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Research Article

You are thinking, reflecting, analysing what you see and what you do all the time: perception of General Practice trainees about video feedback

Você está pensando, refletindo, analisando o que você vê e o que você faz o tempo todo: percepção de residentes de Medicina de Família e Comunidade sobre vídeo feedback

Estás pensando, reflexionando, analizando lo que ves y lo que haces todo el tiempo: percepción de los residentes de Medicina Familiar y Comunitaria sobre vídeo feedback

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Abstract

Introduction: Communication is recognized as a central skill by various international medical education regulatory bodies. Specific teaching on communication skills is important to enhance doctors' communication. Experiential techniques appear to be superior compared to traditional models. Real-life consultation helps trainees visualize their interview skills and reflect on them. Upgraded by technology, the use of video-recorded medical visits became the standard approach for communication teaching. However, the effectiveness pf this technique relies on trainees' active involvement. Their inputs and peer feedback on the recorded consultation are essential to learning. Despite its importance, their perspective on the usefulness of video feedback in medical education has received limited attention. **Objective:** To understand the perception of learning among general practice trainees as a result of the video feedback activity in their vocational training. **Methods:** An exploratory, qualitative study, conducted with first-year general practice trainees from an established training program in São Paulo, Brazil. Participants were interviewed after educational session, which were analyzed using reflexive thematic analysis. **Results:** Self-perception of their practice, communication skills learning, and affective gains were identified by participants as learning points derived from the video feedback activity. Furthermore, for specific communication skills learning, they mentioned nonverbal and verbal communication, theory and practice connections, consultation structure and opportunities for crystallizing knowledge. Affective gains included feeling part of a group, improving self-esteem, overcoming insecurities, perception of more effective consultations, reinforcing fondness for their work, and need for more learning. **Conclusions:** The learning gains identified in our study led to an experience of common humanity, which allowed participants to be more technically and affectively effective with their patients. Also, we identified that the video feedback educational activity can be used for other possible educational purposes, beyond the teaching of communication.

Keywords: Health communication; Graduate medical education; Physician-patient relations.

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Resumo

Introdução: A comunicação é reconhecida como uma habilidade central por vários órgãos reguladores internacionais da educação médica. O ensino específico de habilidades de comunicação é fundamental para melhorar a comunicação dos médicos. As técnicas experienciais mostraram superioridade em comparação com os modelos tradicionais. A utilização de consultas reais ajuda os estudantes a visualizar melhor as suas competências de entrevista e a refletir sobre elas. Com os avanços da tecnologia, o uso de consultas médicas gravadas em vídeo tornou-se a abordagem padrão para o ensino da comunicação. No entanto, a eficácia dessa técnica depende do envolvimento ativo dos estudantes. As suas contribuições e comentários dos pares sobre a consulta gravada são essenciais para a aprendizagem. Contudo, a perspectiva do estudante sobre a utilidade dessa abordagem educativa recebeu pouca atenção. **Objetivos:** Compreender a percepção da aprendizagem dos residentes de medicina de família e comunidade resultante da atividade de vídeo *feedback* na sua formação profissional. **Métodos:** Estudo exploratório, qualitativo, realizado com residentes do primeiro ano de medicina de família e comunidade de um programa de residência estabelecido em São Paulo, Brasil. Os participantes foram entrevistados após as sessões educativas, que foram analisadas por meio de análise temática reflexiva. **Resultados:** A autopercepção de sua prática, o aprendizado de habilidades de comunicação e os ganhos afetivos foram identificados pelos participantes como pontos de aprendizado derivados da atividade de vídeo *feedback*. Além disso, sobre o aprendizado de habilidades específicas de comunicação, eles mencionaram comunicação não-verbal e verbal, conexões entre teoria e prática, estrutura de consulta e oportunidades para cristalizar conhecimentos. Os ganhos afetivos incluíram sentir-se parte de um grupo, melhora da autoestima, superação de inseguranças, percepção de consultas mais efetivas, reforço do gosto pelo trabalho e reconhecer a necessidade de mais aprendizado. **Conclusões:** Os ganhos de aprendizagem identificados em nosso estudo levaram a uma experiência de humanidade compartilhada, que permite aos participantes serem mais efetivos técnica e afetivamente com seus pacientes. Além disso, identificamos que a atividade educativa de vídeo *feedback* pode ser utilizada para outros possíveis fins educacionais além do ensino da comunicação.

Palavras-chave: Comunicação em saúde; Educação de pós-graduação em medicina; Relações médico-paciente.

Resumen

Introducción: La comunicación es reconocida como una habilidad fundamental por varios organismos reguladores internacionales de educación médica. La enseñanza específica de habilidades de comunicación es importante para mejorar la comunicación de los médicos. Las técnicas experienciales parecen ser superiores a los modelos tradicionales. El uso de consultas reales ayuda a los estudiantes a visualizar y reflexionar mejor sobre sus habilidades de entrevista. Actualizado por la tecnología, el uso de consultas médicas grabadas en video se ha convertido en el enfoque estándar para la enseñanza de la comunicación. Sin embargo, para que la técnica funcione, la participación de los estudiantes es crucial. Sus contribuciones y comentarios de los compañeros sobre la consulta grabada son esenciales para el aprendizaje. Sin embargo, la perspectiva de los estudiantes sobre la utilidad de este enfoque educativo ha recibido poca atención. **Objetivos:** Comprender la percepción del aprendizaje por parte de los residentes de medicina de familia y comunitaria como resultado de la actividad de vídeo *feedback* en su formación profesional. **Métodos:** Estudio cualitativo exploratorio realizado con residentes de primer año de medicina familiar y comunitaria de un programa de residencia establecido en São Paulo, Brasil. Los participantes fueron entrevistados después de una sesión educativa, que fueron analizados mediante análisis temático reflexivo. **Resultados:** La autopercepción de su práctica, el aprendizaje de habilidades comunicativas y las ganancias afectivas fueron identificadas por los participantes como puntos de aprendizaje derivados de la actividad de vídeo *feedback.* Además, sobre el aprendizaje de habilidades comunicativas específicas, mencionaron la comunicación verbal y no verbal, las conexiones entre la teoría y la práctica, la estructura de consulta y las oportunidades para cristalizar conocimientos. En cuanto a las ganancias afectivas, relataron sentirse parte de un grupo, mejora de la autoestima, superación de las inseguridades, percepción de consultas más efectivas, refuerzo del gusto por el trabajo y necesidad de más aprendizaje. **Conclusión:** Los logros de aprendizaje identificados en nuestro estudio llevaron a una experiencia de humanidad compartida, que permite a los participantes ser técnica y afectivamente más efectivos con sus pacientes. Además, identificamos que la actividad educativa de vídeo *feedback* puede ser utilizada para otros posibles fines educativos, además de la enseñanza de la comunicación.

Palabras clave: Comunicación en salud; Educación de Postgrado en medicina; Relaciones médico-paciente.

INTRODUCTION

Patients relate to their doctors based on their perceptions of the way their medical providers communicate.[1] Communication is recognized as a central skill by various international medical education regulatory bodies.[2] Specific teaching on communication skills is important to enhance doctors' abilities, ideally integrated at every step of medical training.[3] Even though teaching experiences date back to the 1970s, they are still not widely disseminated among medical specialty trainee programs, with general practice being the main exception.[4] Preceptors can use a range of techniques for communication skills instruction, ranging from traditional didactical approaches to more practical experiential strategies.

Experiential techniques appear to be superior compared to the former models,[5] although a combination of both is often used.[6] From that group, the use of video feedback of consultations stands out.

Real-life consultations help trainees to better visualize and reflect on their interview skills.[7,8] To facilitate this process, Lesser proposed the Problem-based interviewing (PBI) methodology in 1985,[9] focusing on the communication aspect of the consultation rather than the clinical side. Lesser initially reported it for consultations in primary care that addressed mental health issues.[9] Currently, PBI-based video feedback techniques can be applied to all kinds of consultation or setting.[3,4,7,10-13] Its versatility makes them suitable for general practice vocational training programs.[10,14] Enhanced by technology, video-recorded medical visits have become the standard approach for communication teaching.[13] Trainees' involvement , including their inputs and peer feedbacks on the recorded consultation, is essential for effective learning,[4] though their perspective on the usefulness of this educational approach is underexplored.[3]

Video feedback offers several positive features as an educational method.[5] Firstly, it can be done in group settings, providing similar educational efficiency and greater cost-effectiveness compared to one-to-one approaches.[4] Gask et al. found that general practitioners and their trainees gain interviewing skills using video feedback.[4] They also acquire more specific consultation techniques (*e.g.*, accuracy in detecting psychiatric illness and changes in interview behaviors) after using this education approach. Gask et al. also showed that general practice trainees enhance their psychiatric diagnostic skills.[4] Additionally, Dohms et al. found that the technique promotes trainees' self-perception and incorporates reflection into their practice.[13] However, the literature tends to overlook trainees' views on their own educational gains after using video feedback as a learning approach.[5] Thus, the present study aimed to understand the perception of learning gains of general practice trainees resulting from video feedback activities in their vocational training.

METHODS

Ethics

This study was approved by the Ethics Committee of the School of Medicine of the Universidade de São Paulo (*Comissão de Ética para Análise de Projetos de Pesquisa* — CAPPesq) and by the National Committee of Ethics in Research of the Ministry of Health of Brazil (*Comissão Nacional de Ética em Pesquisa* — CONEP), protocol 07327019.0.0000.0068.

Study design

This study was structured using qualitative methodology, underpinned by a constructivist philosophy. In that sense, we understand that the findings herein are a collective construction based on the experience of participants involved. In addition, knowledge derived from this study is a co-construction between participants, interviewer, and the authors.[15]

The interviews aimed at understanding trainees' perceptions of learning resulting from their participation in the video feedback activity. For that reason, we proposed an exploratory study to survey the topic of interest, enabling an initial or enhanced understanding. Our topic of interest has not yet been explored in the Brazilian context.

Context

The study was conducted with General Practice trainees from the *Hospital das Clínicas* program in 2019. *Hospital das Clínicas* is a teaching hospital associated with the School of Medicine of Universidade de São Paulo, whose training program was established in 2005. It lasts two years, admitting approximately 10 new trainees every March. Trainees are allocated in different Family Health Teams (each team can have up to one first-year and one second-year trainee). Each cohort engages in various educational activities, including clinical work in a number of hospital settings and formal teaching sessions, such as the video feedback activity. Trainees met regularly for video feedback sessions, roughly every one to two months. Throughout their two-year training, each trainee has the opportunity to present a previously recorded video in a session at least once.

All of the nine first-year General Practice trainees from the Hospital das Clínicas program in 2019 were invited and interviewed for this work.

Data collection

The group's first three sessions of video feedback were used for this study. Those encounters happened between May and July 2019. After each session, one of the researchers (NT) collected the trainees' sociodemographic data (gender and age) and interviewed them.

After the first session, the presenter and three other trainees were interviewed as participants. In the two subsequent sessions, the presenter and two participants were interviewed for each session. One of the trainees was approached twice, once as a presenter and another time as a participant. Therefore, there was a total of 10 interviews with nine trainees. The interviews were conducted using a semi-structured script (Appendix A) to conduct the interviews. All interactions were audio recorded.

Data analysis

Each interview was transcribed and subsequently reviewed by one of the researchers (NT). A reflexive thematic analysis methodology was used, following the guidelines described by Braun and Clarke.[16] The method consists of the follow steps: familiarization with the data, generating initial codes, identifying themes, reviewing themes, defining and naming themes, and producing the report through exemplars. As describe by the authors, the analysis is not strictly linear but instead recursive, allowing researchers to move "back and forth" as needed. In this method, themes were defined considering a significant pattern in data that helps address the research questions, regardless of if a majority or just one participant mentioned it. This analysis aimed to identify themes related to trainees' learning perceptions. Themes were identified inductively, at a semantic or explicit level. Furthermore, the thematic analysis was conducted within a realist/essentialist paradigm.

RESULTS

Trainees' characteristics

The group consisted mainly of women (66.7%), with a mean age of 29.8 years. Only one of the nine trainees had previous contact with video feedback during undergraduate medical training. The gender and age of the trainees, and their roles in each session are presented in Table 1.

Table 1. Characteristics of trainees, roles, and sessions.

Trainee	Gender	Age	Role	Sessions
#1	female	26	participant	1
#2	male	24	participant	1
			presenter	2
#3	female	25	participant	1
#4	female	25	presenter	1
#5	female	28	participant	2
#6	female	25	participant	2
#7	male	30	participant	3
#8	male	34	participant	3
#9	female	27	presenter	3

#: trainee identification number; Age in years.

Trainees' perceptions of learning

Regarding trainees' perception of learning, the following themes were identified: self-reflection of practice, communication techniques, and affective gains.

Self-reflection of practice

During the video feedback activities, trainees identified the opportunity to reflect on their practice as a learning gain.

> *You are thinking, reflecting, analyzing what you see and what you do all the time. (trainee #6, female, 25 years old, participant).*

Trainees also identified the sessions as opportunities to review behaviors that typically occur spontaneously in clinical settings with patients, without a reflection process during the consultation. The video feedback sessions prompted moments of self-reflection, allowing them to "snap out of autopilot mode."

> *So, I think video feedback helps us to snap out of autopilot mode and be more aware [...] it gives us a sense of self-reflection. (trainee #7, male, 30 years old, participant).*

Using video as a tool allowed trainees to pay attention to details that might otherwise go unnoticed in daily practice, reinforcing self-reflection as a learning gain.

> *It really opens your mind to details of the consultation that you wouldn't pay attention to if it hadn't been recorded. (trainee #9, female, 27 years old, presenter).*

Communication techniques

Trainees identified additional learning gains related to communication techniques and their application in clinical practice.

Nonverbal communication

After the video feedback sessions, trainees realized that nonverbal communication skills are not much discussed nor developed in other teaching settings. Nonverbal communication encompasses all forms of interaction through facial expressions, body movements, gestures, and tone of voice, which often shape the subjective aspects of communication. By analyzing these skills, trainees gained insights into the interaction between doctors and patients.

> *I think video feedback brings up discussions on the expressions that are usually absent in other learning settings. So, through videos, you can analyze the responses of body language, emotions, facial expressions. Both physicians and patients have certain responses to certain behaviors, which we cannot observe in other forms of training. (resident #7, male, 30 years old, participant).*

Using video as a tool, trainees were able to observe their own body postures, which helps in interpreting other aspects such as their mood during consultations.

> *They [session participants] commented on my body posture and how tired I actually looked at that moment. (trainee #2, male, 24 years old, presenter).*

At some points of the consultation, trainees identified that the physician's verbal communication did not match their nonverbal communication. The mismatch affected the effectiveness of their clinical practice.

> *Yeah, there was this situation that happened with the presenter. He advised the patient. However, his nonverbal communication made it sound like he didn't really believe the patient would actually take his advice. And apparently, that was what happened. (trainee #1, 26 years old, female, participant).*

Verbal communication

Although verbal communication often receives more attention in educational sessions, trainees do not often reflect on it in clinical practice. This observation emerged during the interviews, where trainees noticed the way questions were posed by the presenter.

> *I noticed that the presenter used too many open-ended questions. She was always asking open-ended questions. (trainee #3, female, 25 years old, participant).*

A trainee observed that when presenters verbalized their clinical reasoning to patients, it allowed a better understanding of the proposed management plan, even when presenters appeared uncertain.

> *I realized that I need to share more of my thoughts with patients, I need to say what I'm thinking during the consultation, and not [...] just assume things anymore. We have to try and share more thoughts during consultations. [...] So the technique I learned was to say what I'm thinking, during the consultation, so that the patient understands that I'm confused too. (trainee #3, female, 25 years old, participant).*

Linking theory and practice

Trainees identified video feedback sessions as an invaluable tool to link theoretical knowledge with practical application.

When preceptors teach us about consultation [...] they break it into smaller pieces of information. They stick to theory, to what books say. The video feedback sessions discuss more practical aspects [...] the missing part. (trainee #7, male, 30 years old, participant).

Consultation structure

In addition to improving verbal and nonverbal communication skills, trainees gained insights on how to structure consultations in the primary care setting, recognizing its role in facilitating effective interactions.

That's what prompted me the most in this consultation: understanding that I can dictate how this consultation will go so it can function better and in a more organized way. (trainee #3, female, 25 years old, participant).

Trainees acknowledged the importance of following a structured approach during consultations to optimize efficiency.

Yes, for me it's a matter of consultation flow, I think I need to follow the steps [of the consultation] properly. (trainee #9, female, 27 years old, presenter).

Furthermore, they learned how disruptions to the consultation structure could impact the duration of each encounter.

When you realize that the patient is getting off track of the script you had envisioned. Then you try to reframe it better, to bring them back to the script that fits the time you have for the consultation. You try to make a few small interventions to redirect the consultation. (trainee #2, male, 24 years old, participant).

Crystallizing knowledge

Lastly, trainees found that the video feedback sessions helped solidify previously acquired knowledge.

Oh yes. I'm not sure about [learning] anything new. But it was a review of things, made me rethink some things.– (resident #2, male, 24 years old, participant).

Some topics had already been taught or discussed previously. However, this information had not yet been consolidated for trainees. The sessions allowed deeper consolidation of this knowledge.

I learned to name a few things. Like, [...] agenda setting, I didn't know the terminology. Techniques to avoid unelicited patient's agenda. To understand that some patients might wait until the end of the consultation to speak up about an issue. I thought it was good to learn that. (trainee #4, female, 25 years old, presenter).

I think the session changed my perception about how a shared consultation starts at S[subjective] and not at P[plan - steps of the problem-oriented clinical record]. It was something that we had discussed a lot before. I already knew that, but I hadn't [...] analyzed or really understood it yet. (trainee #6, female, 25 years old, participant).

Affective gains

Trainees also observed some gains during video feedback sessions that go beyond the technical aspect, encompassing more affective aspects of their clinical practice.

Group identification

During the interviews, trainees expressed a feeling of belonging to a group. This perception came through the experiences reported by their colleagues, initially stemming from their shared status as first-year trainees in the same program. As they engage in the sessions, this sense of belonging deepened as they realized shared health communication challenges among group members.

I liked the fact that, with video feedback, we can see other people's consultations. And we can identify a lot [...] with some of their attitudes. (trainee #3, female, 25 years old, participant).

This identification occurs especially when they see situations in colleagues' presentations they can empathize with, enabling them to put themselves in their colleagues' shoes, when they consider the knowledge they believe they have.

We can empathize a lot with [...] the trainee who was presenting. [...] Yeah, I think we could put ourselves in his shoes. (trainee #1, female, 26 years old, participant).

Observing colleagues' characteristics — or even flaws — that they identified as similar to their own fostered a a sense of belonging to the same group.

I saw some problems, maybe not problems, but some characteristics of [colleague name]'s consultation that I think also happen during mine. (trainee #5, female, 28 years old, participant).
Sometimes, the presenter dealt with [...] situations she did not expect. And I often do this too. So, I identified with her. (trainee #7, male, 30 years old, participant).

Improving self-esteem

Being part of a group helped trainees realize they are not the only ones having some difficulties, bolstering their view and beliefs about themselves and their capabilities.

Some weaknesses you think you have, in fact, are not just 'yours'. Realizing this is good for your self-esteem. (trainee #2, male, 24 years old, participant).

Overcoming insecurities

The sessions allowed trainees to evaluate their colleagues' consultations and their own. This possibility reassured them of some of their behaviors.

The session was provocative in the sense that colleagues noticed some behaviors in my consultation that I hadn't noticed. In some sense, it helped reassure me of other things that I was a little insecure about. I think it was good. (trainee #2, male, 24 years old, presenter).

Feeling of a more effective consultation

With the insights gained from the sessions, trainees felt more equipped to conduct effective consultations.

I think [...] through the discussion [...] we can make a consultation [...] with greater effectiveness. (trainee #7, male, 30 years old, participant).
I understood that I can dictate how the consultation will work for its better functioning. (trainee #3, female, 25 years old, participant).

Reinforcing fondness for what you do

A very significant gain was that trainees could notice that the sessions reminded them of the pleasure they find in their work.

I realized how comfortable I feel with patients in consultations. [...] And from what colleagues commented, I feel very at ease with the patient. It emphasizes how much I love what I do. (trainee #9, female, 27 years old, presenter).

Need for continued learning

After all the gains video feedback sessions brought, trainees identified one last lesson. As professionals in training, they thought there is still more learning they had to do in their training path as doctors.

I saw that we still have a lot to learn. This is what has changed for me. I think I'm very junior and video feedback is helping me realize how much I still need to improve. (trainee #7, male, 30 years old, participant).

Understanding the importance of ongoing learning and the value of video feedback sessions, they advocated for more frequent opportunities to engage in this reflective practice.

I think it would be really interesting to have sessions more often. (trainee #1, 26 years old, female, participant).

DISCUSSION

The video feedback education activities yielded several significant outcomes for the first-year general practice trainees, including self-perception of their practice, communication skills learning, and affective gains. Furthermore, for specific communication skills learning, they mentioned nonverbal and verbal communication, theory and practice connections, consultation structure, and opportunities for crystallizing knowledge. Affective gains encompassed a sense of belonging to a group, improving self-esteem, overcoming insecurities, perception of more effective consultations, reinforcing fondness for their work, and need for more learning.

Reflection of one's professional practice is a very desirable approach to develop competence and professionalism for doctors.[17] Considered a specific 'kind' of thinking, it concerns a process of engaging iteratively and critically with one's thoughts and actions, considering their own perspective on that topic, with the aim of changing themselves or their view.[18] It also leads to enhancement of other personal aspects such as moral, emotional, and cognitive.[19] Not only reflection relates to acquisition of technical skills but it has been shown that the more affective aspects of it lead to less stress and diffusion of negative emotions.[20]

The findings herein are consistent with existing literature on self-reflection in medical education. Video feedback activities, which rely on the discussion of real clinical cases, have been shown to increase learners' engagement with self-reflection.[17,21] Further, Sandars suggest the presence of 'another person' facilitates reflection on practice.[22] In the video feedback activities, participants had both the presence of facilitators and their peers, which possibly contributed to fulfilment of their practice self-perception. In relation to learning of communication skills, a study conducted by Marita et al. has shown that nurses who underwent video feedback sessions of their counselling encounters improved reflection of their own communication processes.[23] Verheijden et al. conceptualized a model that has reflective capability as one of two main processes that lead to skilled communication.[24]

Participants pointed to learning of communication skills as an important educational gain. It is indeed an expected theme since, in our training program, communication learning is the focus of the video feedback activity (although it can also be used to learn other kinds of skills, such as procedural skills). Video feedback has been recognized as the best approach to teaching communication skills for healthcare providers,[13,25,26] impacting both verbal and non-verbal behavior changes.[27,28] Among the many advantages of video feedback, one noteworthy aspect is its ability to provide participants with a distant perspective of themselves, enabling them to identify specific behaviors for discussion and potential modification or reinforcement. Moreover, within the program, participants benefit from peer and facilitator feedback in a safe space,[13,25] with special interest in clinical comunication. This evidence-based approach contrasts with traditional communication learning, as opposed to learning by observing non-expert role-models communication skills (or lack thereof).[29]

The affective gains identified in the present study can be related to the concept of common humanity, wherein individuals recognize shared experiences, emotions, and challenges. Common humanity is a component of self-compassion. which is a psychological concept that involves treating yourself with kindness, understanding and acceptance, especially in the face of challenges, failures or suffering.[30] This fosters self-compassion and compassion toward other, encouraging vulnerability and learning from mistakes. And as a consequence of having an experience in common humanity, the trainees could be more open to feedback (even if negative).[31] They also could put in practice changes in communication behavior, leading to a perception of more effective consultations.

However, our study has some limitations. Our population is limited to one cohort of one program, which may present as an issue in generalization. Specifically, in terms of qualitative research, we refer to one of the concepts of generalization proposed by Firestone,[32] called case-to-case transfer or transferability. Although, not an aim in qualitative research, transferability is desirable as it allows both a focus on the particular but also an interest in the more generic and abstract. Nonetheless, the findings are concordant with the current literature regarding communication skills education. Another limitation relies on the interviewer. Although they were not directly connected to the delivery of the educational activity, they were known to the participants and some social desirability bias is to be expected. While neutrality is not expected in qualitative research, disclosing the relationship between interviewer and participants is essential. Finally, we observed a lack of negative impressions by our participants. The video feedback activity can be daunting as participants might feel exposed and not act naturally when recorded. However, we understand that the focus of our interviews was on the learning gains of the activity, thus the themes focus on the more positive aspects.

Nevertheless, our study has some strengths. Firstly, we used learners' input, which is recognized as a reliable source of feedback on the learning activities' effectiveness, informativeness, and worth.[33,34] Secondly, our participants represent a full cohort of general practice trainees in a nationally recognized and established training program. Thirdly, as mentioned, the interviews were conducted by someone who was not directly involved with the delivery of the educational activity. Regardless, in our program, the activity is used as formative assessment, so their presence would not be felt as a threat to their performance in the program. Finally, our study is one of the few to associate self-compassion abilities with communication education in medicine trainees. Self-compassion behaviors allow practitioners to treat themselves with kindness and compassion, possibly making them more likely to extend that same kindness and understanding to patients.

CONCLUSION

General practice trainees perceived self-perception of their practice, communication skills learning, and affective gains as educational gains derived from video feedback education activities. Communication skills gains range from verbal and nonverbal communication to crystallization of knowledge. Affective gains related feeling part of a group and perceiving their consultation as more effective. That led to an experience of common humanity, which allows them to be more technically and affectively effective to their patients. This study sheds light on additional educational purposes of video feedback beyond communication training. Further studies should focus on how to pursue these educational pathways. Additionally, they should explore the patient experience of their interactions with video feedback trained doctors.

CONTRIBUTIONS

NT: Conceptualization, Data Curation, Formal Analysis, Investigation, Methodology, Project Administration. CFCC: Conceptualization, Data Curation, Formal Analysis, Methodology, Project Administration, Supervision, Visualization, Writing – original draft, Writing – review & editing.

CONFLICT OF INTERESTS

Nothing to declare.

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Appendix A. Semi-structured interview script.

Interview semi-structured script:

1- Did you like this video feedback session?

2- How did this session make you feel?

3- How would you describe the experience of being in a video feedback session?

4- What changed for you after this session?

5- Which moment/discussion caught your attention the most?

6- Do you think you learned new communication techniques after this session?