

APPENDIX 1: CODING SHEET

BEME Early Experience review What does early experience contribute to the basic education of health professionals?

First coder	Tick	Second coder	Tick	Arbitration? Describe
Albert		Sonia		
John				
Steve		Tim		
Valmae				

1. Citation information

Author []
 Year []
 Reference ID# []

Before coding, please confirm the study fulfils our inclusion criteria

		Yes	No	?
1	Was it an empirical study? The authors provided some evidence of verifiable, observational data			
2	Does it fit our definition of experience? Authentic (real as opposed to simulated) human contact in a social or clinical context that enhanced learning of health, illness and/or disease, and the role of the health professional			
3	Was the experience early? In what would traditionally have been regarded as the preclinical phase, usually the first 2 years			
4	Was the health professions training in question 'basic'? The first phase of professional training, be it undergraduate, postgraduate, or non-graduate			

2. Research Methods

Research Design

- 1 Non-comparative
- 2 Comparative; non-randomised; sequential
- 3 Comparative; non-randomised; parallel
- 4 Comparative; randomised
- 5 Review/meta-analysis
- 6 Other (describe)

Enter more than one code if more than one method was used:

Code	Comment (optional)

Data

- 1 Informal opinions of staff
- 2 Informal opinions of students
- 3 Formal evaluation by staff (quantitative or rigorous qualitative)
- 4 Formal evaluation by students (quantitative or rigorous qualitative)

- 5 Student assessment
- 6 Student behaviour (in non test situation)
- 7 Patient outcomes
- 8 Other (describe)

Enter codes for as many of the above as apply:

Code	Comment (optional)

3. Aims/Intended Learning outcome of Early Experience

Enter each goal of the study as a separate item in the table below.

In the first column, code the item as:

- 1 Aim
 - 2 ILO
 - 3 Unclassifiable
- (Do not allocate more than one code per item)

In the second column, code the item as:

- A Knowledge
 - B Skill
 - C Attitude
 - D Behaviour
 - E Other/unclassifiable
- (Do not allocate more than one code per item. If an item is a compound of more than one outcome, enter the item again for each additional code)

Code 1-3	Code A-E	Item

4. The Intervention (please describe using free text)

What was the intervention?

- 1 Not stated
- 2 Stated

Please describe in detail, including frequency and duration of exposure

Code	Description

What was the control condition?

- 1 Uncontrolled
- 2 Controlled

Code	Description

Where did it take place?

- 1 Not stated
- 2 Stated

Code	Description

At what stage in basic education did it occur? (eg Semester Year etc)

- 1 Not stated
- 2 Just Y1
- 3 Just Y2
- 4 Both
- 5 Other (describe)

Code	Description

Were students supervised?

- 1 No supervision
- 2 Supervision

Code	Description

Was it compulsory or voluntary?

- 1 Compulsory
- 2 Voluntary

Code	Description

5.The Learners

Number of Subjects

Intervention Group

N	Comment (optional)

Control Group

N	Comment (optional)

Profession; if you select Professions allied to medicine please specify

- 1 Medicine
- 2 Dentistry
- 3 Professions allied to medicine

Code	Profession, if PAM

6. Outcomes

Please identify all outcomes of early experience. Each outcome should be coded in exactly the same way as the ILOs, entering the item repeatedly if it matches more than one outcome code. In addition, please code the Kirkpatrick level pertaining to that outcome, and the strength of evidence pertaining to each outcome.

Outcome code

- A Knowledge
- B Skill
- C Attitude
- D Behaviour
- E Other/unclassifiable

Kirkpatrick level

Level 1 . Participation - covers learners views on the learning experience, its organization, presentation, content, teaching methods, and aspects of the instructional organization, materials, quality of instruction)

Level 2a . Modification of attitudes / perceptions - outcomes here relate to changes in the reciprocal attitudes or perceptions between participant groups toward intervention / simulation

Level 2b . Modification of knowledge / skills - for knowledge, this relates to the acquisition of concepts, procedures and principles; for skills this relates to the acquisition of thinking / problem-solving, psychomotor and social skills

Level 3 . Behavioral change - documents the transfer of learning to the workplace or willingness of learners to apply new knowledge & skills.

Level 4a . Change in organizational practice - wider changes in the organizational/delivery of care, attributable to an educational program.

Level 4b . Benefits to patient / clients - any improvement in the health & well being of patients/clients as a direct result of an educational program.

Strength

It would be possible to have a strong study with low impact, and vice versa. Strength equates with critical appraisal and is a statement of your confidence that the results of the study are credible. Having considered:

- The study design
- The way the study was performed
- The data analysis

Rate the study:

- 1 No clear conclusions can be drawn; not significant
- 2 Results ambiguous; there appears to be a trend
- 3 Conclusions can probably be based on the results
- 4 Results are clear and very likely to be true
- 5 Results are unequivocal

Textual description of the outcome	Code for outcome	Kirkpatrick level	Strength

7. Comments or guidance for the Review Group

Please enter any information that will be helpful when we come to pull together the results and might include comments on:

- Results
- Methods
- Strengths and weakness of the study

Appendix 2: Set of citations that were important and strong enough to be informative

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Appendix 3: Set of citations that were not important and/or strong enough to be informative

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