

Appendix 2.

Interview guide

Residents	
First/last part of the residency:	Number of times attending the group assessment:
Experience and attitude towards workplace-based assessments and case-based discussions	Experience with workplace-based assessments and case-based discussions at medical school, during medical training, and in other/previous settings. What do you think about the group assessment? How does this method of competence assessment suit your personality?
Group assessment	What do you gain from group assessment? Do you learn from group assessment? (Please give examples) Does knowledge of other residents and specialists motivate you to seek more knowledge yourself? What is the attitude toward group assessment of your colleagues who do not participate in the group assessments?
Comparison with individual one-to-one assessment	What was the difference? What was good? What was bad? If you had to choose – what would you prefer: group assessment or individual one-to-one assessment?
Context	Do you prepare yourself? (How much?) Length of session – is the session too long or too short? Case presentation – does it work? The moderator – is everyone heard (is it possible to hide?) How is the assessment performed? Is group assessment perceived to be stressful? Is it "easy", for instance, to say "I don't know"?
Elements/parts	What elements of group assessment are most important? Are there elements that could be omitted?
Subsequently	Have group assessments changed your cooperation with colleagues/other residents? Do you think that group assessment should be changed in any way? Do you think the group assessment concept could be used in other specialties/departments?
Department reputation	Is there a link between the reputation of the department and the performance of group assessments? What could profitably be changed?
Specialists/supervisors	
Your immediate perception of the group assessment concept?	Is group assessment the solution to the problem it was intended to solve? Does group assessment save time compared to the individual one-to-one assessment? In what way do specialists profit from group assessment?
Context	What do you think of group assessment? Is the meeting too long or too short?

	The moderator – how does it work? The assessment – how does it work? Does the assessment in itself work? Are the residents well prepared, in your opinion? How do you ensure that all of the residents participate actively in the discussion?
Elements/parts	If group assessment is split into parts, what parts does it consist of? What elements concerning group assessment are most important?
The concept	Do you think that group assessment could be used in other specialties/departments? Advantages/disadvantages? In your opinion, what could profitably be changed?
Department reputation	Is there a connection between the reputation of the department and group assessment?
