S3. Experience of preparedness post-simulation session.			
Categories	**Themes**	**Number of codes (respondents)**	**Example quotes**
Experiences of simulation during undergraduate learning	Real-world learning	20 (11)	"In clinical school we didn't get anything like this. It would have been really helpful. Exams and lectures focused on very specific things whereas these scenarios were very open-ended"- Participant 1
	Not-realistic	4 (4)	"Simulations will always bring extreme or classic cases, but there is a lack of 'in-between' cases where the diagnosis is not so clear cut" - Participant 5
	Working under pressure	9 (7)	"Simulations involving real people are scary, your heart is genuinely pounding. It's a great mimic of doing things for the first time" - Participant 7
	Putting theory into practice	9 (8)	"Easy to go over in your head what to do, but different when experiencing this in scenarios." - Participant 9
Challenges during sequential simulation	Independent practice	7 (6)	"I have never been given the chance to manage a case by myself then handover to someone else" - Participant 5
	Answering the bleep	6(6)	"This simulation was better as I got to practice using the bleep. It also felt more realistic with the multiple scenarios and bleeps. I had to learn to prioritise task and when to delegate a task" - Participant 4
	Prioritisation	10 (7)	"Previous scenarios have been conducted with interruptions after each scenario. This is the first time doing multiple scenarios concurrently" - Participant 3
	Escalation	7 (6)	"In terms of urosepsis I didn't know when to refer to reg. It's hard to take it all in from the notes and then call someone else about them." - Participant 1
	Creating management plans	10 (7)	"I have had a lot of learning how to examine / history-taking. But I have had very little of once you have found the diagnosis what do you do now?" - Participant 12
	Lack of exposure to unwell patients	16 (10)	"I didn't really get to practise approaching deteriorating patients as a medical student" - Participant 4
Negative feelings of preparedness and undergraduate learning	Lack of decision making	6 (6)	"It would have been helpful to have had the chance to see patients on the medical take during medical school. Take a history, formulate a plan, and present this to someone." - Participant 7
	Teaching too theoretical	24 (11)	"Exams and lectures focused on very specific things whereas these scenarios were very open-ended" - Participant 1
	Variability in shadowing	9 (7)	"Very dependent on the type of day and the doctors on the ward. It's very challenging to get anything out of the day if the junior and senior are unable to give you any teaching" - Participant 2
	Pre-clinical structure	7 (6)	"I wish we got on the wards earlier, I think it would have been really helpful to have seen people we could have modelled ourselves on from an early stage"- Participant 7
	Lack of protected clinical teaching	9 (5)	"As a medical student, the busier the ward the less I was able to get out of the experience" - Participant 6
Positive feelings of preparedness and undergraduate learning	Self-directed learning	6 (6)	"Self-directed learning whilst on firms and then making that learning firm specific was most useful. Most of medical school students learning is done by self-teaching" - Participant 7
	Teaching by junior doctors	13 (9)	"Clinical supervisions given by junior doctors who had the time to give proper teaching really helped me prepare to become a doctor" - Participant 6
	Clinical placements	14 (8)	"Attending clinical placements was most useful in preparing me for seeing acutely unwell patients, particularly A&E and GP where I felt I had a defined role" - Participant 8
	Lectures	3 (3)	"Lectures, tutorials and online zoom sessions prepared me most for the theoretical parts." - Participant 6
	Virtual Reality	6 (5)	"The VR scenario was helpful; I used the learning and plan-making skills I developed through it" - Participant 5
	Small-group teaching	9 (7)	"I think the teaching fellows were so worthwhile and really, really helpful." - Participant 12