



## **Student's Peer Physical Examination Experience Questionnaire (SPPEEQ)**

Please read the following Participant Information Statement before proceeding to the questionnaire

### **1. UNSW Medicine, Medical Education and Student Office Approval No (when available)**

#### **THE UNIVERSITY OF NEW SOUTH WALES**

#### **PARTICIPANT INFORMATION STATEMENT**

#### **Student's Peer Physical Examination Experience Questionnaire (SPPEEQ)**

You (i.e., the research participant) are invited to participate in a study of peer physical examination (PPE). We (i.e., the investigators) hope to learn what impact the student experience of PPE has on achievement in an assessment task that tests student ability to conduct simple physical examinations. You were selected as a possible participant in this study because you have recently completed Phase 1 of the UNSW Medical Program, in which PPE features.

If you decide to participate, we will anonymously link (i) the responses you provide to the following questionnaire to (ii) your P1 clinical skills examination numerical mark. Participation in the survey infers your consent for the investigators to use both data sets.

We expect the questionnaire to take approximately 10 minutes.

We believe no discomfort, inconveniences, risks or benefits are to be expected by participants. At no point will investigators be able to identify students who take part in this survey. The link between questionnaire data and assessment marks will be made by a third party and will be untraceable by the investigators. However, we do need to ask for your student number initially in order that the third party can make the match with exam data, before making it anonymous and passing on to the investigators.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, except as required by law. If you give us your permission by completing this questionnaire, we plan to discuss/publish the results in a report on this research for a Master of Education higher degree. An investigator will also write an article for publication in a suitable (medical) education journal and discuss findings at faculty meetings and medical/higher education conferences. The summary findings of this study will be made available to the medical program leaders to support any relevant curriculum development in the future. In any publication or discussion, information will be provided in such a way that you cannot be identified.

Complaints may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone 9385 4234, fax 9385 6648, email [ethics.sec@unsw.edu.au](mailto:ethics.sec@unsw.edu.au)). Any complaint you make will be investigated promptly and you will be informed of the outcome.

Results will also be disseminated to the student body at UNSW Medicine via newsletters and MedSoc. Your decision whether or not to participate will NOT prejudice your future relations with the University of New South Wales Faculty of Medicine and Medical Education Student Office. If you decide to participate, your consent will be inferred from completion and submission of the following questionnaire.

**If you have any questions, before or after completing the questionnaire, please feel free to ask me (Dr Silas Taylor, [silas.taylor@unsw.edu.au](mailto:silas.taylor@unsw.edu.au) 93852607). I will be happy to answer them.**

**You are making a decision whether or not to participate. Your completion and submission of the following questionnaire indicates that, having read the information provided above, you have decided to participate and consent to the use of information provided (anonymously, as described above) i.e. both questionnaire data AND your Phase 1 Clinical Skills Exam mark.**

**Do you wish to continue with the questionnaire?**

*Please pick one of the answers below.*

Yes

No

**2. Please enter your student number below, including the 'z' prefix.**

*Please write your answer in the space below.*

.....  
.....  
.....  
.....

**3. Your gender:**

*Please pick one of the answers below.*

male

female

**4. In relation to the 'average' student (whatever you consider that to be) do you think your outlook is:**

*Please pick one of the answers below.*

more conservative than average

within the range of average of conservative/liberal outlook

more liberal than average

**The following questions relate to your experience of PPE (when examining a male or female peer or being examined by a male or female peer) and how much it helped you improve your examination skills for various body parts and body systems.**

**5. How much did EXAMINING a MALE peer improve your physical examination skills for the following regions of the body or body systems?**

*Please mark the corresponding circle - only one per line.*

	A lot	Some	A little	None	I refused to participate	Did not have opportunity
Head/face e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ears (including ear canal with an auroscope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes (including with a torch) e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck e.g., LN exam, JVP, trachea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Front of chest e.g., CVS (not the breasts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back of chest e.g., RS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen e.g., GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin e.g., femoral pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms e.g., PNS, taking BP, MSAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees e.g., MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legs, feet e.g., PNS, PVS, MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. How much did BEING EXAMINED by a MALE peer improve your physical examination skills for the following regions of the body or body systems?**

*Please mark the corresponding circle - only one per line.*

	A lot	Some	A little	None	I refused to participate	Did not have opportunity
Head/face e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ears (including ear canal with an auroscope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes (including with a torch) e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck e.g., LN exam, JVP, trachea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Front of chest e.g., CVS (not the breasts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back of chest e.g., RS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen e.g., GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin e.g., femoral pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms e.g., PNS, taking BP, MSAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees e.g., MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legs, Feet e.g., PNS, PVS, MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. How much did EXAMINING a FEMALE peer improve your physical examination skills for the following regions of the body or body systems?**

*Please mark the corresponding circle - only one per line.*

	A lot	Some	A little	None	I refused to participate	Did not have opportunity
Head/face e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ears (including ear canal with an auroscope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes (including with a torch) e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck e.g., LN exam, JVP, trachea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Front of chest e.g., CVS (not the breasts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back of chest e.g., RS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen e.g., GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin e.g., femoral pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms e.g., PNS, taking BP, MSAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees e.g., MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legs, feet e.g., PNS, PVS, MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. How much did BEING EXAMINED by a FEMALE peer improve your physical examination skills for the following regions of the body or body systems?**

*Please mark the corresponding circle - only one per line.*

	A lot	Some	A little	None	I refused to participate	Did not have opportunity
Head/face e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ears (including ear canal with an auroscope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes (including with a torch) e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck e.g., LN exam, JVP, trachea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Front of chest e.g., CVS (not the breasts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back of chest e.g., RS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen e.g., GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin e.g., femoral pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms e.g., PNS, taking BP, MSAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees e.g., MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legs, feet e.g., PNS, PVS, MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions relate to your experience of PPE (when examining a male or female peer or being examined by a male or female peer) and how comfortable you felt when being examined by a peer, or examining a peer.

**9. How comfortable did you feel when EXAMINING a MALE peer for the following regions of the body or body systems?**

*Please mark the corresponding circle - only one per line.*

	A	B	C	D	E	F
Head/face e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ears (including ear canal with an auroscope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes (including with a torch) e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck e.g., LN exam, JVP, trachea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Front of chest e.g., CVS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back of chest e.g., RS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen e.g., GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin e.g., femoral pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms e.g., PNS, taking BP, MSAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees e.g., MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legs, feet e.g., PNS, PVS, MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Legend for rank grid table: 9. How comfortable did you feel when EXAMINING a MALE peer for the following regions of the body or body systems?**

**Columns:**

- A - Very comfortable
- B - Comfortable
- C - Neutral
- D - Uncomfortable
- E - I refused to participate
- F - Did not have opportunity



**10. How comfortable did you feel when BEING EXAMINED by a MALE peer for the following regions of the body or body systems?**

*Please mark the corresponding circle - only one per line.*

	A	B	C	D	E	F
Head/face e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ears (including ear canal with an auroscope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes (including with a torch) e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck e.g., LN exam, JVP, trachea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Front of chest e.g., CVS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back of chest e.g., RS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen e.g., GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin e.g., femoral pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms e.g., PNS, taking BP, MSAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees e.g., MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legs, Feet e.g., PNS, PVS, MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Legend for rank grid table: 10. How comfortable did you feel when BEING EXAMINED by a MALE peer for the following regions of the body or body systems?**

**Columns:**

- A - Very comfortable
- B - Comfortable
- C - Neutral
- D - Uncomfortable
- E - I refused to participate
- F - Did not have opportunity

**11. How comfortable did you feel when EXAMINING a FEMALE peer for the following regions of the body or body systems?**

*Please mark the corresponding circle - only one per line.*

	A	B	C	D	E	F
Head/face e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ears (including ear canal with an auroscope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes (including with a torch) e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck e.g., LN exam, JVP, trachea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Front of chest e.g., CVS (not the breasts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back of chest e.g., RS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen e.g., GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin e.g., femoral pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms e.g., PNS, taking BP, MSAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees e.g., MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legs, feet e.g., PNS, PVS, MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Legend for rank grid table: 11. How comfortable did you feel when EXAMINING a FEMALE peer for the following regions of the body or body systems?**

**Columns:**

- A - Very comfortable
- B - Comfortable
- C - Neutral
- D - Uncomfortable
- E - I refused to participate
- F - Did not have opportunity

**12. How comfortable did you feel when BEING EXAMINED by a FEMALE peer for the following regions of the body or body systems?**

*Please mark the corresponding circle - only one per line.*

	A	B	C	D	E	F
Head/face e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ears (including ear canal with an auroscope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes (including with a torch) e.g., CNS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck e.g., LN exam, JVP, trachea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Front of chest e.g., CVS (not the breasts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back of chest e.g., RS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen e.g., GI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groin e.g., femoral pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arms e.g., PNS, taking BP, MSAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knees e.g., MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legs, feet e.g., PNS, PVS, MS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Legend for rank grid table: 12. How comfortable did you feel when BEING EXAMINED by a FEMALE peer for the following regions of the body or body systems?**

**Columns:**

- A - Very comfortable
- B - Comfortable
- C - Neutral
- D - Uncomfortable
- E - I refused to participate
- F - Did not have opportunity

**13. In the space below, please make any comments you would like to about your experience of PPE.**

*Please write your answer in the space below.*

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