

OCCUPATIONAL THERAPY IN SOUTH AUSTRALIA: A STUDY INTO  
EARLY INTERVENTION SERVICE DELIVERY

Appendix I First Online Focus Group: Short Questionnaire

Instructions for completion:

Please fill in completing this form electronically. Indicate the number in order to indicate your choice.

Your options for returning this form:

E-mail: [kath.rothoff@hotmail.com](mailto:kath.rothoff@hotmail.com)

Ph: 084 771 4290

Mail: Kath Rothoff, Occupational Therapy School, UniSA, GPO Box 2471, Adelaide 5001

DATES OF ONLINE CONFERENCE:

1. Please indicate the degree to which you have found this week's focus group worthwhile:

Not worthwhile at all	Not worthwhile	Average	Worthwhile	Very worthwhile
1	2	3	4	5

Comments:

2. Please indicate the degree to which you have found the presentation of the results:

Regarding the way in which the information was presented:

Not clear at all	Somewhat clear	Average	Clear	Very clear
1	2	3	4	5

Comments:

Regarding the layout of the information on the website.

## OCCUPATIONAL THERAPY IN SOUTH AUSTRALIA: A STUDY INTO EARLY INTERVENTION SERVICE DELIVERY

Instructions for completion:

If you are completing this form electronically, **bold** the number in order to indicate your choice

Your options for returning this form:

E-mail (kobieboshoff@hotmail.com)

Fax: 08-8373 3290

Mail: Kobie Boshoff, Occupational Therapy School, UniSA, GPO Box 2471, Adelaide, 5001

### DATES OF ONLINE CONFERENCE:

1. Please indicate the degree to which you have found this week's focus group worthwhile:

Not worthwhile at all	Not worthwhile	Average	Worthwhile	Very worthwhile
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Comments:

2. Please indicate the degree to which you have found the presentation of the results:

- Regarding the way in which the information was presented:

Not clear at all	Somewhat clear	Average	Clear	Very clear
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Comments:

Any additional information that you would like to provide regarding this week's focus group:

- Regarding the layout of the information on the website:

Not clear at all	Somewhat clear	Average	Clear	Very clear
1	2	3	4	5

Comments:

- Regarding the selection of the information which was presented:

Not appropriate at all	Somewhat appropriate	Appropriate	Appropriate	Very appropriate
1	2	3	4	5

Comments:

3. Can this information be applied to your work setting: Yes / No

Please describe

4. Please indicate on the scale your experience of using this week's online computer conferencing as discussion forum:

Very negative	Negative	Average	Positive	Very positive
1	2	3	4	5

Comments:

5. Any additional information that you would like to provide regarding this week's focus group:

OCCUPATIONAL THERAPY IN SOUTH AUSTRALIA: A STUDY  
INTO EARLY INTERVENTION SERVICE DELIVERY

Appendix J Online Focus Groups 2 – 5: Short Questionnaire

Instructions for completion:

\* If you are completing this form electronically, hold the number in order to indicate your choice.

\* Your options for returning this form:

1. Email (klobuebschuff@hotmail.com)

2. Fax (08-8377) 0290

3. Mail: Andrew Klobuebschuff, Occupational Therapy School, UniSA, GPO Box 2471, Adelaide, 5001

TITLE:

DATE OF CONFERENCE:

\* Please indicate the degree to which you have found this week's focus group useful?

Not useful at all	Not useful	Average	Useful	Very useful
1	2	3	4	5

Signature:

Please indicate the degree to which you have found the presentation of the information by the guest speaker:

## OCCUPATIONAL THERAPY IN SOUTH AUSTRALIA: A STUDY INTO EARLY INTERVENTION SERVICE DELIVERY

Not clear at all      Somewhat clear      Average      Clear      Very clear

### Instructions for completion:

- If you are completing this form electronically, **bold** the number in order to indicate your choice
- Your options for returning this form:

E-mail (kobieboshoff@hotmail.com)

Fax: 08-8373 3290

Mail: Kobie Boshoff, Occupational Therapy School, UniSA, GPO Box 2471, Adelaide, 5001

**TOPIC:**

**DATE OF CONFERENCE:**

1. Please indicate the degree to which you have found this week's focus group worthwhile:

Not worthwhile at all	Not worthwhile	Average	Worthwhile	Very worthwhile
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<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Comments:

Not appropriate at all      Somewhat appropriate      Appropriate      Very appropriate

1      2      3      4

Comments:

2. Please indicate the degree to which you have found the presentation of the information by the guest speaker:

- Regarding the way in which the information was presented

Not clear at all	Somewhat clear	Average	Clear	Very clear
1	2	3	4	5

Comments:

- Regarding the layout of the information on the website:

Not clear at all	Somewhat clear	Average	Clear	Very clear
1	2	3	4	5

Comments:

- Regarding the selection of the information which was presented:

Not appropriate at all	Somewhat appropriate	Appropriate	Very appropriate
1	2	3	4

Comments:

Regarding the interaction with the guest speaker:

Not good at all	Below average	Average	Good	Very good
1	2	3	4	5

Comments:

Very negative	Negative	Average	Positive	Very positive
1	2	3	4	5

3. Can this information be applied to your work setting currently?

No, not at all	No not currently, but possibly in the future	Unsure, but I will give it further consideration	Yes, with some modifications	Yes, it can be applied as it was presented
1	2	3	4	5

4. Do you foresee difficulties in applying this model in your work setting currently: Yes/ No

If yes: What are the difficulties you foresee applying this model in your work setting currently:

Support of upper management	Support of staff	To develop strategies to apply the model	To mobilise resources to apply the model	Unsure
1	2	3	4	5

Comments

5. To implement this model would you require more information? Yes/No

Appendix K First Online Focus Group: Content Analysis

6. Please indicate on the scale your experience of using this week's online computer conferencing as discussion forum:

Very negative	Negative	Average	Positive	Very positive
1	2	3	4	5

Comments:

7. Any additional information that you would like to provide regarding this week's information session:



## CONTENT ANALYSIS OF FIRST ONLINE CONFERENCE:

### General Impress Appendix K First Online Focus Group: Content Analysis

- 12 services participated in the discussion
- Participation occurs predominantly during standard office hours
- The country group seemed to be more active than the metropolitan group
- 2 services reported new paediatric service delivery
- 2 services reported new temporary funding obtained for existing paediatric services

## RESULT 1: LIMITED RESOURCES

### Description of results:

### Context of this result:

- Inadequate funding of new services from the start
- Annual budget cuts for existing services
- Country group reports that most of their services originate out of Districtary cases. Services with funding directed towards the aged population. Over the years, small percentages of funds and time have been allocated towards paediatric
- Country group: sole paediatric services in large areas, no other clinical cases or conditions

### Reasons:

- Historical: OTs were not as active as Speech Pathologists in lobbying for services
- Difficult to illustrate the link between our services and the outcomes

### Consequences:

- Understaffing
- Limited services provided: limited areas, limited age groups, limited venues (eg. school based), limited opportunities to develop relationships with other agencies eg. UETE, time limitations for intervention
- Long waiting lists
- Families travelling from far for services – inequity and access issues
- Therapists feeling frustrated, burnt out
- Therapists feeling that they are providing incomplete services

Past and current actions taken:

## CONTENT ANALYSIS OF FIRST ONLINE CONFERENCE:

### General impressions / info on services and participation:

- 12 services participated in the discussion
- Participation occurred predominantly during standard office hours
- The country group seemed to be more active than the metropolitan group
- 2 services reported new paediatric service delivery
- 2 services reported new temporary funding obtained for existing paediatric services

### RESULT 1: LIMITED RESOURCES

#### Description of results:

#### Context of this result:

- Inadequate funding of new services from the start
- Annual budget cuts for existing services
- Country group reports that most of their services originate out of Domiciliary Care Services with funding directed towards the aged population. Over the years, small percentages of funds and time have been allocated towards paediatric
- Country group: sole paediatric services in large areas, with other clinical cases on caseloads

#### Reasons:

- Historical: OTs were not as active as Speech Pathologists in lobbying for services
- Difficult to illustrate the link between our services and the outcomes

#### Consequences:

- Understaffing
- Limited services provided: limited areas, limited age groups, limited venues (eg school based), limited opportunities to develop relationships with other agencies eg DETE, time limitations for intervention
- Long waiting lists
- Families travelling from far for services – inequity and access issues
- Therapists feeling frustrated, burnt out
- Therapists feeling that they are providing incomplete services

### **Past and current actions taken:**

- Lobbying for paediatric services: regional boards and government, upper management, Department of Human Services. E.g. AAOT SA: lobbying relevant Members of Parliament
- Applying for grants
- Strengthening links with other agencies which may be future employers of OTs, e.g. DETE
- Participation in regional forums and networks
- Strategic use of final year OT students
- Feedback from consumers and the need for services and presentation to upper management
- Use of media to promote OT
- Apply for extra funds
- Use of lobbying bodies, e.g. parent groups and other community groups to strengthen the case for OT services
- Unit planning days

### **Possible strategies (may overlap with “Past actions taken”):**

- Promotion of OT in EI
- Strong representation at and presentation to the upper management levels
- State wide appeal, introducing OT to politicians, government
- Regional forums: identify needs, statistics
- A unified, coordinated approach from all EI services
- E-mail distribution lists
- Audio conferences (one existing in North Western country area)
- Use of lobbying bodies, e.g. parent groups and other community groups to strengthen the case for OT funding
- Sharing of resources: sharing treatment facilities, run joint programmes, joint in-services
- Shared resource preparation especially health promotion
- Develop joint funding grants and providing support for each other in writing funding grants
- For country OTs: consider working on/ lobbying for transferring Domiciliary Care funds into paediatric
- Consider fee for service process
- Creative exploration of ways in which services are provided
- Consider changing focus from individual treatment focussed to a community development model

### **Other discussion/ impressions:**

- Frustration with limited resources apparent in the discussion
- Continual referral to Speech Pathologists and their effective way of lobbying for their services

## RESULT 2: UNDERSTAFFING

### Description of results: WAITING LISTS AND SERVICES TO CLIENTS ON WAITING LISTS

#### Context of this result:

##### Description of results:

- Related to limited resources: not about limited number of OTs
- No services to refer on to once children become school aged; the need for continuation of services once they reach school age (compared to Speech Pathologists in schools that take on clients once they reach school age)
- Country therapists reported
- Difficulty in attracting experienced paediatric therapists to their region which decreased efficiency
- Difficulty in the retention of experienced OTs

#### Consequences:

- Limited services provided to school aged children in lieu of EI as a priority
- Limited time to spend on research and health promotion projects

##### Consequences:

#### Past actions taken:

- Changes in service delivery: groups, home programmes, intervention “blocks”
- Use of volunteers (some difficulties with time spent on training, keeping trained volunteers and finding suitable volunteers)
- Use of “peer group leaders”, i.e. past parents in intervention
- Prioritising caseloads: school aged children lowest priority
- Use OT assistant more
- Trialing different caseload management strategies
- Collecting data re waiting list and need to present to upper management

#### Possible strategies (may overlap with “Past actions taken”):

- Refer to private therapists for those with private cover
- Use of waiting list statistics to provide evidence of the need for more staff
- More strategic use of OT assistants: look at role of OT assistants carefully
- Country group reports that groups are not always the answer to them, since they

#### Other discussion/ impressions:

- Increased emphasis on parent participation in home programmes
- Therapists feel dissatisfied with their services to clients
- Consultancy with appropriate staff
- Temporary increase in staffing to work through waiting list

##### Current actions:

- Drawing books with simple ideas for families on how to encourage drawing and participation in these activities at home
- Prioritising clients
- Modified reports (shortened) and use of pre-set report format
- Modified procedures at referral: immediate assessment with booking into a coming “intervention block”
- Keep statistics on waiting list and report to higher management

Possible strategies (may overlap with "Past actions taken"):

### RESULT 3: LONG WAITING LISTS AND SERVICES TO CLIENTS ON WAITING LISTS

#### Description of results:

#### Context of this result:

- Hospital services report that they receive more referrals when other services tighten their service criteria
- Public becoming more aware of importance of EI

#### Reasons:

- Inadequate resources
- No service to refer on to once children reach school age
- Lack of time to deal with current caseloads

#### Consequences:

- Limited/no services to clients on waiting lists
- Unhappy clients on waiting list
- Poor reputation with other service providers
- Increased pressure on staff
- Decreased work satisfaction
- Potentially increased difficulties with staff retention

#### Past actions taken:

- Review of current service delivery policy and implementation of policy based on service provision limitations
- Refer to private therapists for those with private cover
- Suggest initial assessment by private therapist while on waiting list
- Use of groups to work through current cases faster
- Country group reports that groups are not always the answer to them, since they lack numbers with the same needs to form groups
- Increased emphasis on parent participation in home programmes
- Increased emphasis on schools to provide support for school programmes following consultancy with appropriate staff
- Temporary increase in staffing to work through waiting list

#### Current actions:

- Drawing booklet with simple ideas for families on how to encourage drawing and participation in these activities at home
- Prioritising clients
- Modified reports (shortened) and use of pre-set report format
- Modified procedures at referral: immediate assessment with booking into a coming "intervention block"
- Keep statistics on waiting list and report to higher management

### Possible strategies (may overlap with “Past actions taken”):

- Focus more on health promotion to eliminate waiting lists in the first place (on the long term): raising community awareness in terms of child development, etc.
- Gradual increase of health promotion component over the coming years
- Pre-developed, generic development stimulation programmes: perhaps the use of 401 Community fieldwork OT students
- A short educational programme for parents of children on waiting list
- Consultation model of service delivery

## RESULT 4: INSUFFICIENT COLLABORATION WITH SCHOOL SYSTEM

### Description of results:

### Context of this result:

- No DETE funding for services, compared to Speech Pathologists

### Consequences:

- Limited school visits: some services only attending meetings
- Limited contact with teachers: phone conversations mainly
- Limited services: the need of observation for assessment purposes, for some children goes unmet

### Current actions taken:

- Educational presentations to DETE (new project)
- Project officer at ... working on allied health links with DETE
- Mostly consultation services
- Workshops run for teachers and school support officers
- Work through reports and recommendations with teachers to increase understanding of OT services and child development
- Health Promotion package developed by 401 OT students in the country area on fine motor skills

**Possible strategies (may overlap with “Current actions taken”):**

- Consider where OTs want to position themselves within the school system: to be employed by DETE or deliver services to DETE from external?
- Promotion of OT to schools, so that the push for OT services comes from within DETE
- Possibility of using Partnership 21 to get into schools
- Education of teachers re role of OT, referral criteria
- Booklet produced by OT 401 students: “Ideas for Schools”
- Key stations at schools
- Advantage of working in schools: school aged children seem to require less intensive intervention: can be provided with programmes (followed through by school support officers) and regularly reviewed

**Other discussion:**

- Many services have reported very good results with the limited collaboration they have had so far: teachers seem to be supportive and enthusiastic in general, good responses from teachers
- Some reported difficulties, e.g. limited equipment and space to work, having to fit into the school system’s programme, difficulty in communicating with teachers, limited parent involvement, some reported limited receptivity from teachers and incorporating suggestions into the class
- Kindergartens seem to be more open for OT involvement and parent involvement much better

**FUTURE TOPICS OF FOCUS GROUPS:**

- Maroondah Approach to Clinical Services
- Health promotion as a way of raising OTs profile in the community
- Adult/Child models/programmes
- Service delivery to schools: developing a unified approach
- EI service delivery: The need for OTs to position themselves in the area of EI.

Appendix L Analysis of discussions of First Online Focus Group: Examples of Evidencing Statements

Table L.1 Analysis of First Online Focus Group: Examples of Evidencing Statements

Pre-set Indicator	Excerpt of statement	Comment
Critical reflection regarding current models of strategic service delivery	"It has been quite a bit to get to each meeting... counting problems in the clinic... with them as a leader... the only problem is... that I am concerned that we are spending too much time with shared aged children, when our whole priority is to move the service towards health providers, early intervention and strong family-centred interventions."	Both groups indicated a strong need for change with the country group indicating that indicator as the shared aged preschool and the country group the rural most prevalent.
Evidence of identification of the need for change to current service delivery models	"... perhaps we need to attract better with service delivery... we have a planned strategy for gradually increasing the health promotion components at our jobs."	Both groups indicated a strong need for change with the country group indicating that indicator as the shared aged preschool and the country group the rural most prevalent.
Evidence of identification of problems related to current service delivery models	"We feel under staffed because of our high caseloads, complex needs of many clients, lack of clerical support and heavy demands for health management."	The identification of the problem is the first step in the change process, as discussed in Chapter 3. Both groups indicated that they had not with problematic issues that were indicated by the health promotion. Twenty members of the country group referred to the identification of problems related to current service delivery models. Ten entities in the country group indicated a strong identification with the problems, since it is the indicator with the strongest number of entities.
Evidence of openness for new ideas/ alternative strategies and models	"Former strategy of working with the school staff to train them with learning behaviour... the process is ongoing."	Both groups showed relatively high evidence of openness for new ideas, making this overall for both groups.
Evidence of insight into the need for strategic planning, including the need to analyse external and internal environments of services	"We want to see the health care providers... organisations in the schools... that they can really have real and very available resources... we have to..."	Both groups provided evidence of viewing strategic planning as important.
Active participation in discussions	"What kind of health... with... effect... we can..."	The indicator was cited the highest in the country group, and in the lowest in the country group. As mentioned before, the country group participated most in the discussions that the most group who was engaged in the discussions of change.



**Table L1 Analysis of First Online Focus Group: Examples of Evidencing Statements**

Pre-set Indicator	Example of statement	Comments
Critical reflection regarding current models.	<p>“It has been fantastic to get to know teachers...running programs at the schools with them as co-leaders...the only problem now is that I am concerned that we are spending too much time with school aged children, when our whole push is to move the service towards health promotion, early intervention and away from direct intervention!”</p>	<p>For both metro and country groups this was the indicator with the most evidence which shows that both groups participated in a high level of critical reflection.</p>
Evidence of identification of the need for change in current service delivery models.	<p>“...perhaps we need to bite the bullet with service delivery and have a planned strategy for gradually increasing the health promotion components to our jobs.”</p>	<p>Both groups indicated a strong need for change with the country group indicating this indicator as the second most prevalent and the metro group the third most prevalent.</p>
Evidence of identification of problems related to current service delivery models.	<p>“We feel understaffed because of our high case loads, complex needs of many clients, lack of clerical support and heavy demands from management.”</p>	<p>The identification of the problem is the first step in the change process, as discussed in Chapter 3. Both groups indicated that they identified with problematic issues that were indicated by the baseline questionnaire. Twenty entries in the country group referred to the identification of problems related to current service delivery models. Ten entries in the metropolitan group indicated a strong identification with the problems, since it is the indicator with the second largest number of entries.</p>
Evidence of openness for new ideas/ alternative strategies and models.	<p>“Barbara’s strategy of working with the school staff to train them up in running handwriting programs is excellent...”</p>	<p>Both groups showed relatively high evidence of openness for new ideas, ranking third overall for both groups.</p>
Evidence of insight into the need for strategical planning, including the need to analyse external and internal environments of services.	<p>“It wasn’t until our recent, more pro-active association with the schools...that the schools have realised what a valuable resource we are...”</p>	<p>Both groups provided evidence of viewing strategic planning as important.</p>
Active participation in discussion.	<p>“Can someone describe how they effectively use aide time?”</p>	<p>This indicator was one of the highest in the country group, but one of the lowest in the metro group. As mentioned before, the country group participated much more in this discussion than the metro group which was evidenced in the number of entries.</p>

**Table L1 Continued**

<b>Pre-set Indicator</b>	<b>Example of Statement</b>	<b>Comments</b>
Evidence of understanding the nature of the problem: insight into the deficiencies of current models of practice.	“The long waiting time is caused by a lack of time to deal with current caseload.”	Understanding the problem follows as next step after problem identification in the change process. Both groups showed some evidence of understanding the nature of the problems.
Motivation to learn, interest in information and attention given.	<p>“Yes! I agree, we need to be a “unified” group and lobby loudly and in an organised way.”</p> <p>“I think this is just great!” and “I like the idea of a unified approach!”</p>	This indicator was one of the highest in the country group, while it was one of the lowest in the metro group.

Table M 1 Responses to Short Questionnaire; Focus Group 1

Question	Rating categories with corresponding number of response				
	Not worth-while at all	Not worth-while	Average	Worth-while	Very worth-while
Degree to which focus group was found to be worthwhile	0	0	2	4	1
Degree to which the presentation of the information was clear	0	1	1	5	0
Degree to which the depth of information on website was found to be clear	0	1	2	4	0
Degree to which the relevance of information which was presented, was appropriate	0	1	1	5	0
Participants' experience of using the website computer conferencing forum	0	6	1	5	1

**Table M 1 Responses to Short Questionnaire: Focus Group 1**

Question	Rating categories with corresponding number of responses				
	1	2	3	4	5
Degree to which focus group was found to be worthwhile	Not worthwhile at all 0	Not worthwhile 0	Average 2	Worthwhile 4	Very worthwhile 1
Degree to which the presentation of the information was clear	Not clear at all 0	Somewhat clear 1	Average 1	Clear 5	Very clear 0
Degree to which the layout of information on website was found to be clear	Not clear at all 0	Somewhat clear 1	Average 2	Clear 4	Very clear 0
Degree to which the selection of information which was presented, was appropriate	Not appropriate at all 0	Somewhat appropriate 1	Appropriate 1	Appropriate 5	Very Appropriate 0
Participants' experience of using the online computer conferencing forum	Very negative 0	Negative 0	Average 1	Positive 5	Very Positive 1
N=7					

Table N 1 Short Questionnaire administered after each focus group. Responses to Question "Please indicate the degree to which you have found this week's focus group worthwhile"

**Appendix N Online Focus Groups 2 – 5: Short Questionnaire – Raw Data**

Scale:	Not worthwhile at all		Average			Worthwhile			Very worthwhile	
	1	2	3	4	5	6	7	8	9	10
Responses:	0	2	7	9	2					

N = 30

Table N 2 Short Questionnaire administered after each focus group: Responses to Question: "Please indicate the degree to which you have found the presentation of the results: Regarding the way in which the information was presented"

	Scale																								
	1					2					3					4					5				
	Not clear at all					Somewhat clear					Average					Clear					Very clear				
FOCUS GROUPS 2 - 5	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	2	3	4			
Number of responses	0	0	0	0	0	0	0	0	0	1	0	0	6	5	5	3	2	1	0	1					
Total for each scale	0					0					1					15					4				

N=30; FG2 = 5, FG3 = 5, FG4 = 3, FG5 = 4

**Table N 1 Short Questionnaire administered after each focus group: Responses to Question “Please indicate the degree to which you have found this week’s focus group worthwhile”**

Scale:	Not worthwhile	Average	Worthwhile	Very worthwhile
Not worthwhile at all	Not worthwhile	Average	Worthwhile	Very worthwhile
1	2	3	4	5
Responses:	0	7	9	2

N= 20

**Table N 2 Short Questionnaire administered after each focus group: Responses to Question “Please indicate the degree to which you have found the presentation of the results: Regarding the way in which the information was presented”**

Focus Groups 2 – 5	Scale																			
	1				2				3				4				5			
	Not clear at all				Somewhat clear				Average				Clear				Very clear			
	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5
Number of responses	0	0	0	0	0	0	0	0	0	1	0	0	6	3	3	3	2	1	0	1
Total for each scale item	0				0				1				15				4			

N=20; FG2 = 8; FG3 = 5; FG4 = 3; FG5 = 4

**Table N3 Short Questionnaire administered after each focus group: Responses to Question “Please indicate the degree to which you have found the presentation of the results: Regarding the layout of the information on the website”**

Focus Groups 2 – 5	Scale																			
	1				2				3				4				5			
	Not clear at all				Somewhat clear				Average				Clear				Very clear			
	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5
Number of responses	0	0	0	0	0	0	0	0	3	3	2	1	4	1	1	3	1	1	0	0
Total for each scale item	0				0				9				9				2			

N= 20; FG2 = 8; FG3 = 5; FG4 = 3; FG5 = 4

**Table N4 Short Questionnaire administered after each focus group: Responses to Question “Please indicate the degree to which you have found the presentation of the results: Regarding the selection of the information which was presented”**

Focus Groups 2 – 5	Scale															
	1				2				3				4			
	Not appropriate at all				Somewhat appropriate				Appropriate				Very appropriate			
	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5
Number of responses	1	0	0	0	1	0	2	1	6	3	1	1	0	2	0	2
Total for each scale item	1				4				11				4			

N= 20; FG2 = 8; FG3 = 5; FG4 = 3; FG5 = 4

**Table N5 Short Questionnaire administered after each focus group: Responses to Question “Please indicate the degree to which you have found the presentation of the results: Regarding the interaction with the guest speaker”**

Focus Groups 2 – 5	Scale																			
	1				2				3				4				5			
	Not good at all				Below average				Average				Good				Very Good			
	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5
Number of responses in this category	0	0	0	0	1	2	0	1	0	1	1	0	6	1	2	3	0	1	0	0
Total for each scale item	0				4				2				12				1			

N= 20; FG2 = 8; FG3 = 5; FG4 = 3; FG5 = 4

**Table N6 Short Questionnaire administered after each focus group: Responses to Question “Please indicate on the scale your experience of using this week’s online computer conferencing as discussion forum”**

Focus Groups 2 – 5	Scale																			
	1				2				3				4				5			
	Very negative				Negative				Average				Positive				Very Positive			
	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5	2	3	4	5
Number of responses in this category	0	0	0	0	0	0	0	0	4	3	2	1	3	1	1	2	0	1	0	1
Total for each scale item	0				0				11				6				2			

N= 20; FG2 = 8; FG3 = 5; FG4 = 3; FG5 = 4