitator, rather than, no, this is the right way or this is the wrong way. Which is always great to see. And I could hear them debating, you could always hear them debating things, or what about this, or is it not this, and then they'd go off to the book or they'd come back and discuss it with each other. So, definitely a lot of learning went on in that environment. And definitely the experienced versus the non-experienced, it definitely helped. And I think they felt more comfortable debating it amongst themselves sometimes as well, having that chat between themselves, maybe certainly in the early classes when they're still sussing out the maybe in the beginning, sort of, maybe that whole question, like oh gosh, is this a silly question to ask, or will I look silly if I ask that question. Where, it was easier to maybe debate it together and question it together, rather than sort of sometime feel a little bit silly maybe asking. But that, maybe when got to know us a little bit more or realised that it was a good, relaxed learning environment, that they could ask what they considered to be silly questions or clarify bits and pieces. But there's definitely a whole lot of learning going on

altogether, all the time in the classroom. In the practical classrooms, definitely. And it felt like a good, easy learning environment, as opposed to a very staunch structure if that makes sense.

L002: As a student, they quickly knew there were different levels of experience in the room and how to use that different levels of experience and the junior students would question the more senior peers which was a great way to add to their knowledge in a non-threatening manner.

Another theme generated was the teaching interventions effect on clinical skill development. Three subthemes were generated which again I would like for you to discuss.

1. **Ability to perform the skill. Students believed simulated practicals, OSCE assessment, video resources and feedback facilitated their ability to perform the skill. They felt the skills lab made it real and practicing on a person made it more real. They said the skills lab environment made them feel they were at work and so made them think professionally.**
2. **The OSCE allowed them the insight as to how they would perform the skill. Feedback was essential for skills development as it confirmed their practice but also guided when wrong practice occurred or when areas for development was identified**
3. **Application to practice: Simulated practice and replicating the OSCE allowed them the ability to directly apply skills to practice. The simulated practicals consolidated theory and practice and as both were discussed students felt they understood theory and practice**
4. **Building confidence. Students said they had increased confidence to apply both theory and practical skills acquired into clinical setting. They said they were confident in escalating care and discussing patients with their colleagues. Some said they felt more confident dealing with emergencies due to the simulated practice**

L001: As someone who is working with nurses who have completed this course daily I can see the difference in their ability to apply the skills to practice but also their confidence levels. There's a huge difference between those guys who've done the

course, and a number of the people who've done this course in DKIT have come and ended up in ICU as well. And it makes a huge difference even with interview, they can link what the theory to the practical, and then explain it in an interview the benefits of doing the course. It makes a huge difference, you can see it massively in their practice, being able to explain and rationalise their care and have the confidence to participate in the MDT

L002: I have a particular staff member who did the course, I think he would have been six months qualified, and he was one of the first group the course with the videos that we had made. And then he happened to come to ED, with a group of, I think there's five or six of them. And it's interesting, because when I look at the five or six people that would have come with the same level of experience, he's the one that has moved up into that kind of middle group, going up into the senior group, as we'd be calling it now. He's the one doing triage, he's the one moving in resus because he has that basic knowledge that the other guys just don't have.

But it's not just a theoretical edge, they can actually put it into practice as well. It's when they're in the interview and they're coming for the interview before they even start, they can explain the deteriorating adult better, and understand what… because what we want to know, are you safe, what are you going to do, how are you going to do it, why are you going to do it – and they get it, I definitely see that.

Two of the things came out of it was the link between theory and practice, and two of the things that they said was, the OSCE and the case study, because the case study reflected a patient that they looked after in the clinical area, they felt that they were able to apply the theory, the knowledge, both theoretical and practical, straight into practice. They felt the OSCE mimicked through assessment. And the case study was based on albeit one specific assessment, but they had the confidence to apply that knowledge and incorporate the assessment into their practice. The other thing was, that they felt much more confident within the team setting, because they felt that they were able to do a more in-depth assessment, not even the whole assessment but even aspects of the different assessments. And they felt more a part of the disciplinary team, as a result of that.

L002: Yeah, I would definitely, definitely see it with our FAST positive patients that are coming in, for example. So, instead of a nurse just knowing how to do face, arms, speech and time, I can now see that the staff that would have come through this course, are actually doing a proper neurological assessment and are able to even identify things like posterior that we may not have necessarily been recognising before. Because I know typically FAST positive, they're coming in with unsteady gait, they're coming in with blurred vision and things like that. And I now have staff that I never would have expected to pick up these signs and symptoms, that are picking them up because they know what a neurological assessment actually is now.

L001. And I would see that then with, particularly in the critical care setting, the respiratory assessment. They get it, they get it from the beginning, whereas those who haven't done the course, you're explaining the rationale and how to do it, where to put the stethoscope and why you're doing it. They just more intuitive nearly for them, because they have that knowledge already. As opposed to… and even the ventilator, because they come to critical care, they're like, oh my god, this ventilator this ventilator and they're all obsessed with the ventilator. And those who have done the course, it's not that they're blasé, it's not that, but they get the principles about it much quicker.

Another theme generated was the effects on learning achievement. Six subthemes emerged from this which I would like you to discuss. I will read each separately

1. Assessment: OSCE and case study linked a real experience to the knowledge and skills learned in the programme. They believed they were able to systematically assess their patients based on the skills learned. They could transfer skills directly into practice through replicating their OSCE experience. OSCE approach made them think professionally
2. Feedback was informal during classes and formal post OSCE. They believed informal encouraged skills development, confirmed practice, and eliminated wrong practice but also enhanced skills such as communication and empathy skills
3. Reflection was ongoing. They said the simulations were an opportunity to reflect of their practice and reflect on their approach to their patients. The case study

also reflection of their knowledge and practice

4. Resources: Video resources were described as invaluable for learning. The health assessment videos prepared them for what would happen in class, could practice at home. The OSCE preparation videos gave them an insight into what to expect in an OSCE especially for those who never previously experienced an OSCE
5. The combination of theory and practical classes assisted with their learning. They said it gave them an opportunity to clarify any queries, be supported in their skills development. Classroom based days enabled them to see how theory and practice linked together.

L003: It is great to hear that it's not just the practical skill they are developing but also their communication skills.

L001: I think when you look at, from the OSCE point of view when you're using a student as the patient, rather than a sim, and you see patient dignity, and they actually really, really understand the patient dignity. Whereas before, they would have exposed them and not even thought about it. And potentially, they might be doing that in practice, if the patient is really, really unwell. But now that they've been that patient, they completely understand what patient dignity actually is. And I think there's a newfound respect for it as well.

L002: Yeah, and it's almost like accidental learning nearly, in a very positive way, in that they're, exactly that, realising, oh, I was on the receiving end of this and I don't want it to be this way, or I don't to be a second thought, which is great.

L001: It's so good to hear that, because it's certainly not an element I ever would have thought of, because there's always that bit of fun in the skills lab, when someone is a patient and someone is a nurse. In the skills lab it's more relaxed, and they feel they can make mistakes but it won't directly affect patient care and fix it before actually

applying it to the real setting. Then when they are in the clinical setting, maybe it's something that they do more intuitively then, to mind someone's dignity and respect, and that it's another person you're dealing with, rather than if it's a mannequin, it hasn't the same reality to it.

L003: But you can talk in a lecture setting or in a class about empathy and dignity, and things like that, and we all know the right answers and we all know what should be done and all I'm not making them flippant at all. But actually, when you flip it on its head a little bit, and actually put somebody in that position, the reality of it takes over. And I suppose, it's wonderful to hear it, as opposed to sitting there going, oh this is dignity and this is respect and this is what we should do. But when they're actually doing it, makes a huge difference.

L001: I know from the stroke simulation, when we do the debriefing afterwards, one of the things that the student will always bring back is, if they've been the patient for stroke, as well as not being able to talk and not being able to express their feelings, the various conversation is happening around them. And have a newfound respect for what you're actually saying at the patient's bedside, and what the patient can actually hear. That's something that we would have brought back, human factors that we're looking at, at the moment within a resus area. And it's very interesting to see the students actually even learning that point, the human factor point of it.

The final theme generated was the overall experience. Two subthemes were revealed. These were the blended learning approach and the SCLT based teaching interventions effects on their learning experience. I welcome your thoughts on these.

1. Blended learning
   Participants stated that blended learning was a suitable approach to learning and the layout of the programme provided them with flexibility, accessibility, and good time management with regards to work, personal commitments, and study. They recommended that the combination of online and face to face was a suitable approach as it gave an opportunity to practice but get clarification on any queries.
2. The main challenge was with the technology and accessing the resources.

They suggested the induction day and time spent in computer lab was beneficial. What are your thoughts on this?

3. The teaching interventions adopted added to their experience. The focus being the combination of theory and practical classes in combination with the online resources. The resources gave them insight to the actual skill, helped them prepare for the classroom days and then the classroom-based days consolidated all. They said role play, simulated practice and working together all made for a positive learning experience

L001: Blended learning offers flexibility and reduces pressure to get a day off every week which is a way to encourage staff to enrol on CPD programmes

L003: With the online work involved it is important that they are motivated. If they're not motivated the likelihood is, they won't engage with the online videos in particular so they'll be at a disadvantage in the face-to-face classes. I felt the students who came across as being enthusiastic were those, you knew had watched the videos, came to class prepared and showed an eagerness to learn.

L001: With regards the resources it was obvious that those who watched the videos and did the preparatory work brought more to the class. They were able to hit the ground running. Those who didn't, struggled to keep up with the others. Though, I think they only did that once or twice as they realised, they were losing out by not watching the videos beforehand

L002: I felt students liked both online and face-to-face contact. You could see learning taking place in the classroom. But, I also saw the experience as a social experience for them as well because new friendships formed during the programme.

L003: I found over the years the technology was a big worry for students. By getting them into the computer lab on the first day to access the Moodle platform reduced

their anxieties. If they couldn’t connect, our IT technician could sort it on the day and was available to support throughout the programme. Once that fear was overcome, they felt at ease to enjoy the programme itself.