Category	Code	Case	Text
Training	Clinical training	Transcript 1_04_11_2021	So now it's kind of like OK, like what else could possibly be causing this pain, but you'd go through everything again and you don't really come up with anything. And so I know, yeah, those were the patients that came back and nothing had changed. Those were the ones that had me continuously going to my supervisors with like, “I don't know what to do”.
Training	Support	Transcript 1_04_11_2021	And yeah, I think I can't even count how many times I spoke to my supervisor just because I was like I'm not really sure what to do and then they'll say like, “OK, like maybe kind of go down this route and they also thought it was OA, so they were like try heat at the beginning of the session and then go from there…
Training	Theoretical training	Transcript 10_25_11_2021	In fourth year we had like a lecture on pain and it was it was quite a big part of NMS when we discussed like lower back pain and how pain works and how patients can feel pain inappropriately and things like that. Then, what was jumping out at me in my head is like from second year… the pain gate theory and things like that which we were taught. Modalities that we can use for pain specifically for pain like cryotherapy which helps. I'm not sure if it was taught the best because I have no other thing to compare to but I feel like we do have a good understanding of pain. We've probably forgotten that it's a big part of what we need to address with our patients and things like that and explain it to them.
Training	Clinical training	Transcript 11_26_11_2021	You had to basically beg for help, no one would assist you. If you ask a question it's almost like you're asking something rude, almost like how dare you ask that questions? You supposed to know this. I know it's a huge hospital and everyone has their own patient load but they were really nasty… the supervisors… so I never enjoyed it at all.
Training	Support	Transcript 11_26_11_2021	You had to basically beg for help, no one would assist you. If you ask a question it's almost like you're asking something rude, almost like how dare you ask that questions? You supposed to know this. I know it's a huge hospital and everyone has their own patient load but they were really nasty… the supervisors… so I never enjoyed it at all.
Training	Support	Transcript 11_26_11_2021	It was just such a mess, you know, and like people would just shout at you and nothing you ever did was right.
Training	Clinical training	Transcript 11_26_11_2021	The lower back and spinal patients were different to our ankles and stuff that we were seeing last year and we never had like that supervision. We would wait for the one day in the week that our Wits supervisor would come to supervise us. That was when we knew, ok, we can ask questions without freaking out that someone is going to shout at me for asking that question.

Category	Code	Case	Text
Training	Theoretical training	Transcript 11_26_11_2021	No, no… [participant hesitates[]… to be honest with you, I felt like NMS was such a self-study thing. It was COVID, so we didn't have many face to face things. Last year I did Physio second semester so then even those lectures were online. I don't feel like we've ever really went into depth about pain and how your psychological state affects your pain… but I remember that we had a tutorial in our sports block with our supervisor and she was telling us how it affects the autonomic nervous system and how it increases your sweating or whatever the case may be because your keep upregulating.
Training	External influences on training, e.g.	Transcript 11_26_11_2021	It was COVID, so we didn't have many face to face things. Last year I did Physio second semester so then even those lectures were online.
Training	Clinical training	Transcript 11_26_11_2021	but I remember that we had a tutorial in our sports block with our supervisor and she was telling us how it affects the autonomic nervous system and how it increases your sweating or whatever the case may be because your keep upregulating.
Training	Clinical training	Transcript 11_26_11_2021	I remember this one lady and anything that we did was just like worse, worse, worse… She was actually a patient of one of the qualifieds and kept saying, no it is not helping and I have been doing this exercises and it is not helping, nothing helps. Nothing helped. Afterward, when we were complaining to the supervisor being like look, we did our best but she said we made everything worse. The supervisor said this is her tendency, nothing will with help, because in her mind nothing will help. But she still comes to the appointment so…
Training	Theoretical training	Transcript 11_26_11_2021	In first or second year we had a lecture on pain and they just spoke about different pain mechanisms and the pain gate theory. I can't even remember it, like to be honest. I just remember a few things that they covered and the different pathways of pain. I don't think that we were adequately prepared for dealing with chronic pain. I really don't.
Training	Support	Transcript 11_26_11_2021	I would hope so. Like you know, we all have challenges, well, I do. I have to ask… I'm a person who asks a lot of questions. I'd rather ask even though I know it might sound silly, then I know that I am doing the right thing and at least I am helping the person. It is better than the person not benefiting because I am too proud to ask questions, you know. So I do ask for help, I won't lie. So yes, hopefully like I'm not saying I have no knowledge, I do. But sometimes I like to confirm if I am doing the right thing and if I am on the right track. Next year I'm the only things physio here at my hospital so I have to know

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Training	Clinical training	Transcript 12_27_11_2021	At the same time because we saw so many patients, the supervisors were not with us all the time. There were questions that I needed to ask when I was not sure what to do and then I just had to ask them via WhatsApp. You know it would have been better if they're with me, seeing what I'm seeing because now it's just me explaining how they are clinically then what must I do? Then they'll just be like, OK just do this, do that, but then I would wish they were present, but I understand it's a huge hospital and they also have their own patient load. So yeah, it was quite hectic block.
Training	Clinical training	Transcript 12_27_11_2021	Ya, at Thelle, it was a chilled block. For ortho [orthopaedics], we did not have much supervision. We kind of just went into the ward and did our own thing but then for NMS, this was where we had supervision. We were constantly with our supervisors. They were supervising us, answering our questions and were even in some of the treatment sessions. Actually for most of the treatment sessions, they were there with us. So yeah, my NMS/ortho block was really helpful. I learned a lot and even afterwards if we did not have patients, we would just go to the gym and then they would just explain a few conditions and see what to do, what not to do. For NMS, I really enjoyed it. It was just ortho where we just went in and treated. It was not really that supervised. They kind of through us in the deep end and said, “you got this”.

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Training	Theoretical training	Transcript 12_27_11_2021	I remember one lecture about the pain gate theory and how we have different gates so like if you rub your hand against yourself then these channels go over other channels and then you will feel relief. I forgot other things but I just remember that. We had so many pain lecturers but it is the same thing.
Training	Theoretical training	Transcript 12_27_11_2021	[Participant hesitant]…Not really… I'm not sure. I don't think we are adequately prepared. We treat chronic pain the same, like everyone is the same and at the end of the day we do the same thing. I know we must look at the patient individually and check. It is chronic pain but I feel like it must differ for each and every patient. Not everyone is the same, the cause is not the same but then eventually we do treat them all the same way. I feel like if we are maybe taught how to treat it thoroughly, I don’t know… Everyone is different. My chronic pain will be different to someone else’s… we are different. Our environment as well… there are a lot of factors that influence how I am feeling my pain compared to how another person is feeling their pain.
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Training	Clinical training	Transcript 12_27_11_2021	They would just help us with the subjective assessment, like asking the correct questions, go deep into the subjective to try understanding exactly what's causing this pain and what brings the patient here and understanding all the factors that contribute to this pain that the patient is feeling. To also do the objective and all the tests because there are many tests that we can do and we can't do every test in a single session. So just guiding us on choosing the most appropriate and important tests that we can do based on the subjective that you took and then coming up with good treatment ideas for the patient.

Category	Code	Case	Text
Training	Clinical training	Transcript 13_30_11_2021	My supervisor was also very nice and wanted me to do well. She answered all the questions that I had in the treatment of my patients.
Training	Clinical training	Transcript 13_30_11_2021	So my OPD block was at Thelle Mogoerane Regional Hospital and there weren't many patients.
Training	External influences on training, e.g. COVID-19	Transcript 13_30_11_2021	This was also on account that it was at the same time that Charlotte [Charlotte Maxeke Academic Hospital] had that fire incident. There were 4 to 5 students placed there and there was already a low patient count because of COVID. So it was difficult and so the patients were split among the students in groups. We often treated together and very rarely did we treat a patient on our own.
Training	Clinical training	Transcript 13_30_11_2021	A lot of the time it was done in groups, so I never really felt like I got that confidence to do it properly on my own.
Training	Theoretical training	Transcript 13_30_11_2021	To be honest, I only started understanding chronic pain after my NMS block. It was because of the sports block. When I went to sports, our supervisor explained all the processes and how the brain also works with pain management. I didn't have that in my tool box to try and deal with it. I'm also starting to realize that the whole concept of pain, chronic pain is very multifaceted.
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Training	Clinical training	Transcript 13_30_11_2021	I mean she had also lost faith in us and asked for one of our supervisors to just stand in there to make sure that we don't hurt her again. We also learned from that, like we learnt how to adapt our techniques. We learnt how to have the same outcome by doing it in a different way and also learning to be more communitive with our patients so that they would voice when they are in pain to say like, "I'm not very comfortable with what you're doing right now" and then maybe we can try and change it.
Training	Clinical training	Transcript 13_30_11_2021	At the end of the day, I didn't get to fully see his picture come to an end, which kind of sucks. They just said that it would be better if someone who's a bit more mature, one of the qualified physios should just deal with him, because maybe they'll be able to better manage him.

Category	Code	Case	Text
Training	Support	Transcript 13_30_11_2021	When I did and if I thought of something, I would immediately go to my supervisor, give them a like a quick history and sort of give them an idea of what I think is an issue and maybe I think I should refer them to psychology or the social worker. I never ever spoke to the patient or brought up psychosocial issues with the patient. Sometimes they just brought it up in the conversation but I would never even try to elicit anything. Sometimes they would say this is x,y,z happening at home. Yeah, I wouldn't ask.
Training	Theoretical training	Transcript 13_30_11_2021	I remember in first year, we learnt about different pain theories and pain gate theory mainly. That was the main one but I remember just learning it for an exam. Then we learnt that, OK when you activate certain fibres, they work and I think the thicker diameter nerve fibres will overtake it. Also learning that pain is sort of like a multi-faceted phenomenon where someone could if they have the willpower or their own perception of the pain, they can mask it lower than what it really is. Over the years, it was just sort of if we are doing empty can or like a different shoulder test it would be positive with pain or whatever. So that was just sort of the general information. The only time we got into it deeply again that I can remember was in fourth year sports block where our supervisor went through the different pain pathways and all of that. So that was when I realized, "Oh no pain is actually quite a big thing". I forgot we did learn about it in Physiology as well, but that was just the physiological part and not really how it really impacts the patient and how it matters to me. So I think a lot of it was just I need to get through this so I can make it through to the next step, but not
Training	Clinical training	Transcript 14_06_12_2021	With those skills, I thought that I learned more, but in terms of my block I wanted to learn a bit more and get a bit more exposure because it felt like we had very little time to spend with the NMS patients.
Training	Theoretical training	Transcript 14_06_12_2021	No, I don't think so. My knowledge isn't too good on chronic pain because we did only have one lecture during our sports block and then we had a brief discussion at Bara. I would like to do some more research on it and then probably be more educated so I can speak to colleagues and then patients as well but I would simplify it for patients.
Training	Clinical training	Transcript 14_06_12_2021	I would move on to the objective and she wouldn't really like being touched and then with the treatments we tried to massage her back because she explained that she had pain in her back and then she just started crying. I was quite taken off guard. I was taken by surprise because I've never experienced that before and then our supervisor came in and she explained it. She actually spoke to the patient. She got her to speak more about the experience and then referred her to a psychologist because obviously she had PTSD from the incident and she still hadn't got past that. No matter what her pain actually was, she was still very shaken up and everything.

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Training	Theoretical training	Transcript 14_06_12_2021	Uhm, no, to be honest, I don't think so. If they show emotion like crying, I could see with that patient but otherwise I cannot. I wish Wits taught us more about how to speak to patients psychologically and how to talk to them about their feelings and stuff because I kind of had to learn that on my own. It’s difficult to see if they are depressed or anxious.
Training	Theoretical training	Transcript 14_06_12_2021	In first year, we learnt pain gate theory. It was pretty cool because I didn’t understand it. In 2d year, the anatomy and physiology behind pain and then 3rd year was how to treat pain and that was more acute pain, electrotherapy and everything. In 4th year, chronic pain came up and that pain is not always due to and acute pain. It can be long lasting and people’s emotions and feelings can influence it as well.
Training	Theoretical training	Transcript 14_06_12_2021	Yes. We might have had a pre-clinical lecture but I remember having like 2 sessions of chronic pain in our sports block with our supervisor where we went quite into depth which was nice.
Training	Clinical training	Transcript 14_06_12_2021	Yes. We might have had a pre-clinical lecture but I remember having like 2 sessions of chronic pain in our sports block with our supervisor where we went quite into depth which was nice.
Training	Theoretical training	Transcript 14_06_12_2021	After I've done a bit more research on it and getting more practice with speaking to patients about their feelings and emotions, then definitely.
Training	Clinical training	Transcript 15_08_12_2021	She came in and obviously at that point I didn't know much of what was going on and she was trying to educate me [laughter].
Training	Theoretical training	Transcript 15_08_12_2021	It was taught to us as in terms of the definition: An unpleasant sensory and emotional experience that is sometimes linked to a physical thing but not always or potential tissue damage. So for me, my teaching of pain was like it is not always coming from a source or from a specific cause, like a cut. Different things cause the pain, emotional things, things that can make the pain better or worse.
Training	Theoretical training	Transcript 15_08_12_2021	I do not think chronic pain was very much touched on. They gave us the timeline like 0-1 weeks is acute, 3-6 weeks is subacute and then 6 weeks and onward is more chronic pain. So chronic pain is more about how long you have had the pain.

Category	Code	Case	Text
Training	Theoretical training	Transcript 15_08_12_2021	I wouldn't say that I was left out to dry and that they didn't do anything for us. I think the lecturers tried to explain it to us a little bit better. We had a lecture about pain in our second year and that was more pain gate theory and then a Masters' students also came in and explained to us that pain is not was always from a physical thing but that was pretty much it in terms of learning about pain.
Training	Theoretical training	Transcript 15_08_12_2021	No, no I don't. I don't think so especially if it's a complicated type of chronic pain. My external exam patient had a specific course that resulted in long term pain and I could see an end… like we will get you pain out of your back, just trust the process. That I will feel comfortable to manage. If it is a patient in OPD, with lumbar OA, been here for 2 years… some of them are saying this is a yellow flag type of pain patient... Chronic pain… I don't feel I would be able to treat them.
Training	Theoretical training	Transcript 15_08_12_2021	I'll say two things in terms of the learning aspect: I thinking having a lecture that discusses a typical chronic pain patient and then mapping out what we can do for them would help. Obviously it's not a recipe, you cannot do the same thing for every patient but I think just seeing what our thinking should be like in terms of managing chronic pain patients. Secondly, maybe with a lecturer, they could supervise learning in a clinical setting. So like all of us treating an actual a patient or watching a lecturer/qualified physio treat a patient in the clinical setting.
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Training	Theoretical training	Transcript 3_12_11_2021	Yeah, related to chronic pain, I didn't know anything about it before I went into my clinical block. I still don't know anything about chronic pain and I feel like a lot of the education that we've received is acute pain, acute pain, acute pain, and then you get into clinicals and get these harder patients… chronic pain patients and I don't know what to do with them. You know how to treat them because you've got a little summary in your notes and then you'd be doing this exercise, but you don't know how to handle them. You don't know much about where their chronic pain is coming from, no sense of what's happening, and yeah… that that was really difficult. Having to find it out myself.
Training	Theoretical training	Transcript 4_15_11_2021	So, I was taught pain in the physiotherapy course so, yeah, they are always teaching that pain is a subjective thing. We've never really went deep into it or maybe I've missed the lecture that went deep into it. But yeah, I don't think we've went deep into it such that we acknowledge that there are so many factors that could contribute it and there are so many factors that could hinder you too.

Category	Code	Case	Text
Training	Theoretical training	Transcript 4_15_11_2021	I'll say moderate, not like I'm exceptionally prepared to managing a patient with chronic pain. They taught me to assess which is very important and then if you assess, then you'd know the cause and then you can treat the cause of pain and then they always addressing that you should always educate the patient about their diagnosis. Therefore, the patient will understand what causes their pain. They helped but not to the extent of teaching that some chronic patients should get like emotional support. That is addressed in ICU but not that much.
Training	Clinical training	Transcript 4_15_11_2021	Most of the patients that we're seeing at the hospital, have been my supervisor's patients for quite a long, long time so few times they would tell us, "I know this one", "this works for them", "this doesn't work or they like to do this", "I gave them exercise". So they will help us getting up to speed with those patients and also if it's a new patient, they will tell you that it is most probably is this and that as the patient is feeling this kind of symptom.
Training	Clinical training	Transcript 4_15_11_2021	Like I would just step out of the room and ask the supervisors what they think. I would tell them what I have assessed and they maybe tell me to ask the questions that I missed.
Training	Support	Transcript 4_15_11_2021	Like I would just step out of the room and ask the supervisors what they think. I would tell them what I have assessed and they maybe tell me to ask the questions that I missed.
Training	Theoretical training	Transcript 4_15_11_2021	I feel like university doesn't prepare us for every kind of environment issues. It prepares us for ideal environment.
Training	Theoretical training	Transcript 5_16_11_2021	Oh ok, so how does that influence the way I treat patients… so we had talked pain in terms of the pain mechanisms, so the pain gate theory and then we went into depth about that and also when we learned electrotherapy we learned a lot about that and also myofascial release. We also learnt a lot about pain in terms of physiology and anatomy throughout the whole course. Basically in every single module and yeah it has definitely come up. Like I do take a lot of that information through in terms of what I'm explaining to patients and you've obviously got to respect patients' pain. You also can't let pain limit you too much because you want to also get rid of the pain and treat the pain but you also don't want to not do anything. So there's a very fine line between too much and too little.
Training	Theoretical training	Transcript 5_16_11_2021	I only learned a lot about chronic pain this year with one of my lecturers in the sports block because we had a bit of a tutorial on chronic pain.
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Training	Clinical training	Transcript 5_16_11_2021	Yes, so that was actually where I learnt about chronic pain, in that little tutorial during my clinical blocks, not during my pre-clinical teaching. I didn't have much knowledge about chronic pain until this year, you know. I sometimes feel like the NMS block is all over the place… I don't have that much knowledge on it, I'm only kind of starting to join the dots now in my last block.
Training	Clinical training	Transcript 5_16_11_2021	Well, just in terms of direction and in terms of what to look out for… what techniques work. That lecturer who gave us the tutorial on chronic pain, she actually has a lot of experience in chronic pain and that's why she gave us such an in depth tutorial on it. She really gave me a lot of guidance, gave everyone a lot of guidance on chronic pain and in terms of you know psychosocial factors as well and not just tissue kind of pain. Yeah, so I really learned a lot from her snd I guess I just got different kind of guidance from each supervisor.
Training	Support	Transcript 5_16_11_2021	Well, just in terms of direction and in terms of what to look out for… what techniques work. That lecturer who gave us the tutorial on chronic pain, she actually has a lot of experience in chronic pain and that's why she gave us such an in depth tutorial on it. She really gave me a lot of guidance, gave everyone a lot of guidance on chronic pain and in terms of you know psychosocial factors as well and not just tissue kind of pain. Yeah, so I really learned a lot from her snd I guess I just got different kind of guidance from each supervisor.
Training	Theoretical training	Transcript 6_17_11_2021	Through my university years, hmm… It was mostly this year to be honest. In the first three years it was mainly limited to pain in general, pain gate theory. It was mostly limited and that was when we learnt about pain in general. This year, it was mainly through experience, yeah, lots of experience and we were taught some things.
Training	Clinical training	Transcript 6_17_11_2021	Through my university years, hmm… It was mostly this year to be honest. In the first three years it was mainly limited to pain in general, pain gate theory. It was mostly limited and that was when we learnt about pain in general. This year, it was mainly through experience, yeah, lots of experience and we were taught some things.
Training	Theoretical training	Transcript 6_17_11_2021	Uhm, I think, I think they did because it is part of like an orientation into the block. Oh, no no. It was actually in our sports block that I learnt about chronic pain, not during my pre- clinical teaching. In the block, it was more of a video and then you go study and that's that.
Training	Clinical training	Transcript 6_17_11_2021	Yeah yeah, especially with the tutorials. Yeah, those were very helpful because there was more focus on specifics and then we focused on a patient so it was more practical then. It was more practical then us just talking about chronic pain. To be honest, I've learned more from practicals than just listening to someone. Yeah, I want to implement what you are saying and then from there I can memorize it much better.

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Training	Support	Transcript 6_17_11_2021	Yeah yeah, especially with the tutorials. Yeah, those were very helpful because there was more focus on specifics and then we focused on a patient so it was more practical then. It was more practical then us just talking about chronic pain. To be honest, I've learned more from practicals than just listening to someone. Yeah, I want to implement what you are saying and then from there I can memorize it much better.
Training	Clinical training	Transcript 7_18_11_2021	We don't have much experience with it because… well especially at Bara, the permanent staff would take those patients. They'd be like this is a chronic back patient, so we'll deal with it. And then yeah, that was basically it.
Training	Theoretical training	Transcript 7_18_11_2021	We have absolutely no experience with chronic back pain because it's not something that's in the syllabus. As much as people always say refer to the pain lectures, it's not covered at all.
Training	Clinical training	Transcript 7_18_11_2021	And then at Bara, the experience that there was basically, "we'll [the permanent physio staff] take the chronic back pain patients" and we never really understood why. Then they would say do lot of rotations, exercise and advice but that was it. We didn't know what advice to give or what to give.
Training	Clinical training	Transcript 7_18_11_2021	We had our sports block afterwards and the supervisor there did a chronic pain tutorial and that was insightful. She really went into chronic pain, this is what it is, this how it works and this is how you go ahead treating it. Now, I always say if we had that tutorial before our Bara NMS/Ortho/OPD block, we would have understood much better…
Training	Theoretical training	Transcript 7_18_11_2021	Definitely not! Especially because since we had that tutorial in our sports block on chronic pain, I never had a chronic pain patient to practice those skills on. Yeah, no, definitely not. I think it's things you learn on your own afterwards.
Training	Clinical training	Transcript 7_18_11_2021	Definitely not! Especially because since we had that tutorial in our sports block on chronic pain, I never had a chronic pain patient to practice those skills on. Yeah, no, definitely not. I think it's things you learn on your own afterwards.
Training	Clinical training	Transcript 7_18_11_2021	Researcher: OK, and do you think that you are equipped to give people this education? Participant 7: No, no… It was just one tutorial and I can barely remember the physiology of it. It's very complicated. Like I mean it was something that we did in an hour and there was so much on pain. The section on chronic pain started in the last 15 minutes of it. So, I know it was something she even said go home and practice how exactly how you would explain pain and chronic pain to your patient… but obviously that didn't happen.

Category	Code	Case	Text
Training	Theoretical training	Transcript 7_18_11_2021	Researcher: OK, and do you think that you are equipped to give people this education? Participant 7: No, no… It was just one tutorial and I can barely remember the physiology of it. It's very complicated. Like I mean it was something that we did in an hour and there was so much on pain. The section on chronic pain started in the last 15 minutes of it. So, I know it was something she even said go home and practice how exactly how you would explain pain and chronic pain to your patient… but obviously that didn't happen.
Training	Theoretical training	Transcript 7_18_11_2021	Definitely! Everyone, I think all the time, lecturers always referred to pain education, pain education but we have no pain education. We've never had this. Sometimes you would think there is something that I missed or lecture that I did not attend but there's nothing. We weren't given any pain education on how we are supposed to explain pain to patients.
Training	Theoretical training	Transcript 7_18_11_2021	I think that there really needs to be a section on pain and all sorts of pain especially chronic pain. I don't think we can be sent into a setting in 4th year OPD where we are dealing with so many backs and so much of chronic pain back and not have anything to refer to. I think they definitely need to add pain in a proper section, even if it's in second or third year but definitely before you even get to clinicals. It needs to be added as a section.
Training	Clinical training	Transcript 7_18_11_2021	I think it was very much, “this is a chronic pain patient so we will take them”. I don't think we were empowered in any way to help these patients. We sat in on a session and I think we could have ask if we wanted to really see these patients and learn. I don't think anyone really went out of their way to explain like this is what it is. I also think that there are so many supervisors themselves who don't really understand chronic pain or who don't like dealing with chronic pain. They're not really going to explain it to you because they themselves are like, “oh no, not this patient again”.I don't think I learnt anything in OPD about chronic pain until that tutorial in the sports block.
Training	Support	Transcript 7_18_11_2021	I think it was very much, “this is a chronic pain patient so we will take them”. I don't think we were empowered in any way to help these patients. We sat in on a session and I think we could have ask if we wanted to really see these patients and learn. I don't think anyone really went out of their way to explain like this is what it is. I also think that there are so many supervisors themselves who don't really understand chronic pain or who don't like dealing with chronic pain. They're not really going to explain it to you because they themselves are like, “oh no, not this patient again”.I don't think I learnt anything in OPD about chronic pain until that tutorial in the sports block.

Category	Code	Case	Text
Training	Theoretical training	Transcript 7_18_11_2021	So I think definitely changing that curriculum and then also if, actually, being in that situation where you've got a patient and one of your supervisors came, sat in and guided you. If the supervisor does the session or sits with me on a session and tells me how I could do it better. I know there's no structured way to teach someone about chronic pain, but maybe having at least lecture notes or something on chronic pain that you can refer to. At the moment we have no resources on chronic pain so I think those things could really help.
Training	Clinical training	Transcript 7_18_11_2021	So I think definitely changing that curriculum and then also if, actually, being in that situation where you've got a patient and one of your supervisors came, sat in and guided you. If the supervisor does the session or sits with me on a session and tells me how I could do it better. I know there's no structured way to teach someone about chronic pain, but maybe having at least lecture notes or something on chronic pain that you can refer to. At the moment we have no resources on chronic pain so I think those things could really help.
Training	Theoretical training	Transcript 7_18_11_2021	Actually, yeah, I definitely think when I saw your study I said, “this is definitely something that needs to be done”. It's such it's such a big part of what we do. Pain is such a big part of what we do and if we don't know enough about it then how do we teach people to manage it? How do we manage it? So it's actually shocking that we have this little information about it because almost all of our patients usually have some sort of pain. There is like a physical aspect and emotional aspect and there is something that we should be doing but we do not know what. I think we also need to be doing better. We need to know how to deal with people in general. I think people, people skills are so important. People skills come in a big way into education. We have to have people skills so that we do not sounds patronizing when we speak to people. I think the way we give our education is very important. We need better people skills.
Training	Clinical training	Transcript 7_18_11_2021	Actually, yeah, I definitely think when I saw your study I said, “this is definitely something that needs to be done”. It's such it's such a big part of what we do. Pain is such a big part of what we do and if we don't know enough about it then how do we teach people to manage it? How do we manage it? So it's actually shocking that we have this little information about it because almost all of our patients usually have some sort of pain. There is like a physical aspect and emotional aspect and there is something that we should be doing but we do not know what. I think we also need to be doing better. We need to know how to deal with people in general. I think people, people skills are so important. People skills come in a big way into education. We have to have people skills so that we do not sounds patronizing when we speak to people. I think the way we give our education is very important. We need better people skills.

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Training	Theoretical training	Transcript 8_22_11_2021	The other thing is that the lectures really don't really prepare you for what you experience like at all. The ortho was ok, it was actually fine. It was NMS, the outpatients that was the problem.
Training	External influences on training, e.g. COVID-19	Transcript 8_22_11_2021	There were four of us placed there so I would see only one patient by myself a day. I think it is also because the block is split in two- we had NMS/outpatients from 08:00-10:00 so then sometimes you have one patient who comes in at like 8:30 till 9:30 so then you only see one patient. If you're lucky, you see the one patient by yourself, but generally it was altogether.
Training	Clinical training	Transcript 8_22_11_2021	It was mainly the patient load that was the problem. It just was not enough. I think this is the hardest section and have the least amount of experience with it.
Training	Theoretical training	Transcript 8_22_11_2021	No! I think maybe the lumbar spine lectures helped, but other than that no. The lectures, it is like we cram all that work for the theory test and then they do not come out in the theory test, let alone the clinical block. It was just a huge amount of workload, a huge file and maybe one little booklet had relevance.
Training	Theoretical training	Transcript 8_22_11_2021	Uhm, maybe a little… I am trying to remember my lecture notes now… but… maybe not so much, actually, because we're not really taught chronic pain. We weren't really taught pain, like we learn acute and chronic. Chronic pain being pain that last longer than 4 weeks and not really like what you see in the clinics. We had like a little bit in the sports blocks where they tried to explain it but like not properly. So it will be a fairly simple explanation with colleagues.
Training	Clinical training	Transcript 8_22_11_2021	Uhm, maybe a little… I am trying to remember my lecture notes now… but… maybe not so much, actually, because we're not really taught chronic pain. We weren't really taught pain, like we learn acute and chronic. Chronic pain being pain that last longer than 4 weeks and not really like what you see in the clinics. We had like a little bit in the sports blocks where they tried to explain it but like not properly. So it will be a fairly simple explanation with colleagues.
Training	Theoretical training	Transcript 8_22_11_2021	So for instance, we were taught that like with an acute injury, it goes sub-acute and then chronic. We are then taught pain is chronic because it's longer than five weeks or something not really a clear description of a chronic pain patient. In sports in second and third year, we were talking about a chronic injury and then they would say the pain is still there, but not like the chronic pain patients that we see in the clinics.
Training	Clinical training	Transcript 8_22_11_2021	So for instance, we were taught that like with an acute injury, it goes sub-acute and then chronic. We are then taught pain is chronic because it's longer than five weeks or something not really a clear description of a chronic pain patient. In sports in second and third year, we were talking about a chronic injury and then they would say the pain is still there, but not like the chronic pain patients that we see in the clinics.

Category	Code	Case	Text
Training	Theoretical training	Transcript 8_22_11_2021	Researcher: OK, I know that you said that because of the way the block was structured, you didn't have much experience. Do you think that that hinders the way you're going to go into comm serve now and treat patients? Participant 8: Yes, yeah, shooh, definitely!! I chose no clinic or anything like that because number one, I wouldn't know what I was doing and I don't normally enjoy it… but I think I don't really enjoy it because thanks to COVID and I don't have much experience, I wasn't able to enjoy it.
Training	Clinical training	Transcript 8_22_11_2021	Researcher: OK, I know that you said that because of the way the block was structured, you didn't have much experience. Do you think that that hinders the way you're going to go into comm serve now and treat patients? Participant 8: Yes, yeah, shooh, definitely!! I chose no clinic or anything like that because number one, I wouldn't know what I was doing and I don't normally enjoy it… but I think I don't really enjoy it because thanks to COVID and I don't have much experience, I wasn't able to enjoy it.
Training	External influences on training, e.g. COVID-19	Transcript 8_22_11_2021	Yes, yeah, shooh, definitely!! I chose no clinic or anything like that because number one, I wouldn't know what I was doing and I don't normally enjoy it… but I think I don't really enjoy it because thanks to COVID and I don't have much experience, I wasn't able to enjoy it.
Training	Theoretical training	Transcript 8_22_11_2021	So they taught us like the pain gate theory and then we were taught how to do SIN [Severity, Intensity and Nature of pain]. That was about it really. I did physiology a few year ago, I didn't do it in physio so I do not know how the physios were taught then or what was taught. That was mainly it though. There is a notebook on pain but we didn't really go over it in lectures and that so it was not really taught. The only time I really got to know pain was in the block itself.
Training	Clinical training	Transcript 8_22_11_2021	They would guide your treatment. If you ask they would help guide where your thinking was and how you would treat those patients. If you ask...
Training	Clinical training	Transcript 8_22_11_2021	Having like a chronic pain like set tutorial would help and maybe explanation of how it differs from other patients. And maybe even in the blocks like beforehand, in your first week if there was proper set time for it to be explained to patients and how to approach patients.
Training	Theoretical training	Transcript 8_22_11_2021	Having like a chronic pain like set tutorial would help and maybe explanation of how it differs from other patients. And maybe even in the blocks like beforehand, in your first week if there was proper set time for it to be explained to patients and how to approach patients.
Training	Theoretical training	Transcript 8_22_11_2021	I will say a lack of knowledge. Anatomy is crammed, like I did it a long time, but even then it's like crammed. Everything is. You don't really do it until you get into physio. I feel like the knowledge is there but not enough for me to feel comfortable and confident to know what is happening with my patient.

Category	Code	Case	Text
Training	External influences on training, e.g. COVID-19	Transcript 8_22_11_2021	I think with NMS, the whole year I saw like no shoulders, maybe one. I mean, there's just like a lack of exposure to things. In my ortho block I saw no hip replacements, just 2 knee replacements. I know it's not anyone's fault and it's COVID, but there is definitely a lack of exposure to certain conditions. Some students will see some and like lots of some things and then others will see lots of other things… and they won't see the same thing
Training	Clinical training	Transcript 9_23_11_2021	Obviously at Baragwanath, they don't have a lot of supervision just because they're also so busy. We also only got 2 hours for OPD and then the rest of the time was orthopaedics at Bara, so I didn't have a lot of experience with OPD.
Training	Theoretical training	Transcript 9_23_11_2021	It also feels like we weren't taught a lot in OPD. I mean not that we were not taught a lot, but just the teaching wasn't amazing. I was kind of struggling and you only got 2 hours experience per day. We didn't have great teaching either so I don't feel very well versed in OPD.
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Training	Theoretical training	Transcript 9_23_11_2021	I think the notes were just so extensive and then also because they had to teach online, they were just doing voice overs but they were kind of just reading the notes. They didn't really add anything to it. They were so long that when you even get to the point of like we have to study them, you almost get tired of reading throughout that you cannot actually focus and understand what you're supposed to be doing. There's just so much, especially for spinal. For OPD so like cervical, lumbar and SIJ, we were shown the tests once and that was kind of it because with COVID they could not really take the time and teach it.
Training	External influences on training, e.g.	Transcript 9_23_11_2021	I think the notes were just so extensive and then also because they had to teach online, they were just doing voice overs but they were kind of just reading the notes
Training	External influences on training, e.g.	Transcript 9_23_11_2021	For OPD so like cervical, lumbar and SIJ, we were shown the tests once and that was kind of it because with COVID they could not really take the time and teach it.
Training	Theoretical training	Transcript 9_23_11_2021	OK, so in first year, I can't really remember, but they did speak about the gate theory of pain and they like drew the diagram for us and then in 3rd year we learned about like assessing so the VAS scale with pain and then they went into more depth talking about looking SIN and how to draw it on the body chart and that kind of thing. Then obviously in terms of treatment, they taught us different treatment techniques through like your TENS, soft tissue and stretches, strengthening all of those fun things and then we didn't really touch on pain that much. It was kind of a continuation of the other years.

Category	Code	Case	Text
Training	Theoretical training	Transcript 9_23_11_2021	I think we had a lecture or two. I can't remember exactly how many, but they did have a lecture specifically on chronic pain. I don't think it was this year, though it must have been last year or second year and they just spoke about how chronic pain can affect people’s lives and vice versa. We also had a tutorial from one of our sports lecturers about pain and how it like relates to the spinal cord. That's as much as I can remember from chronic pain.