The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating webbased and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be a) a guide for reporting for authors of RCTs, b) to form a basis for appraisal of an ehealth trial (in terms of validity)

CONSORT-EHEALTH items/subitems are MANDATORY reporting items for studies published in the Journal of Medical Internet Research and other journals / scientific societies endorsing the checklist.

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

As the CONSORT-EHEALTH checklist is still considered in a formative stage, we would ask that you also RATE ON A SCALE OF 1-5 how important/useful you feel each item is FOR THE PURPOSE OF THE CHECKLIST and reporting guideline (optional).

Mandatory reporting items are marked with a red \*.

In the textboxes, either copy & paste the relevant sections from your manuscript into this form please include any quotes from your manuscript in QUOTATION MARKS, or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED). Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF \_AND\_ CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):

Eysenbach G, CONSORT-EHEALTH Group CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions J Med Internet Res 2011;13(4):e126 URL: <u>http://www.jmir.org/2011/4/e126/</u> doi: 10.2196/jmir.1923 PMID: 22209829

\*Required

,	Your name *
	First Last
	Chunfeng Liu

University of Toronto, Toronto, Canada

The University of Sydney, Sy

### Your e-mail address \*

abc@gmail.com

chunfeng.liu@sydney.edu.au

Title of your manuscript \*

Provide the (draft) title of your manuscript.

A web-based teleheath training platform incorporating automated nonverbal behaviour feedback for teaching communication skills to medical students: a randomised crossover study

### Article Preparation Status/Stage \*

At which stage in your article preparation are you currently (at the time you fill in this form)

- not submitted yet in early draft status
- not submitted yet in late draft status, just before submission
- submitted to a journal but not reviewed yet
- submitted to a journal and after receiving initial reviewer comments
- submitted to a journal and accepted, but not published yet
- published
- Other:

### Journal \*

If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")

- not submitted yet / unclear where I will submit this
- Journal of Medical Internet Research (JMIR)
- Other:

### Manuscript tracking number \*

If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)

ono ms number (yet) / not (yet) submitted to / published in JMIR

Other	: 6299	
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## TITLE AND ABSTRACT

## 1a) TITLE: Identification as a randomized trial in the title

1a) Does your paper address CONSORT item 1a? \*

#### 8/24/2016

### CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form

I.e does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under "other")

- yes
- Other: a randomised crossover stud

### 1a-i) Identify the mode of delivery in the title

Identify the mode of delivery. Preferably use "web-based" and/or "mobile" and/or "electronic game" in the title. Avoid ambiguous terms like "online", "virtual", "interactive". Use "Internet-based" only if Intervention includes non-web-based Internet components (e.g. email), use "computer-based" or "electronic" only if offline products are used. Use "virtual" only in the context of "virtual reality" (3-D worlds). Use "online" only in the context of "online support groups". Complement or substitute product names with broader terms for the class of products (such as "mobile" or "smart phone" instead of "iphone"), especially if the application runs on different platforms.

1 2 3 4 5 subitem not at all important O O O essential

### Does your paper address subitem 1a-i? \*

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"web-based teleheath training platform "	

### 1a-ii) Non-web-based components or important co-interventions in title

Mention non-web-based components or important co-interventions in title, if any (e.g., "with telephone support").

1 2 3 4 5 subitem not at all important O O O essential

### Does your paper address subitem 1a-ii?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not in the ms, or briefly explain why the item is not applicable/relevant for your	study
we do not have non-web-based components	
1a-iii) Primary condition or target group in the title	
Mention primary condition or target group in the title, if any (e.g., "for children v	
Example: A Web-based and Mobile Intervention with Telephone Support for Ch Randomized Controlled Trial	ildren with Type I Diabetes

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### Does your paper address subitem 1a-iii? \*

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"for teaching communication skills to medical students"

# 1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

# 1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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subitem not at all important	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	essential

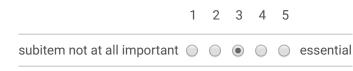
### Does your paper address subitem 1b-i? \*

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Students were randomly allocated to complete online EQClinic training during weeks 1-5 (Group A) or were allocated to complete EQClinic training during weeks 8-11 (Group B). EQClinic delivered a combination of automated visual expectation of automated visual expectations of automated visual expectations of automated visual expectation expectation of automated visual expectation
of automated visual presentation of students' nonverbal behaviour
coupled with human feedback from a standardized patient (SP). ). All
students were offered two opportunities to complete face-to-face
consultations with SPs. The two face-to-face consultations were conducted in weeks 6-7 and 12-13, and were rated by tutors who were

### 1b-ii) Level of human involvement in the METHODS section of the ABSTRACT

Clarify the level of human involvement in the abstract, e.g., use phrases like "fully automated" vs. "therapist/nurse/care provider/physician-assisted" (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)



Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"All students were offered two opportunities to complete face-to-face consultations with SPs. "

"The two face-to-face consultations were conducted in weeks 6-7 and 12-13, and were rated by tutors who were blind to group allocation. Student-Patient Observed Communication Assessment (SOCA) was collected by blinded assessors (n=28) at two time points and also by a standardized patient (SP; n=83)."

# 1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use "blinded" or "unblinded" to indicated the level of blinding instead of "open", as "open" in web-based trials usually refers to "open access" (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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### Does your paper address subitem 1b-iii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Student-Patient Observed Communication Assessment (SOCA) was
collected by blinded assessors (n=28) at two time points and also by a
standardized patient (SP; n=83).

### 1b-iv) RESULTS section in abstract must contain use data

Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

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### Does your paper address subitem 1b-iv?

A total of 268 medical students were randomly allocated to two groups (Group A: n=133; Group B: n=135). SOCA communication skills measures (score range 4-16) from the first face-to-face consultation were significantly improved for students who completed EQClinic training and reviewed the nonverbal behaviour feedback (Group A) compared to Group B who completed only the course curriculum components (P=.04). Furthermore the group that completed a tele-consultation between the two face-to-face consultations (Group B) showed improved communication skills (P=.005), and the one who had tele-consultations before face-to-face did not show improvement.

### 1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials

Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

1 2 3 4 5 subitem not at all important O O O O essential

### Does your paper address subitem 1b-v?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The EQClinic is a useful tool for medical students clinical communication skills training that can be applied to university settings to improve students clinical communication skills development.

## INTRODUCTION

# 2a) In INTRODUCTION: Scientific background and explanation of rationale

### 2a-i) Problem and the type of system/solution

Describe the problem and the type of system/solution that is object of the study: intended as stand-alone intervention vs. incorporated in broader health care program? Intended for a particular patient population? Goals of the intervention, e.g., being more cost-effective to other interventions, replace or complement other solutions? (Note: Details about the intervention are provided in "Methods" under 5)

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### Does your paper address subitem 2a-i? \*

"However, like WebEncounter, most clinical communication skills training systems tend to limit training to verbal communication skills and overlook important nonverbal communication behaviors."

"However, the practicalities of providing this type of feedback means that it is too time-consuming to be widely adopted in medical education curriculums."

"The platform uses computer vision and audio processing techniques to automatically recognize, quantify and visualise selected nonverbal behaviors (as well as human feedback) for student learning and reflection.

### 2a-ii) Scientific background, rationale: What is known about the (type of) system

Scientific background, rationale: What is known about the (type of) system that is the object of the study (be sure to discuss the use of similar systems for other conditions/diagnoses, if appropiate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.

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### Does your paper address subitem 2a-ii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Students benefit from reviewing these videotapes of their clinical consultations with real or standardized patients [7], even more so when observers provide feedback about the verbal or nonverbal behaviors [8]."

"Tele-conferencing has been proposed as a solution for dealing with this challenge [9]."

# 2b) In INTRODUCTION: Specific objectives or hypotheses

### Does your paper address CONSORT subitem 2b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"We hypothesized that the use of EQClinic would improve medical students' learning about communication skills."

### METHODS

# 3a) Description of trial design (such as parallel, factorial) including allocation ratio

### Does your paper address CONSORT subitem 3a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"We will use a randomised crossover design in order to conduct an initial test of the efficacy of the EQClinic whereby medical students enrolled in a clinical communication skills course are allocated to one of two groups and asked to complete a tele-consultation using EQClinic at different times of semester. "

# 3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons

### Does your paper address CONSORT subitem 3b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"No content or methodological modifications were made after study
commencement."

### 3b-i) Bug fixes, Downtimes, Content Changes

Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

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### Does your paper address subitem 3b-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

	no bug fixes to report	
L		l,

## 4a) Eligibility criteria for participants

### Does your paper address CONSORT subitem 4a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information

not in the ms, or briefly explain why the item is not applicable/relevant for your study

No student recruitment needs to do in this study. Having a teleconsultation using EQClinic is compulsory for all students who registered in this course.

"Participants were second year undergraduate medical students from an Australian medical school. All students were enrolled in a communication skills training course provided by the medical school."

### 4a-i) Computer / Internet literacy

Computer / Internet literacy is often an implicit "de facto" eligibility criterion - this should be explicitly clarified.

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### Does your paper address subitem 4a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

all student register in the course need to use EQClinic

### 4a-ii) Open vs. closed, web-based vs. face-to-face assessments:

Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

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### Does your paper address subitem 4a-ii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No student recruitment needs to do in this study. Having a teleconsultation using EQClinic is compulsory for all students who registered in this course.

"Participants were second year undergraduate medical students from an Australian medical school. All students were enrolled in a communication skills training course provided by the medical school. "

### 4a-iii) Information giving during recruitment

Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedures (e.g., publish the informed consent documentation as appendix, see also

#### 8/24/2016

### CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form

item X26), as this information may have an effect on user self-selection, user expectation and may also bias results.

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### Does your paper address subitem 4a-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Students were asked to sign an online consent form when they first	
accessed EQClinic.	

# 4b) Settings and locations where the data were collected

### Does your paper address CONSORT subitem 4b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The SPs and students were allowed to have the tele-consultation anywhere as long as there was: 1) A web browser on a PC or an Android tablet with external or build-in camera and microphone; 2) A good Internet connection; 3) Good lighting."

"A trained tutor was present in the room to observe and assess the performance of the student during the consultation with the SP. The tutors were blinded to condition allocation (Group A or Group B). "

### 4b-i) Report if outcomes were (self-)assessed through online questionnaires

Clearly report if outcomes were (self-)assessed through online questionnaires (as common in web-based trials) or otherwise.



### Does your paper address subitem 4b-i? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The student and the SP then completed the online assessments. After each interview, the SP assessed the performance of the student using the SOCA Form."

"The tutor completed a SOCA Form to assess the student and the SP did not provide any evaluation and feedback for the student on this occasion."

### 4b-ii) Report how institutional affiliations are displayed

Report how institutional affiliations are displayed to potential participants [on ehealth media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention.(Not a required item – describe only if this may bias results)

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### Does your paper address subitem 4b-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The style of EQClinic was followed UNSW medical school web page design guideline.

Institutional affiliations were display at the header of the web pages.

## 5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered

### 5-i) Mention names, credential, affiliations of the developers, sponsors, and owners

Mention names, credential, affiliations of the developers, sponsors, and owners [6] (if authors/evaluators are owners or developer of the software, this needs to be declared in a "Conflict of interest" section or mentioned elsewhere in the manuscript).

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### Does your paper address subitem 5-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

University of Sydney Australia in collaboration with medical schools at the University of Sydney and University of New South Wales (UNSW) Australia.
In this paper, we did not explicitly mentioned the developer of it. Instead, we cited previous paper.
"We have previously described a platform called EQClinic [15,16]. "

### 5-ii) Describe the history/development process

Describe the history/development process of the application and previous formative evaluations (e.g., focus groups, usability testing), as these will have an impact on adoption/use rates and help with interpreting results.

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### Does your paper address subitem 5-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"We have previously described a platform called	I EQClinic [15,16]. "
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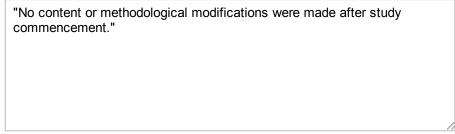
### 5-iii) Revisions and updating

Revisions and updating. Clearly mention the date and/or version number of the application/intervention (and comparator, if applicable) evaluated, or describe whether the intervention underwent major changes during the evaluation process, or whether the development and/or content was "frozen" during the trial. Describe dynamic components such as news feeds or changing content which may have an impact on the replicability of the intervention (for unexpected events see item 3b).

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### Does your paper address subitem 5-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study



### 5-iv) Quality assurance methods

Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

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### Does your paper address subitem 5-iv?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable		

5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-

### capture video, and/or providing flowcharts of the algorithms used

Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used. Replicability (i.e., other researchers should in principle be able to replicate the study) is a hallmark of scientific reporting.

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### Does your paper address subitem 5-v?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The detail of system design is presented in paper of reference 15 and 16.

### 5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, <u>webcitation.org</u>, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

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### Does your paper address subitem 5-vi?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The application can be accessed	I through the url:
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SP: https://ospia.med.unsw.edu.au/sp Student: https://ospia.med.unsw.edu.au/stu

### 5-vii) Access

Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained "access to the platform and Internet" [1]. To ensure access for editors/reviewers/readers, consider to provide a "backdoor" login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

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### Does your paper address subitem 5-vii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to

indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Students were email to access the system through the link on their medical school portal.

"Students were requested, by email, to complete one tele-consultation with a SP through EQClinic. The email described the details of the study and asked them to log into EQClinic to complete the training module. It also informed them that once they finished the training, they could request a consultation time from the slots available on their personal calendar."

# 5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

Describe mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1]," whether [and how] it is tailored to individual circumstances and allows users to track their progress and receive feedback" [6]. This also includes a description of communication delivery channels and – if computer-mediated communication is a component – whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

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### Does your paper address subitem 5-viii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"(i) Weeks 1 to 5, Group A completed a tele-consultation using EQClinic and Group B was blocked from the platform; (ii) In weeks 6 and 7, both groups completed a face-to-face consultation. In this period, Group A was still able to access the platform for reviewing feedback only; (iii) Weeks 8 to 11, Group B completed an EQClinic consultation and Group A was blocked from the platform; (iv) In weeks 12 and 13, both groups were asked to complete another face-to-face consultation. In this period, Group B was able to access the platform for reviewing feedback

### 5-ix) Describe use parameters

Describe use parameters (e.g., intended "doses" and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

	1	2	3	4	5	
subitem not at all important	$\bigcirc$	$\bigcirc$	۲	$\bigcirc$	$\bigcirc$	essential

### Does your paper address subitem 5-ix?

3	CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form								
	"Interview and assessment components took approximately 40 minutes for a student, and 25-30 minutes for an SP to complete. "								
	"Students were emailed to ask to return to the system 24 hours after the consultation to review different kinds of feedback, which included the video recording, the comments from the SP and the automated nonverbal behavior feedback."								
	<b>5-x) Clarify the level of human involvement</b> Clarify the level of human involvement (care providers or health professionals, also technical assistance) the e-intervention or as co-intervention (detail number and expertise of professionals involved, if any, as well as "type of assistance offered, the timing and frequency of the support, how it is initiated, and the medium by which the assistance is delivered". It may be necessary to distinguish between the level of numan involvement required for the trial, and the level of human involvement required for a routine application outside of a RCT setting (discuss under item 21 – generalizability).								

not in the ms, or briefly explain why the item is not applicable/relevant for your study with a SP through EQClinic. "

"After each interview, the SP assessed the performance of the student using the SOCA Form. "

"A trained tutor was present in the room to observe and assess the performance of the student during the consultation with the SP. The tutors were blinded to condition allocation (Group A or Group B)."

### 5-xi) Report any prompts/reminders used

Report any prompts/reminders used: Clarify if there were prompts (letters, emails, phone calls, SMS) to use the application, what triggered them, frequency etc. It may be necessary to distinguish between the level of prompts/reminders required for the trial, and the level of prompts/reminders for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

1 2 3 4 5 subitem not at all important O O O essential

### Does your paper address subitem 5-xi? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Students were emailed to ask to return to the system 24 hours after the consultation to review different kinds of feedback, which included the video recording, the comments from the SP and the automated nonverbal behavior feedback."

### 5-xii) Describe any co-interventions (incl. training/support)

Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in

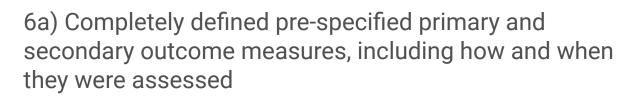
addition to the targeted eHealth intervention, as ehealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability.

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subitem not at all important	$\bigcirc$	$\bigcirc$	۲	$\bigcirc$	$\bigcirc$	essential

### Does your paper address subitem 5-xii? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Only technical support were provided for students during the study.



### Does your paper address CONSORT subitem 6a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Tutor-rated clinical communications skill in face-to-face consultations was the primary outcome and was assessed with the SOCA."

"Paired samples t-tests were used to compare the SOCA assessment scores for those students that completed EQClinic on their two face-to-face consultations. "

# 6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed

If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

1 2 3 4 5

subitem not at all important 🔘 💿 🔘 🔘 💿 essential

### Does your paper address subitem 6a-i?

Copy and paste relevant sections from manuscript text

	CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form
Not applicable	
	ther and how "use" (including intensity of use/dosage) was
defined/measured	
	how "use" (including intensity of use/dosage) was defined/measured/monitore s, etc.). Use/adoption metrics are important process outcomes that should be h trial.
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subitem not at all im	ortant 🕥 🔘 🔘 essential
	dress subitem 6a-ii?
	ant sections from manuscript text
We examined when feedback.	er a student review their non-verbal behaviour
6a-iii) Describe wh	ther, how, and when qualitative feedback from participants was obtained
Describe whether, ho	v, and when qualitative feedback from participants was obtained (e.g., through e views, focus groups).
	1 2 3 4 5
subitem not at all im	ortant 🔘 🔘 🔘 🔘 essential
	dress subitem 6a-iii?
	ant sections from manuscript text
No qualitative feed	ack was analyzed in this paper.

# 6b) Any changes to trial outcomes after the trial commenced, with reasons

### Does your paper address CONSORT subitem 6b? \*

was obtained (e.g., through emails, Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"No content or methodological modifications were made after study commencement."

# 7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed

# 7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size

Describe whether and how expected attrition was taken into account when calculating the sample size.

1 2 3 4 5

subitem not at all important 🔘 🔘 💿 💿 essential

### Does your paper address subitem 7a-i?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

All students enrolled this course had to participate this study.

# 7b) When applicable, explanation of any interim analyses and stopping guidelines

### Does your paper address CONSORT subitem 7b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable

# 8a) Method used to generate the random allocation

### sequence

NPT: When applicable, how care providers were allocated to each trial group

### Does your paper address CONSORT subitem 8a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants allocation was assigned via a computer generated random number sequence"

# 8b) Type of randomisation; details of any restriction (such as blocking and block size)

### Does your paper address CONSORT subitem 8b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable

# 9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

### Does your paper address CONSORT subitem 9?\*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The build-in random number generating function of Microsoft Excel was used.

# 10) Who generated the random allocation sequence, who enrolled participants, and who assigned participants to

### interventions

### Does your paper address CONSORT subitem 10? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"the administrator of this course"

# 11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

### 11a-i) Specify who was blinded, and who wasn't

Specify who was blinded, and who wasn't. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

1 2 3 4 5 subitem not at all important O O O essential

### Does your paper address subitem 11a-i? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The tutors were blinded to condition allocation (Group A or Group B). The tutor completed a SOCA Form to assess the student and the SP did not provide any evaluation and feedback for the student on this occasion. "

1 2 3 4

# 11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator"

5

Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator".

subitem not at all important 🔘 🔘 💿 🔘 essential

### Does your paper address subitem 11a-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information

not in the ms, or briefly explain why the item is not applicable/relevant for your study As students have the tele-consultation at different period, they may know the intervention.

# 11b) If relevant, description of the similarity of interventions

(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

### Does your paper address CONSORT subitem 11b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable

# 12a) Statistical methods used to compare groups for primary and secondary outcomes

NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

### Does your paper address CONSORT subitem 12a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Paired samples t-tests were used to compare the SOCA assessment scores for those students that completed EQClinic on their two face-to-face consultations. "

### 12a-i) Imputation techniques to deal with attrition / missing values

Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

	1	2	3	4	5	
subitem not at all important	$\bigcirc$	$\bigcirc$	۲	$\bigcirc$	$\bigcirc$	essential

### Does your paper address subitem 12a-i? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

### not applicable

# 12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

### Does your paper address CONSORT subitem 12b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable

## X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)

X26-i) Comment on ethics committee approval

1 2 3 4 5 subitem not at all important O O O O essential

### Does your paper address subitem X26-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"This study was approved by UNSW Research Ethics Committee (HC Reference Number: HC16048)."

### x26-ii) Outline informed consent procedures

Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.?),

#### 8/24/2016

### CONSORT-EHEALTH (V 1.6.1) - Submission/Publication Form

and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.

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subitem not at all important	$\bigcirc$	$\bigcirc$	۲	$\bigcirc$	$\bigcirc$	essential

### Does your paper address subitem X26-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Students were asked to sign an online consent form when they first accessed EQClinic."

### X26-iii) Safety and security procedures

Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)

	1	2	3	4	5	
subitem not at all important	$\bigcirc$	$\bigcirc$	$\bigcirc$		$\bigcirc$	essential

### Does your paper address subitem X26-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The students log in to EQClinic by redirecting from their medical school portal. EQClinic did not store the password of studens' portal.

## RESULTS

## 13a) For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome

NPT: The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider in each center

### Does your paper address CONSORT subitem 13a? \*

"Figure 1 shows participant flow through the trial. In the period of week 1 to week 5, 127 (male=46, female=81) out of 133 (95%) of Group A students completed the tele-consultation on EQClinic. In the second period (week 6~7), 166 out of 268 students from both Group A (44%, n =59) and Group B (79%, n =107) completed a face-to-face consultation. During weeks 8 to week 11, 130 (male=62, female=68) out of 135 (96%) Group B students completed the tele-consultation using EQClinic. Lastly, 144 students from both Group A (n=109) and Group B (n= 35) completed a face-to-face consultation during the period of week 12 and 13. "

# 13b) For each group, losses and exclusions after randomisation, together with reasons

# Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"In total, 11 students (6 from Group A, 5 from Group B) did not complete the tele-consultation in this study."	

### 13b-i) Attrition diagram

Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.



### Does your paper address subitem 13b-i?

Copy and paste relevant sections from the manuscript or cite the figure number if applicable (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

see Figure 1

14a) Dates defining the periods of recruitment and followup

Does your paper address CONSORT subitem 14a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

- 3	the first of briefly explain why the ferring not applied ble/relevant for your a
	The student were not recruited. Having EQClinic consultation was compulsory for all students who registered in this course.

### 14a-i) Indicate if critical "secular events" fell into the study period

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Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or "changes in computer hardware or Internet delivery resources"

subitem not at all important 🔘 💿 🔘 🔘 essential

### Does your paper address subitem 14a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

events.

# 14b) Why the trial ended or was stopped (early)

### Does your paper address CONSORT subitem 14b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable

# 15) A table showing baseline demographic and clinical characteristics for each group

NPT: When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group

### Does your paper address CONSORT subitem 15? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information

not in the ms, or briefly explain why the item is not applicable/relevant for your study

We did not have a demographic table. Instead, we described the information in text.

"Participants were second year undergraduate medical students from an Australian medical school. All students were enrolled in a communication skills training course provided by the medical school. Prior to this study, they were not offered any training about teleconsultations in the medical school. "

"In the period of week 1 to week 5, 127 (male=46, female=81) out of 133 (95%) of Group A students completed the tele-consultation on EQClinic. "

"In the period of week 1 to week 5, 127 (male=46, female=81) out of 133 (95%) of Group A students completed the tele-consultation on EQClinic. "

### 15-i) Report demographics associated with digital divide issues

In ehealth trials it is particularly important to report demographics associated with digital divide issues, such as age, education, gender, social-economic status, computer/Internet/ehealth literacy of the participants, if known.

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subitem not at all important	$\bigcirc$	$\bigcirc$	۲	$\bigcirc$	$\bigcirc$	essential

### Does your paper address subitem 15-i? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants were second year undergraduate medical students from an Australian medical school." "In the period of week 1 to week 5, 127 (male=46, female=81) out of 133 (95%) of Group A students completed the tele-consultation on EQClinic. "

"During weeks 8 to week 11, 130 (male=62, female=68) out of 135 (96%) Group B students completed the tele-consultation using EQClinic."

16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

### 16-i) Report multiple "denominators" and provide definitions

Report multiple "denominators" and provide definitions: Report N's (and effect sizes) "across a range of study participation [and use] thresholds" [1], e.g., N exposed, N consented, N used more than x times, N used more than y weeks, N participants "used" the intervention/comparator at specific pre-defined time points of interest (in absolute and relative numbers per group). Always clearly define "use" of the intervention.

1 2 3 4 5

subitem not at all important 🔘 🔘 💿 💿 essential

### Does your paper address subitem 16-i? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

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See Figure 1				
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### 16-ii) Primary analysis should be intent-to-treat

Primary analysis should be intent-to-treat, secondary analyses could include comparing only "users", with the appropriate caveats that this is no longer a randomized sample (see 18-i).

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subitem not at all important	$\bigcirc$	$\bigcirc$	۲	$\bigcirc$	$\bigcirc$	essential

### Does your paper address subitem 16-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Participants were second year undergraduate medical students from an Australian medical school."

# 17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)

### Does your paper address CONSORT subitem 17a? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable

### 17a-i) Presentation of process outcomes such as metrics of use and intensity of use

In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as "average session length". These must be accompanied by a technical description how a metric like a "session" is defined (e.g., timeout after idle time) [1] (report under item 6a).

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subitem not at all important 🔘 🔘 💿 💿 essential

### Does your paper address subitem 17a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable	
----------------	--

# 17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

### Does your paper address CONSORT subitem 17b? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable

# 18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory

### Does your paper address CONSORT subitem 18?\*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"To examine the influence of nonverbal behavior feedback component the mean SOCA scores of Group A students (GroupA+NVBF: mean=13.21, n=33/59, 55.9%) that reviewed the nonverbal behavior feedback component of the EQClinic before having their face-to-face consultations were compared with Group B students (mean=12.58). "

### 18-i) Subgroup analysis of comparing only users

A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

1	2	3	4	5

subitem not at all important 🔘 💿 🔘 🔘 essential

### Does your paper address subitem 18-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable		

# 19) All important harms or unintended effects in each group

(for specific guidance see CONSORT for harms)

### Does your paper address CONSORT subitem 19? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable		

1 2 3 4 5

### 19-i) Include privacy breaches, technical problems

Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

subitem not at all important 🔘 🔘 💿 💿 essential

### Does your paper address subitem 19-i?

	<u> </u>	 	
not applicable			

### 19-ii) Include qualitative feedback from participants or observations from staff/researchers

Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.

1 2 3 4 5 subitem not at all important O O O essential

### Does your paper address subitem 19-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No qualitative	feedback was	s reported in	hthis study.
rio quantativo	roodbaon maa	, oponoa n	r tine otaay.

DISCUSSION

# 22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group

# 22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)

Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).



### Does your paper address subitem 22-i? \*

"EQClinic was incorporated into a medical communication skills teaching curriculum to provide students with additional practice opportunities with SPs. Importantly, students could review their nonverbal communication behaviours. We examined the effects of EQClinic on medical students' learning of communication skills evaluated via the students' assessment (SOCA) scores. Results showed that students who completed a tele-consultation using EQClinic and reviewed the nonverbal behavior feedback showed higher SOCA scores in the first face-to-face consultation. In addition, students accomplished higher SOCA scores in their second face-to-face consultation if they completed a tele-consultation between the two face-to-face consultations. "

### 22-ii) Highlight unanswered new questions, suggest future research

Highlight unanswered new questions, suggest future research.

1 2 3 4 5

subitem not at all important  $\bigcirc$   $\bigcirc$   $\bigcirc$   $\bigcirc$  essential

### Does your paper address subitem 22-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"However, based on the current findings, it remains unclear which of the learning components were most useful to enhancing students' learning. Moreover, although a single exposure to the EQClinic demonstrated a measurable improvement in student's medical communication skills scores, future studies will benefit from an examination of the appropriate 'dose' of EQClinic. This will help determine the necessary exposure needed to provide sustained improvement and generalizable communication skills training. Finally, the growth of collected student data by EQClinic will aid the refinement of rules and models using machine learning algorithms to indicate to students what nonverbal behavior is associated with positive or negative responses and feedback from SPs in their clinical tele-consultations."

# 20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses

### 20-i) Typical limitations in ehealth trials

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

1 2 3 4 5 subitem not at all important O O O essential

### Does your paper address subitem 20-i? \*

"There are several limitations to our study that should be considered when interpreting these findings. Firstly, the absence of baseline measures limited our ability to observe change over time. Second, all the consultations conducted in this study were limited to a history-taking scenario. In reality, clinicians encounter many different scenarios. For example, when breaking bad news to patients, the clinician has to handle difficulties related to emotions. In addition, all the students in this study were second year medical students who had limited knowledge about communication skills. Future studies may explore whether EQClinic is also useful for senior medical students and professionals. An additional limitation is the relatively low number of students (30%) that completed all components of the study. While the sample was still appropriate for the statistical tests conducted, future investigations will benefit from exploring in greater detail the reason for student non-participation."

# 21) Generalisability (external validity, applicability) of the trial findings

NPT: External validity of the trial findings according to the intervention, comparators, patients, and care providers or centers involved in the trial

### 21-i) Generalizability to other populations

Generalizability to other populations: In particular, discuss generalizability to a general Internet population, outside of a RCT setting, and general patient population, including applicability of the study results for other organizations

	1	2	3	4	5	
subitem not at all important	$\bigcirc$	$\bigcirc$	$\bigcirc$	۲	$\bigcirc$	essential

### Does your paper address subitem 21-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Importantly, this study demonstrated that EQClinic was a useful and practical communication skills learning tool that is well suited to medical students within university settings."

# 21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting

Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.

	1	2	3	4	5	
subitem not at all important	$\bigcirc$	$\bigcirc$	۲	$\bigcirc$	$\bigcirc$	essential

### Does your paper address subitem 21-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information

not in the ms, or briefly explain why the item is not applicable/relevant for your study

As in this study, EQClinic was cooperated in real teaching curriculum. The routine application setting should be similar to this study.

# OTHER INFORMATION

## 23) Registration number and name of trial registry

### Does your paper address CONSORT subitem 23? \*

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable

# 24) Where the full trial protocol can be accessed, if available

### Does your paper address CONSORT subitem 24? \*

Cite a Multimedia Appendix, other reference, or copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

not applicable

# 25) Sources of funding and other support (such as supply of drugs), role of funders

### Does your paper address CONSORT subitem 25? \*

"This project is funded by Brain and Mind Centre at The University of Sydney Australia and Australian Government. RAC is supported by Australian Research Council."

# X27) Conflicts of Interest (not a CONSORT item)

### X27-i) State the relation of the study team towards the system being evaluated

In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

1 2 3 4 5 subitem not at all important O O O essential

### Does your paper address subitem X27-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"We have no	conflict of inter	rest to report.
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