

Supplemental Digital Appendix 1

Faculty Interview Guide From a Study of the Relationship of Current Medical School

Assessment Strategies and the Promotion of Caring Behaviors 2015–2016^a

Question	Probes/Prompts
What type of a role do you think medical schools should have in developing caring and compassionate students?	
How much of an influence do you believe faculty role models have in developing caring and compassionate students?	
There is a saying that assessment drives learning. Based on your experiences, how do you feel about this statement?	<p>Why do you feel this way?</p> <p>If this is true, should caring/compassion be assessed?</p> <p>How should it be assessed?</p>
Do our current assessments reflect a desire for medical students to develop caring and compassionate behaviors?	If not, what are the reasons for this?
In which parts of the third-year program do you think caring and compassion are most often assessed?	<p>A specific course?</p> <p>Clerkship rotations?</p> <p>The iOSCE?</p>
What are some of the challenges related to assessing caring and compassion?	How do you navigate these challenges?

When students are preparing for an OSCE, what do you think they focus on?	Do caring and compassion enter into the studying process?
Which aspects of students' performance do you think are most often assessed in clinical performance evaluation comments?	Are caring and compassion ever included in these comments? If no, why not? If yes, do you think this may encourage residents to be more caring and compassion in subsequent evaluations?
What aspects of "professionalism" are most often assessed on the professionalism evaluation form?	Do you think caring and compassionate behaviors are included? Why or why not?
Beyond these formal methods of assessment (clinical performance evaluations, iOSCE, professionalism evaluation), do you think caring/compassionate behaviors are rewarded or penalized in other (informal) aspects of the course?	Why or why not?

Abbreviations: OSCE, objective structured clinical examination; iOSCE, integrated objective structured clinical examination.

^aParticipants were faculty in the medical school at the University of Toronto, Toronto, Ontario, Canada.

Supplemental Digital Appendix 2

Student Focus Group and Interview Guide From a Study of the Relationship of Current Medical School Assessment Strategies and the Promotion of Caring Behaviors 2015–2016^a

Question	Probes/Prompts
Is the third-year clerkship course what you thought it would be like?	Why or why not?
When studying for exams, how do you decide what is important or what counts the most?	How are you preparing for the iOSCE?
Do you feel clinical exams (such as an OSCE) are authentic compared to what you have seen in the “real world” of medical practice during clerkship?	
How does what you learned in preclerkship help you in clerkship?	
Tell us about how you learn caring and compassion in medical school.	Does anyone teach you how to be caring and compassionate in medical school? Does role modeling influence how you learn caring and compassion?
Day to day, during clerkship, how would anyone know whether you are or whether you aren’t compassionate towards your patients?	Where would it get picked up?
Has an assessment or piece of feedback ever encouraged you to change your behavior?	

What types of things get commented on in your ward assessments?	
Do you think U of T selects medical students with a natural disposition to caring?	Why or why not?
Do we have to evaluate something for medical students to think it's important?	

Abbreviations: OSCE, objective structured clinical examination; iOSCE, integrated objective structured clinical examination; U of T, University of Toronto.

^aParticipants were third-year medical students at the University of Toronto, Toronto, Ontario, Canada.