Designing Ethics, Law and Professionalism Training

NHS England (North West) Masterclass

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Introductions

- Curriculum Lead for Ethics, Law and Professionalism at Lancaster Medical School > 12 years
- Past Member, Institute of Medical Ethics Education Committee
- Past Trustee of Institute of Medical Ethics Education
- Member, Clinical Ethics Committees x 2
- NHS England (North West)
  - Regional Specialised Foundation Doctors Training Programme
  - Foundation Doctors Training on Ethics, Law and Professionalism
- Academic lead for Specialised Foundation Doctors for 3 local Trusts
- Senior Fellow of Higher Education Academy

Today

- Primarily aimed at Foundation Doctor training
- Predominately based upon the NHS England (NW) training packs for Foundation Doctors

- Timings/Breaks
- Toilets, fire tests, fire exits & meeting point

- Interactive, Q&A during breaks and lunch, post training

- Slides available
- Training packs referred to available

Why do we Need ELP Training Past Medical School?

"…no amount of undergraduate teaching could fully prepare [FDs] for clinical practice when a decision [i]s their responsibility" (Vivekananda-Schmidt & Vernon, 2013)

- ELP knowledge is not static, but 'live' and ever evolving.
- Learning medical ethics and law not a one-off event, but needs to be revisited and built upon; training should be timely, appropriate and fitting.
- Postgraduate medical ethics and law training an extension of the learning the FD acquired during medical school.

What's the Problem with ELP Training?

- Dry
- Inaccessible
- Irrelevant
- Pointless

- Past learning
  - Foundation Doctors (basic, and engagement)
  - Facilitators (Yours)
- Expectations
  - To have all the right answers, to know what is best in every situation
  - Of training aims and outcomes

What's the Problem with ELP Training?

- What ELP training is provided in your Trust? Who delivers the ELP training? What ELP training would you want available? What are the challenges your Trust faces in providing ELP training?
- In practice, Foundation Doctor ELP training:
  - Variable across Trusts.
  - Sessions are often dictated by resources in terms of time and expertise rather than learning needs of Foundation Doctors.
  - Missing the spot e.g. marketing, professionalism rather than ethics, repeat of medical school.
  - Issues over or under represented.

A Need to Focus on Foundation Doctors

- Research highlights the multiple roles that FDs play predisposes them to a unique set of ELP issues (Chamsi-Pasha et al., 2016).
  - Transitioning from student to professional (Kirkham & Baker, 2012), both clinician and learner (McDougall & Sokol, 2008).
  - FDs experience ELP issues differently to that of medical students and more experienced junior doctors due to position in organisation and medical hierarchy (McDougall, 2008), and the transient nature of the Foundation Programme (Christakie & Feudtner, 1997; Mumford, 1970).
- Dearth of ELP resources available dedicated to meeting FDs' needs.
  - Tended to address medical profession as a whole or combine FDs with that of medical students (Chamsi-Pasha et al., 2016; McDougall, 2008).

Building Reflective Spaces for Foundation Doctors: Thinking Ethically, Legally & Professionally

- Informed by findings from an online survey with Foundation Doctors conducted between Feb and March 2018.
- Identified top 10 topics Foundation Doctors would wish to receive training on during Foundation Programme.
  - *See Machin, Laura L., et al. "Exploring the perceived medical ethics and law training needs of UK foundation doctors." Medical Teacher 42.1 (2020): 92-100.*
- Devised training packs covering the ELP aspects of:
  - DNACPR; Sedation; Suicide; Self-discharge; and Raising Concerns.
- Piloted training packs in Trusts across the UK.
  - *Machin, Laura L., and Paul Baker. "Building reflective spaces for junior doctors to promote ethical, legal and professional learning relating to clinical practice." The Clinical Teacher 20.2 (2023): e13567.*

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Using Legal Cases

Promoting discussion of the legal aspects of medical practice

Legal Cases

- Look to those legal cases that have played a significant role in influencing current practice e.g.
  - Suicidal intent
    - Savage v South Essex Partnership NHS Foundation Trust
    - Rabone v Pennine Care NHS Foundation Trust
    - Reynolds v United Kingdom
  - Look to *Clinical Ethics* / *BMJ* for debriefs and reviews of legal cases
- Use cases to provide background to the topic or as an activity to encourage and promote critical discussion around current practices.
- Don't be afraid to share the limitations (and frustrations) of the law, or be critical of the law.

Legal Aspects of Engaging with People Experiencing Suicidal Intention

- Some challenges from and contradictions with the law 'in practice'
  - Difficult to gauge the risk of suicide (Sarkar, 2013)
    - Low success rate of prediction tools
    - Associated behaviours i.e. self harm ≠ suicide risk
    - Potentially significant impact on clinical resources
  - Is there room for 'rational suicide' (Brandt, 1980)
    - 'Understandable' (terminal illness) or 'benefit' to society (soldiers, firefighters, astronauts)
  - Fluctuating capacity
    - A patient's capacity changing from day to day, week to week, and/or changing their mind around accepting or refusing care and treatment
  - Paternalistic?
    - Capacious person can refuse medical treatment, but it is not possible to refuse admission to a psychiatric hospital or related treatment (Sarkar, 2013)

Referring to Professional Guidance

Promoting discussion of the professional aspects of medical practice

Professional Guidance

- Stay ‘local’.
  - E.g. hospital trust self-discharge form and policy.
  - Have you seen it before? Have you been required to complete it before? What purpose do you believe the form has? What happens to the form once it is completed?
- Opportunity to combine learning.
  - E.g. self-discharge form and legal status? Duty of care?
- Pre-training activity or learning post-training.
  - E.g. searching for trust material.

Professional Guidance

- National guidance e.g. GMC, BMA, Royal Colleges.

  ''Every decision about CPR must be made on the basis of a careful assessment of each individual's situation. These decisions should never be dictated by 'blanket' policies."

  ''Each decision about CPR should be subject to review based on the person's individual circumstances. In the setting of an acute illness, review should be sufficiently frequent to allow a change of decision (in either direction) in response to the person's clinical progress or lack thereof. In the setting of end-of-life care for a progressive, irreversible condition there may be little or no need for review of the decision."

  Extracts taken from 'Decisions Relating to CPR' Guidance from BMA, Resus Council & RCN (3rd ed)

- Create engagement.
  - How useful and relevant do they consider the guidance to be for clinical practice? What's missing?

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Using Research Studies

Promoting reflective medical practitioners

Reflective Learning & Peer-to-Peer Learning

- Extracts taken from published research studies and asking attendees to reflect on their clinical experiences is way of making ELP learning ‘meaningful’ as well as promoting self-awareness.
- Beneficial to hear peers’ experiences and perspectives as it promotes a sense of community, as well as a shared learning space.

Reflective Learning & Peer-to-Peer Learning

- Qualitative data extracts and comparing own experiences to those discussed in the research.

E.g. doctors engaging with suicidal patients:

"I was both scared and felt helpless because I could not do anything either way in the situation, but on the other hand, I was involved and had responsibility"

"I did not feel bad in making the decision, but I felt uncomfortable watching the reactions of the patient…I have gone over it again and again, is the decision justifiable, have I tried everything else possible?"

(Interview extracts with newly qualified doctors taken from Høifødt & Talseth, 2006)

Doctors' Experiences of Interacting with Suicidal Patients

- *Under what circumstances does interacting with suicidal patients become most ethically challenging for you?*
- *Reflecting on the three philosophical perspectives on suicide, do you relate to one more than the others?*

Moralists	Libertarians	Relativists
• An obligation to protect life • Suicide is unacceptable	• Individuals should choose for themselves whether they wish to live and no one should interfere • Suicide can be acceptable	• The acceptability of suicide should be determined based on the relevant cultural and contextual factors

(Table content taken from Khan & Mian, 2010)

Ethical Concepts & Principles

Promoting engagement in the ethical aspects of medical practice

‘Ethics Bingo’

- To encourage a critical examination of FDs’ own and others’ reflections and experiences, try using fundamental and advanced ethical concepts to help frame and structure the discussion.
- Invite the FDs to initially share any prior learning they have received whilst at medical school or in foundation training so far on the ethical aspects on the topic under study e.g. sedation.
- Encourage the FDs to then state any ethical concepts, principles, theories they have learned previously that they believe are relevant and applicable to the practice of sedation.
- Both prompts will highlight to you the base level of understanding on the topic to be built upon during the session.

‘Ethics Bingo’

- Did you receive any training on the ethical aspects surrounding sedation during medical school?
- What ethical issues, principles, or concepts do you think are raised when the matter of sedating patients is raised?

- Some typical ethical factors arising from sedation of patients as discussed in the literature.
  - Palliative care and debates around euthanasia.
  - Facilitate treatment and debates around informed consent.
  - ‘Vulnerable’ patients and debates around deception.
  - ‘Nuisance’ patients and debates around best interests.

‘Ethics Bingo’

- Consider providing common ethical concepts and principles relating to a particular topic e.g. DNACPR and medical futility.
- Check attendees’ understanding of the ethical concepts and principles, and promote critical reflection on the concepts when applying them to practice.
  - E.g. What do you know about the ethical concept ‘futility’?
  - What are the strengths and weaknesses of medical futility as an ethical concept applied in practice?
  - Do you consider harm and futility the same?

Ethical Principles

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- If we applied Beauchamp and Childress' Four Principles to (DNA)CPR, what might we consider e.g.
  - Respect for autonomy.
    - Discussing (DNA)CPR with patients.
  - Beneficience and non-maleficience.
    - CPR considered "aggressive set of interventions", "causing pain and discomfort?" (Fritz and Fuld, 2010).
    - Attempts to resuscitate patients for whom the medical team know there is almost no chance of success, and which is likely to cause harm, can be deeply troubling for team members and also members of the patient's family (Slowther, 2006).

Role Play and Case Studies (Longer Sessions)

Promoting engagement in the ELP aspects of medical practice

Role Play / Simulation

- Longer sessions.
- Larger group, with volunteers acting out a character in front of the whole group, or in small groups depending on cohort size.
- Provide the volunteers with a small background brief before starting the role play exercise. Don't let them see each other's brief.
- Conduct the role play for a few minutes:
  - pause once or twice to ask the characters (as well as any audience if in a large group) some questions.
  - Stop/start function and swapping in and out.
  - Get a senior colleague, actors, or facilitator involved to 'direct' the role play.

Case Studies

- Used individually, in pairs, or groups for a small or large discussion.
  - Prompts to foster and structure the discussion.
  - Frameworks to draw out the ELP elements of a case e.g. *CoRE-Values* (Manson, 2012); Four Quadrants (*Jonsen et al., 1992);* C.A.R.E approach (Schneider & Snell, 2000).
- Uses cases that are most relevant and realistic to those attending training.
- Try to avoid always being the one to 'answer' a question and/or 'correct' a misunderstanding
- Leave sufficient time for discussion as case studies can be an ideal way of identifying gaps in learning and also sharing learnings.

Case Studies

- Example cases can be found at:
  - UK CEN http://ukcen.net/ethical_issues/ethical_frameworks/the_four_quadrant_approach
  - Johnston, C., & Bradbury, P. (2016). 100 cases in clinical ethics and law. CRC Press.
  - Baxter, C., et al., (2005). The practical guide to medical ethics and law (2nd ed). PasTest Ltd.
- Short of time?
  - Consider journals with cases and debriefs e.g. *Venkat, A. & Drori, J. (2014) 'When to say when: responding to a suicide attempt in the acute care setting' Narrative Inquiry in Bioethics, 4(3): 263-270*

Case Study Example
The Case: Paul (Self-Discharge)

You are on call and are asked by the nurses on a general medical ward to complete a 'self-discharge' form with a patient. Paul is 45 and is on intravenous antibiotics and nebulisers for a chest infection. Paul states he feels better and wants to go home as he cannot sleep in the hospital. Paul understands that the discharge is against medical advice and is willing to sign a form saying he takes responsibility. Paul lives alone and suffers from schizophrenia. When he was admitted concerns were raised about his living conditions. Paul was very unkempt and had not taken his antipsychotics for several days. His sister, Kate, collects Paul's benefits for him and does his shopping and cleaning. The ambulance crew were called by a concerned neighbour. When they attended, Paul was very confused and the flat was is a state of neglect. Should you allow Paul to sign the form and take his own discharge?

Case Study Example Prompts: Paul (Self-Discharge)

- After reading about Paul, how would you proceed based on your gut reaction?
- What do you envisage to be the key ethical and social concerns when first engaging with Paul?
- What ethical and social priorities do you need to balance when supporting Paul?
- What are your professional responsibilities in this case study?
- What are the potential harms and benefits that need to be considered?
- What might be the wishes of others in this case?
- How could you create and foster autonomy for Paul in this case?
- What codes of practice do you need to adhere to? What are your legal responsibilities?
- What and whose needs do you need to meet first?
- What are the values and beliefs of those involved in the case?

Case Study Example
The Case: Jemma (Suicide)

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Jemma, 26, is brought in by an ambulance to A&E. She is covered in blood and appears visibly upset. Once her wounds have been cleaned, examined and sutured, Jemma asks to leave. At this point, no member of the team has spoken to Jemma regarding the wounds on her wrists and a small wound on her neck. You have been informed by the ambulance crew that the wounds are most likely self inflicted - no one was with Jemma at home, and a piece of glass was next to her. Jemma was co-operative with the paramedics in relation to initial resuscitation, but was extremely resistant to coming to A&E.

Jemma appears withdrawn and upset whilst sitting on the trolley in the cubicle. She refuses the food and drink you offer her, and is insisting on going home. Jemma informs you that she needs to go home to continue what she has started as she doesn't want to be here anymore. She has recently lost her job, and has been through a difficult breakup with her partner. You check her records and find that Jemma doesn't have a formal diagnosis of depression or other mental health conditions.

Despite explaining that she should stay in hospital for her safety and be reviewed by the mental health team, to provide her with support - Jemma resists, tells you she doesn't want to speak to the mental health team and informs you that she is leaving. Jemma explains that she doesn't want to be 'saved', she fully understands what she wants, and that she feels that she has no reason to live. Jemma informs you that when she goes home she will take an overdose of paracetamol and propranolol as cutting herself didn't work.

You gently explore with Jemma how the ambulance crew were at her house and she informs you that she got scared from the amount of blood pouring out of her arms and had called them. Jemma denies any protective factors. You inform Jemma that given she is at imminent risk of ending her life, you feel that she needs to stay in A&E to be reviewed by the mental health team.

Case Study Example: Jemma Structuring the Discussion (C.A.R.E)

- Core beliefs
  - What are my core beliefs?
  - How do they relate to this case?
- Actions
  - What have I done in the past when faced with similar situations?
  - What do or don't I like about what I have done previously?
- Reasons
  - What are the reasons others have for their opinions about similar situations?
  - What does our culture seem to say about this situation?
- Experience
  - What has been the experience of others in the past when faced with similar situations?
  - What do or don't I like about what they have done?

Case Studies

- Alternatives
  - Interprofessional Learning
  - Use (yours and their) own case for discussion
  - Vary frameworks to structure the discussion

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Using Quizzes (Shorter Sessions)

Promoting ELP learning relating to medical practice

Quizzes

- Great way to open and/or close a training session.
- Formal and informal e.g. teams, prizes.
- Pen and paper, raising hands, standing up.
- Better for certain types of knowledge e.g. factual, right and wrong.
- Good for generating discussion.
- Different question formats.

Quiz: Professional Guidance on Raising Concerns

According to Good Medical Practice (2013)…

If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from?

A a colleague

B your defence body

C GMC

If you are still concerned you must report this, in line with GMC guidance and your workplace policy, and make a record of the steps you have taken.

Quiz (DNACPR): True or False?

- You need a patient's consent to put a DNACPR form in place
  - *False. DNACPR is a medical decision regarding the futility of the CPR outcome. Patients need to be informed of this decision and a discussion regarding the reasons why one has been put in place. If a patient does not have capacity then the NOK needs to be informed and a discussion should take place explaining the decision.*

Quiz (DNACPR): Say all that apply…

- The patient has a right to:
  - Reject the DNACPR decision
  - Request a DNACPR form
  - Request a second opinion if they are not happy with the DNACPR decision
  - Family members can request a DNACPR decision for a patient with capacity

Quiz (DNACPR): What would you do?

- You professionally believe that a patient needs a DNACPR decision imminently however you believe you do not have time to contact NOK and patient does not have capacity.
  - Complete DNACPR form immediately after discussion with MDT (can be nurse looking after patient, another medical colleague)
  - Try calling the NOK and if they do not answer, wait until you are able to talk to them about it.
  - Try calling the NOK and then fill the form in whether or not you have been able to get in touch with NOK
  - Complete DNACPR form immediately after discussion with MDT (can be nurse looking after patient, another medical colleague) and then try contacting NOK as soon as you have completed the form. Documenting clearly what happened.

Quiz: Yes or No?

- Does a DNACPR decision mean the patient should no longer receive treatment?
  - No. It is important to communicate to the patient and the NOK (and sometimes members of the team) that a DNACPR does not mean the patient is to be palliated. We still have a duty to treat all reversible pathology. It is not a proxy agreement to withhold other treatment.

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Debates & Journal Clubs

Promoting discussion of ELP issues relating to medical practice

Debating the Ethical Issues

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- Ideal for those complicated aspects of medical practice.
- Small or larger groups.
- Informal style and tone.
- Use the poll function (if remote) or ask people to raise their hands if they dis/agree with a statement in a debate.
- Choose one or two attendees on each ‘side’ of the debate to explain and justify their position, drawing on their clinical experiences.
- Ask the opponents to ‘rebut’, and proponents to respond.
- Ask if any attendees have shifted their views since hearing the debate and points raised.

Interacting with Suicidal Patients: Debating the Ethical Issues

- Should advanced directives and/or DNACPR be respected for suicidal patients?

For	Against
• "Patients with terminal illnesses or Alzheimer's disease because they are unlikely to benefit from treatments, and because respecting their decisions ensures a 'good death'" (Davis, 2014; Spike, 2013, Marks & Rosielle, 2012)	• "Created in preparation for a suicide attempt" (Brown et al., 2013) • "Difficult for signing doctor to assess the mental state of the person creating the document" (Kapur et al., 2010)

Should advanced directives and/or DNACPR be respected for suicidal patients?

- Points to consider:
  - Doctors should ignore the advanced directive and begin treatment if there is any doubt regarding whether an AD should be respected (Ryan & Callaghan, 2010; Hall, 1997)
  - Doctors should do what they believe is best for the patient, and to return the patient to a state where they can demonstrate that their choice was autonomous (Hall, 1997)
  - Beginning treatment would ensure that the utmost importance was given to the patient's 'normal' self, rather than their (presumed) impulsive decision (Ryan & Callaghan, 2010)

Journal Clubs

- ‘Guest’ (high profile) facilitators, propose article, explain why it is meaningful to them, lead the discussion.
- Focused clubs e.g. research ethics, donation and transplant.
- Run monthly, set dates in advance, online/in person, vary times.
- Interprofessional, and/or near peer learning opportunities.
- Members can take turns to ‘present’ and ‘lead’ the discussion.

Journal Clubs

- Try to look for those that provide data

e.g. Freeman, S., Yorke, J. & Dark, P. (2019) 'The Management of Agitation in Adult Critical Care: Views and Opinions from the Multidisciplinary Team using a Survey Approach' Intensive & Critical Care Nursing, 54: 23 – 28

- Perspectives of key stakeholders, including HCPs

e.g. Freeman, S., Yorke, J. & Dark, P. (2022) 'The Patient and their Family's Perspective on Agitation and its Management in Adult Critical Care: A Qualitative Study.' Intensive & Critical Care Nursing, 69: 103163

e.g. Høifødt, T.S., & Talseth, A-G. (2006) 'Dealing with suicidal patients – a challenging task: a qualitiative study of young physicians' experiences' BMC Medical Education, 6: 44

- Clinically focused ethics journals e.g. *Journal of Medical Ethics, Clinical Ethics*

e.g. Emmerich, N. & Gordijn, B. (2019) 'Ethics of Crisis Sedation: Questions of Performance and Consent' Journal of Medical Ethics, 45: 339-345

Journal Club (Suicide)

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- What do you consider to be the key message/s of the article? Do you dis/agree with them?
- What surprised you in the article? What did you learn about how to engage with people experiencing suicidal intention from the article?
- How was suicide portrayed and described in the article? How do these portrayals and descriptions of suicide in the article relate to your clinical experience of suicidal patients?
- What lessons can be learned and adopted in practice? Do the authors make any recommendations for practice? How easily transferred are the lessons to everyday practice? How realistic and feasible are the recommendations?

The Basics

Don’t underestimate the importance of the ‘obvious’

Approaching ELP Training

- Timing matters.
- Don’t shy away from the tricky, controversial, or sensitive topics BUT do be compassionate as to what might be triggered.
- Be realistic and honest…but remember to role model.
- Involve your target audience in the prep e.g. Specialised Foundation Doctors write a case study, write questions for a quiz.

Resources

- Can you link with your local medical school to collaborate with medical ethics and law staff?
- Are there FDs that have intercalated in medical ethics etc?
- Check out the Institute of Medical Ethics, UK Council for Educators of Medical Professionalism websites for other possible collaborators and recommended resources.
- GMC Ethical Hub offers guidance and case studies and the BMA Ethics dept has guidance.

Resources

- Be creative and open-minded to alternative resources e.g. Blogs, websites, television programmes from credible sources

ITU Delirium and Sedation: The Diary of a Junior Doctor, Dr Ben Martin CT1 ITU/Anaesthesia (2017) https://criticalcarenorthampton.com/2017/10/26/delirium-sedation-the-diary-of-a-junior-doctor-foamed-foamcc/

Deceiving Patients Robert Wheeler, Department of clinical law, June 2019 https://www.uhs.nhs.uk/HealthProfessionals/Clinical-law-updates/Deceiving-patients.aspx

Dear Distressed | 4 Mental Health *The #DearDistressed campaign uses powerful and heartfelt letters written by people with lived experience of suicidal thoughts and who are now in an emotionally-safer place*

BBC iPlayer - Horizon - 2018: 6. Stopping Male Suicide *Tv programme lasting 59 minutes.*

U Can Cope | 4 Mental Health *"U can cope" video lasting 22 minutes. Shares personal experiences of suicidal attempts of a range of people.*

Opening the training session

- Introduce yourself.
  - Outline your background, training and experience of the topic being discussed.
- Provide an overview of the training session.
  - Aims, content, invite participation, ‘hygiene’ factors.
- Explain why the session is needed and/or why this topic has been chosen.
  - Focus on published research and literature.
  - Link to UK FPO syllabus (2021), the GMC Generic Professionalism Capabilities framework, and Horus.

Background and Context Setting

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- Provide an overview of the topic for discussion.
  - Draw on published literature.
  - Define terms and explain jargon.
  - Statistics or figures available?
  - National and local context.
- Help to set the tone of the session e.g. reflective, emotive.
- Makes it clear what is and what is not being discussed e.g. adult patients, not minors; acutely suicidal, not assisted suicide.
- Makes it clear that the focus of the session is on ethics and law, rather than medical knowledge.

Maximising Time

- Pre-reading and further-reading.
- Screen-time and break-times.

e.g. The Report – Terminal sedation: Backdoor Euthanasia? 18th February 2010

Author Terry Pratchett has argued that assisted suicide should be legal in the UK - but there is already a medical technique widely used in the NHS which some campaigners claim is euthanasia by the backdoor. Called terminal sedation, it's used to ease the pain and suffering of the very sick. But critics say it can hasten death. Linda Pressly investigates the extent of terminal sedation and examines if it is always in the interests of patients and their families https://www.bbc.co.uk/sounds/play/b00qps83

e.g. Inside the Ethics Committee – Restraining Patients in Intensive Care 19th July 2012

Monty has double pneumonia and is in intensive care. A ventilator is breathing for him and he's sedated so that he can tolerate a breathing tube in his throat. Given the risks associated with being intubated in this way, the team are keen to get him off the ventilator as soon as possible, so that he can start breathing for himself. After several days of antibiotics, Monty improves. So they stop the sedation, wake him up, and remove the breathing tube. The plan is for Monty to wear a mask to support his breathing until he is strong enough to breathe for himself. But Monty is autistic, and as soon as the mask is placed on his face, he pushes it away. The nurses put it back on, but again he bats it off. The nurses persist, but Monty struggles and lashes out at them. Exhausted, he starts going blue. Fearing for Monty's life, the team re-sedate him and put him back on the ventilator. As his life hangs in the balance, what lengths should the medical team go to to get Monty to accept the life-saving treatment he is struggling against? Should they physically restrain him? https://www.bbc.co.uk/sounds/play/b01ksc3b

Closing the Training

- Sharing Practices.
  - ‘Tips’ (from colleagues, yourself and attendees).
- Feedback.
  - Provide time to complete within the training.
  - Large group to learn from others or anonymous.
  - Choice of questions = relevant and meaningful responses.
  - A missed learning opportunity? ‘Gaps & Actions’.

Closing the Training

- Promote reflection, own their learning.
  - e.g. How will your clinical practice change in light of this training session? How does this training support you in your current role? What have you found most challenging about this training? What have you found most beneficial about this training? What have you learned as a result of this training session?
  - …different from feedback that benefits the facilitator e.g. start, stop or continue…
  - …versus the least helpful mechanism i.e. rate this session out of 5.

What are you going to do as a result of attending this training? What do you need to find out? Who do you need to contact? Who could help you?

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