**Supplemental Table.** Focus Group Discussion Guide

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| **Introduction** |
| * + There is a name card in front of you. Please put whatever alias you would like to be called, just as I have on mine. Please do not use your actual name.
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| * + In the next few weeks I will be conducting discussions like this with EMS professionals including EMTs and paramedics in three Kentucky locations.
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| * + The purpose is to learn what providers such as you would advise to improve training for EMS care of pediatric patients on the way to the emergency room.
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| * + Please talk openly and freely. There are no right or wrong answers. My report will be an overview of what I hear from all the participants. No one's name will be put in the report.
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| * + As you can tell, this is an audio recorder. I am taping this discussion to help myself and the other team members working on this project write accurate and complete reports.
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| * + As you can see, there are other people working on this project. They are also very interested in your views, so they may be taking notes. They will be listening to ensure that I do my job correctly. If I forget to cover something, they may pass me a note.
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| * + Respondent introductions (first name, years of experience, locations?)
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| **Past and Current Training** |
| * + Thinking about your past EMS training in pediatric care - How long was the training? What did the training involve? Concerning your training, what do you wish were different and why?
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| * + Thinking about your personal experience and what you hear from colleagues -- What are the pros about the ways that you or others currently learn about pediatric care? What are the negatives or drawbacks about how you and your peers learn about pediatric care?
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| **Training needs or gaps** |
| * + Thinking about your personal experience and what you hear from co-workers, what would you say are the most important training topics that could help improve pediatric EMS care?
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| * + What types of educational interventions would be most helpful in providing this training?
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| * + In your experience and what you have observed among peers, what are your most effective learning environments?
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| * + What training and educational approaches work best for you? (Probe for lectures, hand-on exercises, simulation exercises, direct observation, if not mentioned)
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| * + For the most effective training program, if it were up to you, describe what an effective program would offer? On the pad in front of you, make a brief list. Include, topics, length of training and environment.
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| **Maintaining competency / Continuing education** |
| * + Thinking about maintaining and acquiring new skills in pediatric EMS care, how frequently should pediatric resuscitative techniques be practiced in order to maintain competence?
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| * + Consider what would be the most effective continuing education and training updates. If it were up to you, describe what an effective program would offer. On the pad in front of you make a brief list. List the specific skills and how much time should be spent on each.
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| * + Are you currently able to receive pediatric specific training at your local department? Do you have to travel to acquire this training? If so, how far must you travel?
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| **Current Practice Experience** |
| * + Thinking about how things work on a day-to-day basis while you are on call, how readily available are the following pediatric resuscitation equipment pieces on your ambulance? Intraosseous needle? Pediatric size bag-valve-mask?
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| * + Currently, how much feedback do you receive from the accepting emergency department about pediatric patients you have delivered? How immediate is this response?
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| * + How does getting feedback differ from facility to facility? (Probe for outlying vs. free-standing vs. pediatric specific)
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| * + Do you feel that this kind of feedback has any value? Why or why not?
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| * + How easy is it for you to speak with the pediatric ER physician during pediatric transport? How relevant and helpful is this?
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| * + How does this differ from facility to facility? (Probe for outlying vs. free-standing vs. pediatric specific)
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| * + Do you feel you receive “push-back” from the accepting nurses or physicians after delivering a pediatric patient to the emergency department?
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| * + How does getting feedback differ from facility to facility? (Probe for outlying vs. free-standing vs. pediatric specific)
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