



Supporting Information

Supplementary table

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Pennell CE, Kluckow H, Chen SQ, et al. Live-streamed ward rounds: a tool for clinical teaching during the COVID-19 pandemic. *Med J Aust* 2020; doi: 10.5694/mja2.50765.

Findings from the anonymous voluntary Qualtrics online survey

	1	2	3	4	5	
	Strongly agree (n, %)	Agree (n, %)	Neither agree nor disagree (n, %)	Disagree (n, %)	Strongly disagree (n, %)	Total (n, %)
Comparing "live-streamed ward rounds" to traditional face-to-face ward rounds, the streamed plus simulated ward round initiative provided:						
More specific fulfilment of my learning needs	2 (8.3%)	13 (54.2%)	6 (25.0%)	2 (8.3%)	1 (4.2%)	24 (100.0%)
A safer more encouraging learning environment	4 (16.7%)	10 (41.7%)	8 (33.3%)	1 (4.2%)	1 (4.2%)	24 (100.0%)
A more beneficial educational structure suited to my style of learning	2 (8.3%)	8 (33.3%)	10 (41.7%)	3 (12.5%)	1 (4.2%)	24 (100.0%)
More coverage and achievement of relevant detailed learning outcomes	3 (12.5%)	14 (58.3%)	4 (16.7%)	2 (8.3%)	1 (4.2%)	24 (100.0%)
An improved opportunity to apply my learning	4 (16.7%)	9 (37.5%)	6 (25.0%)	4 (16.7%)	1 (4.2%)	24 (100.0%)
More effective collaboration with peers which enhanced my learning	3 (12.5%)	13 (54.2%)	5 (20.8%)	2 (8.3%)	1 (4.2%)	24 (100.0%)
A better clinical learning experience	2 (8.3%)	3 (12.5%)	11 (45.8%)	5 (20.8%)	3 (12.5%)	24 (100.0%)
The live-streamed plus virtual case-based ward round combination should be kept in the curriculum in future, even when there aren't any physical distancing limitations	7 (26.0%)	12 (44.4%)	2 (7.4%)	4 (14.8%)	2 (7.4%)	27 (100.0%)