

STRENGTHENING THE TRAINEE VOICE AT THE MEDICAL LOCAL FACULTY GROUP

A METHODOLOGY TO MAXIMISE THE PRESENTATION OF TRAINEE FEEDBACK AND IMPROVE OUTCOMES FOR TRAINEES AND TRUSTS

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INTRODUCTION

The medical local faculty group (LFG) is a unique and powerful opportunity for medical trainees to highlight both training and service issues to faculty. This has been shown to result in beneficial outcomes in trainee experience, well-being and progression. (1)

However the process of gathering and delivering feedback, including presentation technique, is neither prescriptive nor always effective despite being pivotal to beneficial outcomes. (2)

OBJECTIVE

To maximise the impact of the trainee voice at the LFG by collating and presenting trainees' feedback more constructively and effectively.

METHODOLOGY

We trialled two different methods of collecting trainee feedback; an e-survey and a face to face 'focus group' session. This provided both quantitative and qualitative information and consequently allowed a systematic identification of issues, seeking clarification of points raised and proffering solutions. The collated feedback was then condensed into overarching themes with direct quotes from trainees relaying specific details, and then potential solutions to each theme were also proposed. [Figure 1]

RESULTS

- Overwhelmingly well-received 'theme-based solutions' approach.
- Positive outcomes included immediate resolution of issues such as trust policy re-enforcement and essential dialogue around patient safety.
- We delivered a training day on presenting feedback to other speciality representatives based on our methods
- Our 'problem and solution' approach of giving feedback to the LFG has now been proposed as a blueprint for other speciality LFGs going forward [Figure 2]

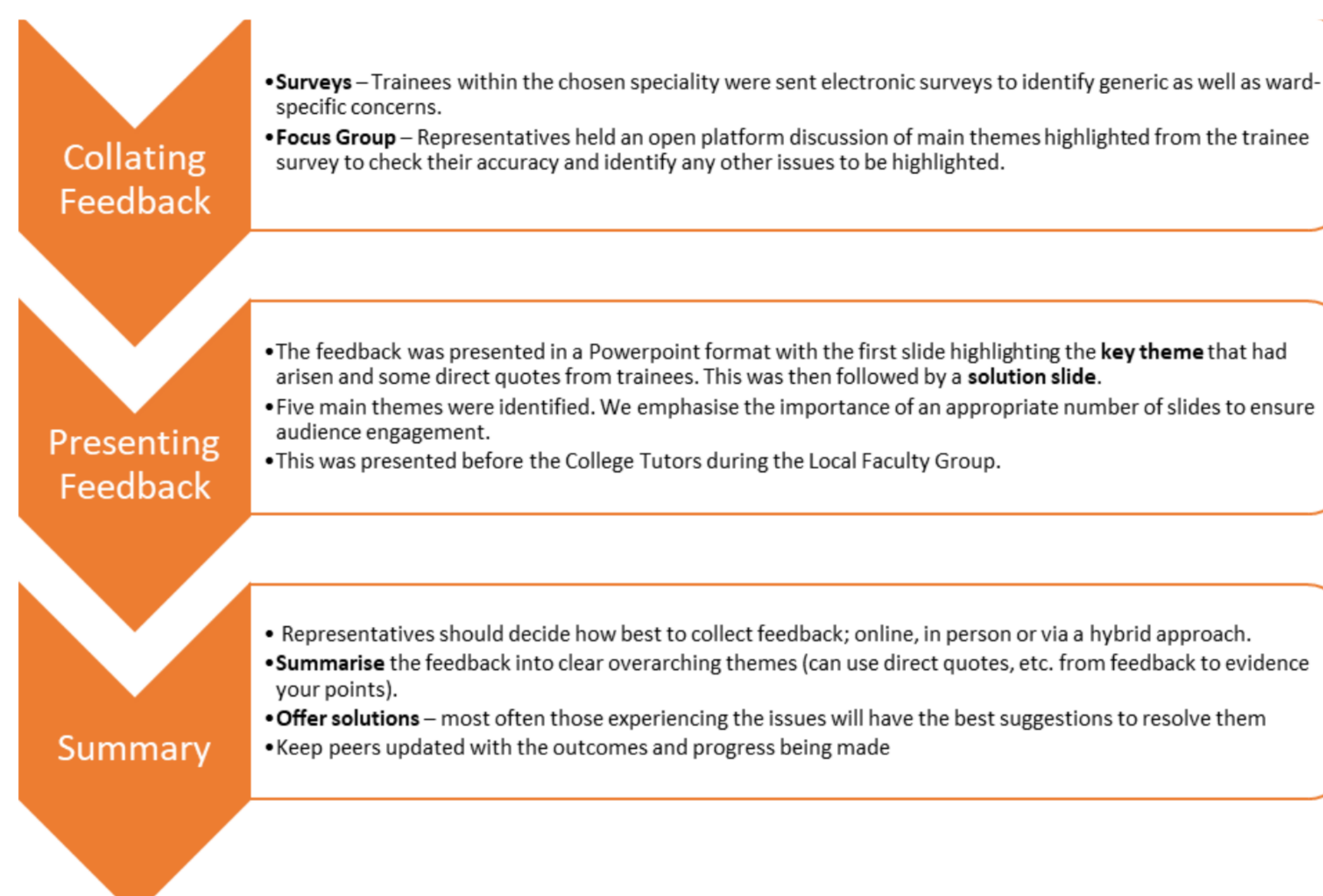


FIGURE 1 – FLOWCHART DEMONSTRATING METHODOLOGY

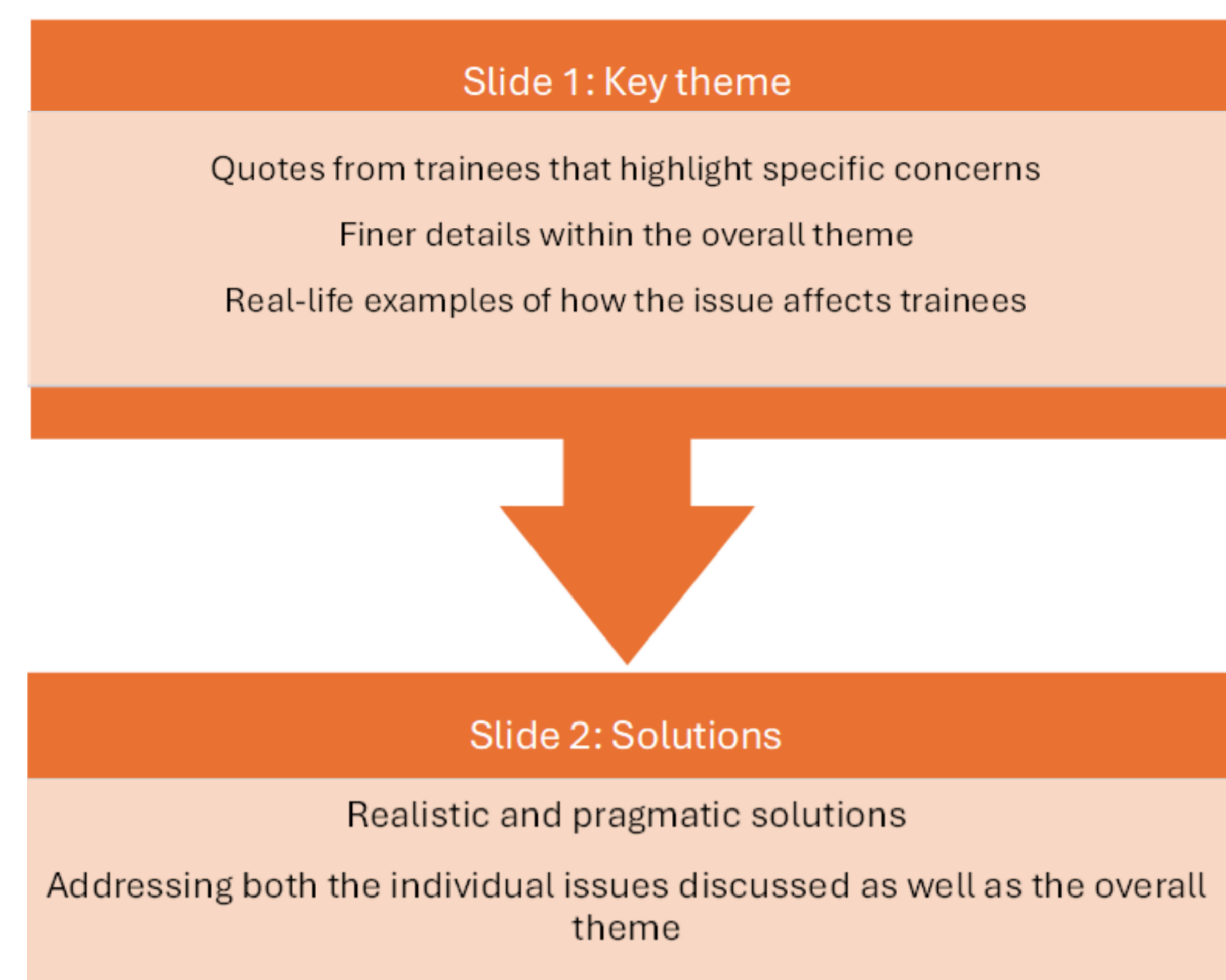


FIGURE 2 – TEMPLATE FOR OTHER REPRESENTATIVES FOR PRESENTING TRAINEE FEEDBACK AT THE LFG

CONCLUSION

By amplifying the trainee voice effectively, we have noted real-time impactful results through our process of assembling and relaying feedback. We believe implementing this method would greatly benefit other training groups.

By improving the working and training conditions for junior doctors, the outcome is not only a more supportive environment for trainees but ultimately safer and better patient care.

Related literature

1. Black D, Dewhurst G. Delivery of core medical training: the role of a local faculty group. Clin Med (Lond). 2011 Oct;11(5):438-42.
2. Jamshidian S, Haghani F, Yamani N, Sabri MR. Provision of feedback to medical teachers on their educational performance: perspectives of internal medicine teachers. Adv Med Educ Pract. 2019 Feb 26;10:85-94