Supplementary Materials

Study Questionnaire

Peer-Led BLS Training Questionnaire

Thank you for agreeing to take part in this study assessing confidence and willingness to perform basic life support (BLS) skills. By completing this questionnaire, you are providing your consent to take part in the study and for the researchers to access limited personal data related to your student number. Please see the participant information sheet for further information. We hope your participation will help improve basic life support (BLS) teaching for medical students.

BLS means training in cardiopulmonary resuscitation using a manikin. The RMD Bristol first-year training is a BLS Provider course. Completing this questionnaire should take less than 5 minutes.

Section 1 - Basic Information

1) Student Number

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2) Have you passed the RMD Bristol BLS Provider course assessment?

Yes ◯ No ◯ N/A (Pre-Course Questionnaire) ◯

Section 2 - Additional BLS Experience

3) Have you received any additional basic life support *training* other than the RMD Bristol BLS Provider course in the last 2 years?

Yes ◯ No ◯ If no, continue to question 6

4) If yes, what was this additional training? E.g. RMD Bristol Instructor Weekend, CPRiS Bristol training, other

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5) How many days of additional basic life support training have you received in the last 2 years?

1 day ◯ 2 days ◯ 3 days ◯ 4 days ◯ 5 or more days ◯

6) Have you been involved in *teaching* basic life support in the last 2 years?

Yes ◯ No ◯ If no, continue to question 9

7) If yes, what was this basic life support teaching? E.g. RMD Bristol, CPRiS Bristol, other

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8) If yes, how many basic life support teaching sessions have you been involved in, in the last 2 years?

1 session ◯ 2 sessions ◯ 3 sessions ◯ 4 sessions ◯

5 or more sessions ◯

9) Have you ever had to perform basic life support skills for real?

Yes ◯ No ◯

Section 3 – Confidence
Please rate your confidence in these BLS skills on a scale of 1 to 5:
1= Not at all confident; 2= Somewhat confident; 3= Confident; 4= Very confident; 5= Extremely confident

10) How confident are you in yourself carrying out the basic life support algorithm correctly and efficiently? I.e. Completing everything in the correct order and in appropriate time

	1	2	3	4	5	
Not at all confident	◯	◯	◯	◯	◯	Extremely confident

11) How confident are you in administrating effective chest compressions? I.e. performing these at the correct rate and depth, and in the correct position

	1	2	3	4	5	
Not at all confident	◯	◯	◯	◯	◯	Extremely confident

12) How confident are you at administering effective rescue breaths?

	1	2	3	4	5	
Not at all confident	◯	◯	◯	◯	◯	Extremely confident

13) How confident are you at administrating basic life support overall?

	1	2	3	4	5	
Not at all confident	◯	◯	◯	◯	◯	Extremely confident

Section 4 – Scenarios
Please read the following scenarios and indicate your response on the scale of 1 to 5:
1= Not at all likely; 2= Somewhat likely; 3= Likely; 4= Very likely; 5= Extremely Likely

Scenario 1: You are speaking to a patient on your own in hospital. The patient suddenly becomes unconscious and stops breathing. You alert the nurses who put out a crash call. How likely are you to start chest compressions with the nurses before help arrives?

	1	2	3	4	5	
Not at all likely	◯	◯	◯	◯	◯	Extremely likely

Scenario 2: You are in a café with some of your non-medical friends. A lady sitting at the table behind you collapses onto the floor. The staff go over to her and then call out for someone to help because she is 'not breathing'. How likely are you to volunteer to help?

	1	2	3	4	5	
Not at all likely	○	○	○	○	○	Extremely likely

STROBE Statement—checklist for cohort studies

	Item No	Recommendation	Page No
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	1&2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3-6
Objectives	3	State specific objectives, including any prespecified hypotheses	6
Methods			
Study design	4	Present key elements of study design early in the paper	6-8
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	6-8
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up (*b*) For matched studies, give matching criteria and number of exposed and unexposed	7-8
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7-10
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	7-10
Bias	9	Describe any efforts to address potential sources of bias	7
Study size	10	Explain how the study size was arrived at	6-7
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9-10
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding (*b*) Describe any methods used to examine subgroups and interactions (*c*) Explain how missing data were addressed (*d*) If applicable, explain how loss to follow-up was addressed (*e*) Describe any sensitivity analyses	9-10
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—e.g. numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	10-16
Descriptive data	14*	(a) Give characteristics of study participants (e.g. demographic, clinical, social) and information on	7

		exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Summarise follow-up time (e.g., average and total amount)	
Outcome data	15*	Report numbers of outcome events or summary measures over time	10-16
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence interval). Make clear which confounders were adjusted for and why they were included (*b*) Report category boundaries when continuous variables were categorized (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	10-16
Other analyses	17	Report other analyses done—e.g. analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives	16-19
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	19-20
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	20
Generalisability	21	Discuss the generalisability (external validity) of the study results	19-20
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	21

*Give information separately for exposed and unexposed groups.