

Supplement Table 1

Ranking order of the 14 sub-competencies of emergency medicine that need to be trained at the beginning of PGY-1 residency program reported by physicians and nurses in annual survey

Sub-competencies of “patient-care” competency	Physicians (n=25)		Nurses (n=30)	
	rank	Score (mean±SD)	rank	Score (mean±SD)
1.Emergency stabilization	<b>1</b>	4.55±1.07	<b>1</b>	4.6±1.1
2.Performace of focused history and physical exam.	<b>2</b>	4.1±1.12	<b>2</b>	4.18±0.8
3.Diagnostic studies	6	3.1±0.8	<b>3</b>	4.1±0.6
4.Diagnosis	<b>3</b>	4.02±1.3	7	3.1±0.5
5.Pharmacotherapy	<b>4</b>	3.6±0.76	<b>5</b>	3.4±0.4
6.Observation and reassessment	<b>5</b>	3.3±1.02	<b>4</b>	3.7±0.7
7.Disposition	13	2.4±0.33	6	4.12±0.8
8.Multi-tasking:Task-switching	7	3±0.25	14	1.9±0.5
9.general approach to procedures	11	2.6±0.5	10	2.7±0.4
10.Airway management	8	2.93±1.1	8	2.9±1.2
11.Anesthesia and acute pain management	9	2.8±1.3	9	2.8±1.3
12. Other diagnostic and therapeutic procedures-ultrasound	14	2.3±1.0	13	2.4±0.5
13.Wounds management	12	2.5±0.7	11	2.6±1.1
14. Vascular access	10	2.7±0.6	12	2.52±0.7

Ranks 1-5 are marked in bold.

Supplement Table 2

Comparison among three groups in this study

	Intervention-group-A	Regular-group-B	Control-group-C
Station that rotation by each PGY	One long OSCE (three 10-min-1-case-scenarios with 2min. break between scenario, 15-min. feedback)	Three OSCE (one case-scenario in each 10-min-station with 2-min. break for changing station, 15-min feedback)	Observe peers' OSCE performance from the TV screen in the control rooms.
Number of PGY in each station	3 PGY ( <i>each PGY take turn to acted as treating physician in 1-case-scenario</i> ); the other PGY-1 residents observed their peers	1 PGY acted as treating physician in each 1-case-station	
Persons in the station (similar between A and B models)	1 qualified assessor [ <i>evaluation of "therapeutic actions" and "communication" domains by OSAT</i> ], 1 experienced facilitator [ <i>lead the simulation, time control, evaluation of "overall performance" by QSAT, lead the final debrief phase</i> ], 1 standardized senior nurse [ <i>provide "primary assessment" data of scenario to trainee, as assistant, evaluation of "overall performance" by QSAT</i> ], 1 standardized patient [ <i>SP, as family</i> ], 1 standardized intern [ <i>provide "diagnostic actions" data to trainee, as assistant</i> ]		
Total number of PGY that can be trained within 50-min.	9 PGY with three repeated tracks of 3-case-long-station	3 PGY in three 1-case-stations with different clinical setting in each station	
Scenario and clinical setting	As shown in methods, Trios-OSCE of intervention group-A and control-group-B of single-OSCE used the same 3 scenario that they are not exercised before. Similar setting of the three OSCE station of single OSCE with Trios-OSCE.		

Supplement Table 3

## Schedules of intervention group-A of Trios-OSCE

Time-point	1 <sup>st</sup> set of long-OSCE with 1 <sup>st</sup> -3 <sup>rd</sup> scenario	2 <sup>nd</sup> set of long-OSCE with similar 3 scenario as 1 <sup>st</sup> set	3 <sup>rd</sup> set of long-OSCE with similar 3 scenario as 1 <sup>st</sup> set
	No. 1-3 PGY	No. 4-6 PGY	No. 7-9 PGY
10min	Simulation of 1 <sup>st</sup> scenario by No. 1PGY, other two PGYs observe their peer performance in the station.	Simulation of 1 <sup>st</sup> scenario by No. 4 PGY, other two PGYs observe in the station.	Simulation of 1 <sup>st</sup> scenario by No. 7 PGY, other two PGYs observe in the station.
2-min	Break (changing the clinical setting)		
10min	Simulation of 2 <sup>nd</sup> scenario by No. 2 PGY	Simulation of 2 <sup>nd</sup> scenario by No. 5 PGY	Simulation of 2 <sup>nd</sup> scenario by No. 8 PGY
2-min.	Break (changing the clinical setting)		
10-min	Simulation 3 <sup>rd</sup> scenario by No. 3 PGY	Simulation 3 <sup>rd</sup> scenario by No. 6 PGY	Simulation 3 <sup>rd</sup> scenario by No. 9 PGY
15-min.	Group debriefing for scenario 1-3	Group debriefing for scenario 1-3	Group debriefing for scenario 1-3

As shown in methods, Trios-OSCE of intervention group-A and control-group-B of single-OSCE used the same 3 scenario that they are not exercised before.

Supplement Table 4

## Schedules of control-group-B of single-OSCE

Time-point	1 <sup>st</sup> OSCE with 1 <sup>st</sup> scenario	2 <sup>nd</sup> OSCE with 2 <sup>nd</sup> scenario	3 <sup>rd</sup> OSCE with 3 <sup>th</sup> scenario
10min	Simulation of 1 <sup>st</sup> scenario by PGY1	Simulation of 2 <sup>nd</sup> scenario by PGY2	Simulation of 3 <sup>th</sup> scenario by PGY3
2-min	Break (changing station)		
10min	Simulation of 1 <sup>st</sup> scenario by PGY3	Simulation of 2 <sup>nd</sup> scenario by PGY1	Simulation of 3 <sup>th</sup> scenario by PGY2
2-min.	Break (changing station)		
10-min	Simulation 1 <sup>st</sup> scenario by PGY2	Simulation 2 <sup>nd</sup> scenario by PGY3	Simulation 3 <sup>th</sup> scenario by PGY1
15-min.	Group debriefing for scenario 1-3		

As shown in methods, Trios-OSCE of intervention group-A and control-group-B of single-OSCE used the same 3 scenario that they are not exercised before.

Supplement Table 5

Items for trainees' course-value, self-efficacy and clinical transfer survey

Questions for course-value score	Questions for pre-course and post-course self-efficacy score
1. How well did the training met your expectations?	How well you comfort with "emergency-stabilization" in clinical setting?
2.How well you comfort with being assessed in this simulation-based OSCE?	How well you confident with "emergency-stabilization" in clinical setting?
3.How valuable do you feel this simulation-based OSCE was to your "emergency-stabilization" ability?	How well you knowledge with "emergency-stabilization" in clinical setting?

5-point Likerts scale [5=fully agree or very true of me].