

	<b>Learning climate-Scales/ Factors</b>	<b>M</b>	<b>SD</b>	$r_{it}$	$\alpha$	<b>M<sup>#</sup></b>	<b>SD<sup>#</sup></b>	$\alpha^{\#}$
	<b>1. Supervision</b>	3.38	0.78		.584			.64
1	SV1: The guidelines clearly outline when to request input from a supervisor.	2.66	1.17	.605		4.26	0.95	
2	SV2: The amount of supervision I receive is appropriate to my level of experience.	3.24	1.04	.596		4.09	0.91	
3	SV3: It is clear which attending supervises me.	4.31	0.87	.347		4.26	0.95	
	<b>2. Coaching &amp; Assessment</b>	2.24	0.71		.833			.80
4	CA1: I am asked on a regular basis to provide a rationale for my management decisions and actions.	2.60	1.00	.465		3.88	.88	
5	CA2: My attendings coach me on how to communicate with difficult patients.	2.10	1.04	.563		3.42	1.03	
6	CA3: My attendings take the initiative to explain their actions.	2.83	0.94	.602		3.46	0.98	
7	CA4: My attendings take the initiative to evaluate my performance.	2.32	1.03	.621		3.08	1.06	
8	CA5: My attendings take the initiative to evaluate difficult situations I have been involved in.	2.21	1.00	.563		3.01	1.04	
9	CA6: My attendings evaluate whether my performance in patient care is commensurate with my level of training.	2.18	1.11	.597		3.40	1.09	
10	CA7: My attendings occasionally observe me taking a history.	1.36	0.79	.354		2.85	1.22	
11	CA8: My attendings assess not only my medical expertise but also other skills such as teamwork, organization or professional behavior.	2.33	1.33	.550		3.67	1.12	
	<b>3. Feedback</b>	1.52	0.53		.569			.75
12	FB1: My attendings give regular feedback on my strengths and weaknesses.	2.37	0.99	.647		3.37	1.14	
13	FB2: Observation forms (i. e. Mini-CEX) are used to structure feedback.	1.10	0.56	.248		3.81	1.19	
14	FB3: Observation forms (i. e. Mini-CEX) are used periodically to monitor my progress.	1.10	0.55	.255		3.42	1.27	
	<b>4. Teamwork</b>	3.41	0.74		.737			.69
15	TW1: Attendings, nursing staff, other allied health professionals and residents work together as a team.	3.68	0.81	.422		3.82	1.00	
16	TW2: Nursing staff and other allied health professionals make a positive contribution to my training.	3.60	0.93	.305		3.66	1.09	
17	TW3: Nursing staff and other allied health professionals are willing to reflect with me on the delivery of patient care.	3.22	0.94	.378		3.76	1.02	
18	TW4: Teamwork is an integral part of	3.14	1.25	.397		3.00	1.04	

8	my training.							
	5. Peer Collaboration	3.70	0.81	.	.583			.76
1 9	PC1: Residents work well together.	3.99	0.83	.351		4.48	.79	
2 0	PC2: Residents, as a group, make sure the day's work gets done.	3.68	1.19	.274		4.14	1.04	
2 1	PC3: Within our group of residents it is easy to find someone to cover or exchange a call.	3.42	1.24	.267		4.26	.91	
	6. Professional relations between attendings	2.64	0.91		.658			.77
2 2	PR1: Continuity of care is not affected by differences of opinion between attendings.	3.23	1.16	.374		3.76	1.12	
2 3	PR2: Differences of opinion between attendings about patient management are discussed in such a matter that is instructive to others present.	2.50	1.10	.441		3.50	1.14	
2 4	PR3: Differences of opinion are not such that they have a negative impact on the work climate.	2.18	1.29	.343		3.62	1.16	
	7. Work is adapted to residents' competence	3.26	0.69		.591			.66
2 5	WA1: The work I am doing is commensurate with my level of experience.	3.81	0.81	.383		4.12	0.84	
2 6	WA2: The work I am doing suits my learning objectives at this stage of my training.	3.44	0.89	.420		3.97	0.92	
2 7	WA3: It is possible to do follow up with patients.	3.00	1.36	.222		3.96	1.08	
2 8	WA4: There is enough time in the schedule for me to learn new skills.	2.79	0.99	.463		3.24	1.08	
	8. Attendings' role	3.67	0.68		.832			.85
2 9	AR1: My attendings take time to explain things when asked for advice.	3.71	0.88	.606		4.12	0.80	
3 0	AR2: 30 My attendings are happy to discuss patient care.	3.32	0.92	.671		4.16	0.82	
3 1	AR3: There is (are) NO attending physician(s) who have a negative impact on the educational climate.	2.49	1.45	.509		3.34	1.27	
3 2	AR4: My attendings treat me as an individual.	3.94	0.97	.506		3.47	1.18	
3 3	AR5: My attendings treat me with respect.	4.09	0.84	.541		4.46	0.87	
3 4	AR6: My attendings are all in their own way positive role models.	3.08	1.12	.582		3.48	1.04	
3 5	AR7: When I need a attending, I can always contact one.	4.42	0.80	.404		4.55	.69	
3 6	AR8: When I need to consult a attending, they are readily available.	4.22	0.84	.458		4.52	.72	
	9. Formal education	2.92	0.98		.829			.75
3	FE1: Residents are generally able to	3.12	1.15	.345		3.60	1.06	

7	attend scheduled educational activities.							
38	FE2: Educational activities take place as scheduled.	3.16	1.33	.320		3.89	0.98	
39	FE3: Attendings contribute actively to the delivery of high-quality formal education.	2.90	1.19	.433		3.63	1.14	
40	FE4: Formal education and training activities are appropriate to my needs.	2.49	1.14	.507		3.61	1.06	
	10. Role of the specialty tutor	1.74	1.07		.847			.78
41	RT1: The specialty tutor monitors the progress of my training.	2.30	1.47	.508		4.49	.84	
42	RT2: The specialty tutor provides guidance to other attendings when needed.	1.59	1.43	.357		3.46	1.26	
43	RT3: The specialty tutor is actively involved in improving the quality of education and training.	1.92	1.39	.442		4.12	1.06	
44	RT4: In this rotation evaluations are useful discussions about my performance.	1.59	1.45	.401		3.65	1.11	
45	RT5: My plans for the future are part of the discussion.	1.71	1.49	.366		3.61	1.16	
46	RT6: During evaluations, input from several attendings is considered.	1.34	1.33	.398		3.83	1.17	
	11. Patient sign out	4.14	0.88		.766			.75
47	PS1: When there is criticism of a management plan I have developed in consultation with my attending physician, I know the attending physician will back me up.	3.03	1.53	.510		3.74	1.13	
48	PS2: Sign out takes place in a safe climate.	3.06	1.37	.431		4.02	1.04	
49	PS3: Sign out is used as a teaching opportunity.	2.22	1.10	.445		3.96	1.06	
50	PS4: Attendings encourage residents to join in the discussion during sign out.	2.21	1.37	.521		3.69	1.15	

**Table 1:** Represented are item and scale characteristics of the items from D-RECT (M: mean; SD: standard deviation,  $r_{it}$ : discriminatory power according to Pearson,  $\alpha$ =Cronbach's  $\alpha$ ). The evaluation occurs using a five-point Likert Scale (see paragraph 2.1). #=Reference data (Boor et al., [7]); Items are ordered by the subscales / factors 1. – 11. of the original [7].