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How did you experience		
		Resonates?
Your p**seudonym**		
Your vignette		
Theme 1: Stressful & satisfying		
1,1	Multiple hats	Yes
1,2	Gravity of a hand injury	Yes
1,3	Gathering your wits	Yes
1,4	Lost & finding	Yes
Theme 2: Learning journey		
2,1	Undergraduate foundations	Yes
2,2	Transitioning to practice	Partially
2,3	Enabling continuous learning	Yes
Theme 3: Rising to the challenge		
3,1	Self directed	Yes
3,2	Encultured	Partially
3,3	Friendly expertise	Partially
3,4	Fuelled clinical reasoning	Partially
Theme 4: Traversing service & system change		
4,1	Gaps & Cracks	Yes
4,2	Strengthened by a team	Yes
4,3	Service orientation	Yes
4,4	Team & tools	Yes
Theme 5: Once upon a hand injury		
5.1	There's more to the story	Yes

5.2	System transference	No
5.3	A different ball game	Partially

		INDIVIDUAL
Theme 1: Stressful & satisfying		
1,1	**Multiple hats**	Holding realistic ex
		Acknowledging ger
		Developing resilience (with self-care component)
		Use of organisation
		Prioritising CPD nee
1,2	**Gravity of a hand injury**	Prioritising clinical
		Holding realistic ex
1,3	**Gathering your wits**	Developing resilience (including managing anxiety & self-regulation, recruiting social support)

		Recruiting social support
1,4	**Lost & finding**	*Normalising uncert*
Theme 2: Learning journey		
2,1	**Undergraduate foundations**	
2,2	**Transitioning to practice**	Identifying own learning needs & pursuing opportunities (lifelong foraging)
2,3	**Enabling continuous learning**	
Theme 3: Rising to the challenge		

3,1	**Self directed**	Evaluating & priorit
		Developing reflection & critical reflection skills
		Respecting persona
3,2	**Encultured**	
3,3	**Friendly expertise**	
3,4	**Fuelled clinical reasoning**	
Theme 4: Traversing service & system change		
4,1	**Gaps & Cracks**	
		Developing resilience for working in the "cracks"
4,2	**Strengthened by a team**	
		Recruiting' expertise and support (individual)

4,3	**Service orientation**	
		Resilience & coping
4,4	**Team & tools**	
Theme 5: Once upon a hand injury		
5.1	**There's more to the story**	
		Develop reflexivity
		Develop cultural hu
		(Appreciating indig
5.2	**System transference**	
5.3	**A different ball game**	

delivering hand-injury care as a generalist?	
Comment	**Suggested change**
alternatively	Where do I best schedule this? Moving to the next folder in my memory.
alternatively	Will I cause more harm?
alternatively	Can I manage this?
alternatively	Where do I find help? That was rewarding!
	Can I manage this?
	Situation specific / environmentally appropriate
	I need a team for this
	Level appropriate services vs filling the gaps in the system (? For theme 4)

too abstract	
alternatively	When resources are absent

TEAM/ HUMAN RESOURCES **EDUCATION**

pectations of self	
Managing expectations of 'specialists' e.g. through exchange programs	
neralist strengths	
nal strategies	
	UG: Sound theoretical foundation with opportunity to translate KSAs to practice and skill development
	UG: Developing resilience (including managing anxiety)
eds	CPD: Accessible (cost, location, pitch)
Access to expertise for complex injuries	
need	
Support for ethical prioritisation	
pectations of self	

Access to expertise for guidance & feedback	
	Facilitating enjoyable learning experiences
	Supporting a sense of efficacy within hands
Narrowing scope of caseload	
	UG: Sound theoretical foundation with opportunity to translate KSAs to practice and skill development (eg splinting) opportunities
	UG: Practical (fieldwork) opportunities
	UG: Supporting active learning/engagement
	UG: Making 'hands' enjoyable; enticing, active learning in hands
	UG: Developing resilience (including managing anxiety)
	CPD: skill development opportunities
	UG: opportunity to integrate anatomy knowledge
	CPD: accessible anatomy refreshers
Access to expertise for guidance & feedback, and support	
	CPD/PG: Fill DHT Gap; practical equipping; accessible, self-paced, levelled, relevant for rural (input from rural experts); choice of modules; anatomy; affordable; accessible

tising learning needs	
al limitations	
Building team cultures of patient-centred learning & development	
Working towards / strengthening teams	
Making expertise accessible e.g. through group mentoring, WhatsApp groups, CoPs	
Capitalise on the role & contribution of the physio within the hands team	
Opportunities to develop as a mentor and supervisor	
Opportunities to develop as a mentor/supervisor: facilitating the development of clinical reasoning	

Service orientation	
Strategies within services	
; skills	
Strengthened physiotherapy services for hands	
Explore role in hand injury prevention	
umility	
enous occupations)	
Communication skills (basic literacy, use of interpreter)	Equipping for practice in rural areas

Notes taken by researcher during member: checking Interview Decembe

Vignette:
- nice description "I like it:
- Colleagues -no "visiting therapists" come certain days/week

Gathering your wits:
- "Feels clueless"
- referrals without necessary information
- no referral : goes to Physio - otherwise would be more
-recently got Dr do does cortisone injections

Undergraduate foundations:
- Physio made me realise that I didn't have clue about phases of healing - s
- Nice hands rotations - saw flexor tendon injuries
- "it has to be very practical...slowly"
- Skilled Physio - very little hands at Varsity - 90% is learnt after

Each sub-district getting another community OT - prevention/promotion

5.3 Totally

Facilitator: university has outreach programme to textile industry
Consider: Neurohand versus trauma hand - need for neuro expertise; expe
rewarding ; newer techniques "what is that? " keep learning

Anonymity: "I don't feel I need to be recognised. Not a big issue"

*** participant did not complete member checking form during or after the much more agreement during the interview. My impression is that context comments.*

RESOURCES	SERVICE / SYSTEM	AGREE?	COMMENTS / ADDITIONAL SUGGESTIONS
		Yes	
		Yes	
		Yes	
		Yes	
		Yes	
		Yes	
		Yes	
		Yes	
		Yes	
Resource support for CPD e.g. finance, leave, travel support		Yes	
		Yes	
		Partially	a bit abstract
		Yes	
	? Orientation towards practice improvement	Yes	yes to both
	Human resourcing to enable accessible expertise	Yes	

		Yes	groups to contact for assistance eg whatsapp groups
		Yes	these two are similar
		Yes	
		Yes	
		Yes	supervisor support with managing caseload appropriately
		Yes	
		Yes	
		Yes	
		Yes	requires a lot more time on hands during undergraduate
		Yes	
		Yes	
		Yes	
		Yes	
		Yes	
		Yes	
	Human resourcing to enable accessible expertise & supervision	Partially	I am not quite sure how this will be implemented
	DOH leave and funding	Yes	

		Yes	taking responsibility
		Yes	but this happens better in a supporting team?
		Yes	
		Yes	difficult one
		Yes	
		Yes	
		Yes	
		Yes	
		Yes	
	Interventions should be built on the assumption (and responsive to the reality) that every individual works in a system and service that is transient and has different SWOTs	Yes	
	Interventions need to be built on these SWOTs and tailored to support & develop therapists within	Yes	
Contextually responsive, App-based clinical guidance should be explored		Yes	
		Yes	how and who is the question
	Procurement: leveraging the tender process?	Yes	
	Addressing human resourcing challenges	Yes	
		Partially	unsure what this means

	Situation-specific team problem-solving approach to referral intricacies	Yes	
		Partially	unsure how to interpret this? As opposed to what?
		Yes	
		Partially	unsure how to interpret this?
	Strengthening hand surgery services	Yes	
	Strategies to mitigate fro staff turnover	Yes	not such a problem here
	Strategies for human resourcing	Yes	
Hand therapy resources & equipment		Yes	
		Yes	
Network access		Yes	
		Yes	
		Partially	it's a broad statement
		Yes	
		Yes	
	Human resourcing congruent with population	Yes	
		Yes	
Home programme bank		Yes	not sure that system transference is the right term
Principle-driven protocols/algorithms that include absence of surgery		Yes	

r **2022:**

ome of the basic were missing

rience; prognosis; basic NDT; still lots of cases; enjoy neuro therapy for the hand ;

interview on 13/12/22 but completed it 6 weeks later (25/1/23). There seemed to b
was lost in the delayed completion of the member checking form evidenced in the

can be

ɔe