**Appendices**

Appendix A

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| **Comparison of Year 1, term 1 case characteristics across academic years (AY)** | | | |
|  |  | **AY 2018-2019**  **n** | **AY 2021-2022**  **n** |
| **Cases** |  | 12 | 10 |
| **Age (years)** |  |  |  |
| <1-5 |  | 2 | 1 |
| 6-12 |  | 0 | 0 |
| 13-18 |  | 2 | 1 |
| 19-65 |  | 7 | 6 |
| >65 |  | 1 | 2 |
| **Gender** |  |  |  |
| Male |  | 10 | 5 |
| Female |  | 2 | 5 |
| Non-Binary |  | 0 | 0 |
| **Ethnicity of patients and NOK** |  |  |  |
| **Total** |  | 13 | 12 |
| White British |  | 10 | 7 |
| White Other |  | 2 | 1 |
| Asian |  | 1 | 2 |
| Black African |  | 0 | 1 |
| Black Carribean |  | 0 | 1 |
| **Patient narrative** |  |  |  |
| Passive register |  | 9 | 3 |
| Active register |  | 3 | 7 |
| Thick descriptions |  | 4 | 8 |
| Stereotypical representation |  | 3 | 0 |
| Upstream factors described |  | 1 of 4 | 5 of 5 |
| **Doctors** |  |  |  |
| **Total** |  | 17 | 19 |
| **Gender** |  |  |  |
| Male |  | 11 | 7 |
| Female |  | 6 | 11 |
| Non-binary |  |  |  |
| Unstated |  | 1 | 1 |
| **Origins of name** |  |  |  |
| **Total** |  | 17 | 19 |
| Anglo-Saxon |  | 14 | 6 |
| European |  | 0 | 4 |
| South Asian |  | 1 | 5 |
| East Asian |  | 0 | 1 |
| Black African |  | 0 | 1 |
| Unnamed or unclear |  | 2 | 2 |
|  |  |  |  |
| **Allied Health care professionals** |  |  |  |
| **Total** |  | 11 | 14 |
| Paramedic |  | 0 | 1 |
| Radiographer |  | 0 | 1 |
| Physiotherapist |  | 1 | 2 |
| PA |  | 0 | 1 |
| Counsellor |  | 0 | 1 |
| HCA |  | 1 | 1 |
| Medical student |  | 0 | 2 |
| Nurses |  | 9 | 5 |
| Named |  | 2 | 13 |
| **Allied professional role description** |  |  |  |
| Thin description |  | 9 | 5 |
| Thick description |  | 1 | 7 |

Appendix B

Semi-structured Interview Guide for Medical students

**Information (prior to interview)**

*Hello, my name is* …*Thank you for agreeing to take part in today’s interview, as part of a study looking at the cases used for PBL and CBL. The interview should take no longer than 30 minutes. There are topics which I will ask about, but overall, the interview follows no strict structure, and we can be guided by our discussions. Please avoid using any patient or personal identifiable information when discussing your experiences.*

*Can I confirm you have read the participant information sheet sent to you before the interview? If you have any questions about the study and what the interview involves, please feel free to ask me at any time. Can I also confirm you have completed the consent form to participate in this interview? Just to remind you, the interview will be recorded and deleted once it has been transcribed after 7 days from today. There will be no identifiable data on the final transcription, which will be stored in a secure folder.*

*Do you have any questions?*

*Thank you, are you ready to start the interview?*

\*follow-up questions in italic will be asked if they are appropriate in the context of individual interviews

1. Think back to the first term of your first year, can you talk me through your experiences of case-based learning?

1. This study explores what you thought of the human story and characters in CBL, rather than the learning about clinical science

1. Did you think the patient character and story in the CBL case was authentic and reflected real life?

*Prompts: What made this a positive/negative experience? Patient story? Patient background?* Were they inclusive? Do they encompass a multi-professional community?

1. Did the stories help you understand what different healthcare professionals do?
2. Can you think back and recall any positive/negative experiences with using the cases?

*Prompts: What made this a positive/negative experience? Patient story? Patient background?* Were they inclusive? Do they encompass a multi-professional community? Any dehumanising factors (e.g., objectification, isolation, loss of journey)?

1. Did you feel the patient and healthcare professional characters represent the community around you?

*Prompts: Any patient groups/populations that you felt were not represented?*

1. Did anything surprise you about the cases used for CBL?

*Prompts Why? How did that make you feel?*

1. Is there anything you feel could be improved with the human stories and characters in the cases?

Appendix C

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| --- | --- |
| **Theme** | **Quote** |
| **Effective learning** | *“So CBL I’m sure that a lot of people would agree that CBL is a very good way of putting together what you’ve learnt in the week to make connections. And develop the skills that you’re going to need as a future healthcare practitioner at an earlier stage in your life as a first-year medical student and then you carry on doing that... a really good way of really cementing the information, making those essential synoptic sorts of links between the different areas that you cover.” Participant 2* |
|  |
|  | *“It's active learning, definitely, which is great for students in helping them consolidate their information. Honestly, CBL overall, I think it's great.” Participant 3* |
|  | *“Yes, I like the small group settings. At first, I found it difficult in small groups as you don’t know people so it can be quite awkward, but when you realise that different people have different strengths, they come from different degrees and like different thoughts and backgrounds it makes you can draw from them. You can learn from them and it's back once you get to know people a bit better. I feel like you can really start to help your peers and stuff, so I really like that.” Participant 11* |
|  | *“It's not really improved that much, so overtime like at the start barely anyone was talking, and now it's still kind of the same thing whenever questions asked, no one really speaks up, but after like 5 or 10 seconds where no one speaks someone eventually just says something, but I think the group dynamic is a little bit quiet for now.” Participant 15* |
| **Clinical authenticity** | “*I didn’t realise the amount of things or aspects you have to consider as a doctor, because CBL is essentially putting you in the shoes of a doctor and you have to make all this.” Participant 1* |
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|  |  |
|  | *“CBL was a good representation of reality. I think, oh right, we had a lot of, in CBL, we had a lot of the, in the result section, like all the blood tests that they do, there’s always this section where they calculate the risk score, like NEWS2 score, and fever, pain...” Participant 5*  *“We saw, I think, in our first week, a motorcycle accident, which was really great because I actually ended up seeing that today when I was in the ICU. I saw somebody who had had a motorcycle accident.” Participant 3* |
|  | *“But it’s because you’re not used to, you know people die. But it’s just like you’re a doctor so you might think that you can save everyone, or you think everything’s a happy fairy-tale ending, but it really isn’t.” Participant 2*  *“But most of the cases were mostly optimistic. And they’re really gratifying to read as medical students and healthcare professionals, because you find that the patients are going to be always nice to you, always going to be understanding. But that’s definitely not the case from as far as I’ve seen from hospital experience. Because often patients are sometimes rude, which is completely understandable when you’re being treated.” Participant 8* |
|  | *“One of the other things that I could maybe feel like hasn't off the top of my head been represented perhaps. Is kind of the more the community side of medicine? And maybe how patients continue to be managed in the community as opposed to in the hospital or the GP practices.” Participant 11* |
| **Authentic human stories** | *“...so, I've done PBL before, and then it wasn't similar. I think I much preferred, I like having a story for the person. I think it makes it way more interesting. It's way more engaging..., even though it's not a real person, but I feel like you care about the person more.” Participant 7*  *“I think if the cases have a good story behind, like something that is interesting and stands out. Like for example I was talking about the lady who had a sense of self-discovery about her sexual orientation. I think that I definitely can remember more than any other cases because that was such an interesting and moving case to read, so you’re more likely to recall that treatment that disease as well.” Participant 5* |
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|  | *“And how, like anxiety presented these physical symptoms. And I remember when we were reading through the classes in our CBL session, our teacher was like, how many of you are like this, like this guy? And we were like, yeah, it's all of us. And and like in that sense, we could really relate to a character. It was like looking at our ourselves ...” Participant 14*  *“... when the doctors and the medical team acknowledged the patient’s concerns and then they felt more relieved, I think that’s really important. And I think that’s what would happen in a real scenario because obviously when you’re a patient and you’re vulnerable you want all your thoughts to be addressed...” Participant 8* |
|  | *“But then also some of the some of the more you know deeper parts of the stories. For example, when there was there was a lady in one of the in one of the cases who, um, she had the mentality of sink or swim, and it was about her kind of intrinsic beliefs about kind of cracking on.” Participant 11* |
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|  | *“I don’t think relating to the patient matters too much to me, I just want to be able to understand as much as possible from the cases and just be able to recall them if something like that comes up again. So, I don’t think relating for me matters too much.” Participant 8* |
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| **Role rehearsal: patient centredness** | *“So, you have to think about the communication side of things, and then there’s the knowledge side of things, and then you have to combine them both together to provide the treatment.” Participant 8*  *“So it was really emotional as well at the same time, I’ve never felt like that before, I don’t know why. I don’t really feel like that, but you connect with the patient at the start...” Participant 11*  *“And I think that's one of the things I really enjoy about medicine is your small part in someone’s story...” Participant 14*  *“I always found in CBL that it makes it more human and then you're kind of more empathetic and that that resonates with you because you're really, like, thinking about the character being a true patient and potentially someone you could see later down the line.” Participant 6* |
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|  | *“While the medical aspect of taking care of her remained the same, on a personal level you thought of different ways to bring up certain things that you had to tell her from a medical perspective, and I think that really helped to open up our minds.” Participant 1*  *“Going back to the placements that we’re on, I got to see these in application. So, you’d have two patients with exactly the same thing, but depending on their past medical history and the condition they’re currently in, that changes how you deal with things. And I think CBL really prepared well to face it in placement.” Participant 5* |
| **Role rehearsal: multi-disiplinary team** | *“Just because I’m a doctor, I’m the only one involved in their care, that is a very outdated way of thinking, in my opinion, because everyone is important in the multidisciplinary team, everyone has got their own job to do.” Participant 1* |
|  | *“You were introduced by a physician associate, which, I think, at the time, I wasn’t too sure what they did, but we discussed it in the CBL and that made it a bit clearer. And then also, I was on placement this week and I actually met one and saw how great they are.” Participant 4* |
|  | *“There were definitely lots and lots of professionals that I didn’t previously know about, such as PTs and OTs and haematologists. So I felt that CBL, it forced us to go through each of these professionals. And that just increased my respect for just everyone that was in the multidisciplinary team and how they work together.…that set off a good start to our placement as well.... And to the point where we were also able to put our own input to it. Oh you’re an OT, you help, I think you help patients with assisted technology like level-access showers...” Participant 5* |
|  | *“Um, I really like the case. The first emergency case especially bringing in paramedics as well… I thought that was a really good addition and it also brings in the healthcare professionals from outside the hospital, which I thought was a nice touch.” Participant 15* |
|  | *“I think as much as doctors and physiotherapists after all the procedures and stuff are important I think nurses spent the majority of the time taking care of the patients so I feel like maybe that should be discussed more. I’m sure nurses have come up before a lot, and especially at the starts, but they aren’t mentioned that much afterwards.” Participant 7* |
| **Role rehearsal: diversity** | *“I thought that including some of those characters that are more diverse definitely helps you think about that. It is so much more realistic. London is just so multicultural. I think what will be quite interesting to have potentially as a CBL case is that, I know that certain religions, for example, or ethnic sects, they prevent you from having access to certain treatments.” Participant 3*  *“...because she was discovering herself, because she accepted the fact that she wasn’t straight. And it was nice to see that those a change, and not a heteronormative sexual orientation is displayed in CBL cases.” Participant 8* |
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|  | *“I think one of the more interesting things is whenever someone's reading out the case, pronouncing the name is such an important thing. I think just because someone like me as well, I have a pretty hard to pronounce his name. And we as a group often make like a conscious effort to pronounce the patients name properly. And it's that's an important thing in clinical practice. You know, just showing basic respect by pronouncing a name properly. It might seem like a like a basic thing, but so many people don't do it.” Participant 14*  *“Honestly, I’ve seen cases of quite a wide range. If we’re thinking about it, not really from an ethnic point of view, but I think it would have been nice to have a case of dealing with someone with either Asperger’s or special needs.” Participant 1*  *“So that was a very interesting thing that came up. And I was like, oh, okay. So different races are more predisposed to different things. The fact that different races, depending on how the community is formed, that can increase your risk to some diseases. So that was cool.” Participant 5*  *“Yes, I think that’s definitely a reality that for example people from that background have a greater risk, I think that’s something really realistic and something you really have to take into consideration. But also, it’s important to look at it from the outside ignoring all lifestyle factors and just looking objectively.” Participant 8* |
| **Themes with exemplar verbatim quotes** | |