

### Appendix 3. Medical educators and registrars suggested enablers to delivering online education, with illustrative quotes

Theme	Illustrative quotes
<b>Initial FTF meetings to improve learning engagement, social connection and learning safety</b>	
MEs and registrars wanted to get to know each other, to 'strengthen' the group before moving to online education sessions.	From MEs: <i>If you're doing forming, norming, storming performance... if they've had the opportunity to form well, then you can take that group and transport that online and it works better faster. It doesn't ... mean... group that forms online can't perform ... it might take a little bit longer. [Female ME Regional]</i>
<b>Connection/icebreaker at start to improve learning engagement, social connection and learning safety</b>	
MEs used icebreaker activities each session for debrief, chat and fun. Registrars enjoyed this and found it supportive.  Logging in early to chat before the session commenced was also suggested.	From MEs: <i>... need time for just checking in with each other ... getting to know each other ... I don't think that that's a waste of time, especially if it's a new group that's forming. [Female ME Regional]</i>  <i>... about what's going on ... in their different settings ... my registrars ... in quite remote, tough environments, I find that particularly important. [Female ME Rural]</i>
<b>Having a moderator to improve learning engagement, social connection, content delivery, learning safety and technology</b>	
An additional moderator and/or technical support person was needed for effective use of the chat box for questions and answers.	From MEs: <i>So, it's really a must ... and you're trying to do, with a small group learning framework, which is all about interaction, that you have somebody monitoring the group. [Female ME Regional]</i>  From registrars: <i>Things I wanted to clarify ... our moderator ... said she'd get back to me or ask the medical educator and would email me back. [Female GPR Rural]</i>  <i>... one or two senior medical educators and an admin/IT person ... for us to call if we had issues ... so troubleshooting all the logistics IT issues. [Female GPR Rural]</i>
<b>Flipped classrooms improve learning engagement and content delivery</b>	
Having registrars present cases for discussion.	From MEs: <i>... you make the learners into the teachers to keep them engaged ... there's two of them ... do a case presentation on a topic that we have selected so that there is a curriculum backbone to it. [Female ME Rural]</i>  From registrars: <i>... everyone would have their opportunity to bring up things to discuss in case-based discussions, which again, was, I think useful. [Male GPR Rural]</i>
<b>Smaller groups improve learning engagement, social connection and learning safety</b>	
Ideal group size of 4–6 attendees was suggested, or more if two MEs split into two smaller groups.	From registrars: <i>I think group size makes the difference ... ACRRM has limited their group size to six, which is a good number, you can ... see the screen and ... get to know those people over time ... and you get a feel for ... personalities. [Male GPR Rural]</i>
<b>Breakout rooms may improve learning engagement, social connection and content delivery</b>	
Breakout rooms are seen to replicate small group work.	From MEs: <i>... the main thing I wanted ... was ... to talk to each other and to stimulate the positive emotions that come out of catching up with your peers. [Female ME Urban].</i>

Table continued on the next page.

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### Appendix 3. Medical educators and registrars suggested enablers to delivering online education, with illustrative quotes (Cont'd)

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#### Theme

#### Illustrative quotes

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#### ME skills and confidence with technology to improve learning engagement, content delivery and technology

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From registrars:

*I think had my medical educator not been experienced or hadn't done the distance registrar job for ages, it would have been quite awkward to generate the camaraderie and the comfort. [Female GPR Rural]*

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#### Recording OLL sessions for asynchronous learning to improve content delivery

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From registrars:

*I wished more sessions were recorded ... would be at the worst possible time ... you might not make ... handy to be able to go back, and often. [Female GPR Rural]*

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#### Shorter more frequent OLL for learning engagement, content delivery and learning safety

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From MEs:

*But you can only really do this for two hours and then you zone out. So we'd do them a lot more frequently and I think maybe that was helpful having that opportunity to check in every two weeks during a worldwide pandemic. [FG1]*

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ACRRM, Australian College of Rural and Remote Medicine; FG, focus group; FTF, face-to-face; GPR, general practice registrar; IT, information technology; ME, medical educator; OLL, online learning

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