Exit Interviews in Health Professions Education: a Scoping Review Protocol

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Abstract

Background

The healthcare workforce is facing numerous challenges, with retaining skilled, qualified, and experienced practitioners being paramount. Exit interviews are a long-established practice with evidence of effectiveness across a range of settings, but are rarely implemented among health professionals. Research on the use of exit interviews mirrors this pattern. This scoping review will address this gap by systematically mapping the use of exit interviews in the literature on health professionals and trainees.

Objective

This protocol describes the scoping review process, with a primary question: What is known about the use of exit interviews in health professions education?

Methods and Analysis

This review will follow the Joanna Briggs Institute methodology and will report using the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist. The review will involve systematic searches of academic and grey literature databases. The review will include any studies that utilise or describe exit interviews in the context of health professions education, broadly defined.

No data limit will be applied. Titles, abstracts, and full texts will be screened in a two-stage process. At each stage, an initial pilot stage of 10% of identified sources will be reviewed by two independent screeners. A Kappa score indicating substantial agreement (0.61-0.80) will be required before the remaining screening can be completed by a single reviewer. This will be supported by the Rayyan systematic review management platform. Data extraction will be performed by one reviewer and checked by a second, with disagreements resolved by consensus. A further AI-powered verification of data extraction will be performed. The findings will map existing approaches, highlight research gaps and inform future research using exit interviews.

Ethics and Dissemination

This scoping review will use publicly available data; therefore, no ethical approval is required. The findings from the completed review will be submitted for publication in a peer-reviewed journal and for presentation at relevant conferences.

Registration

This protocol is registered on the Open Science Framework: https://doi.org/10.17605/OSF.IO/PT2RX

Keywords

Health Personnel; Education, Medical; Education, Nursing; Allied Health Occupations; Interviews as Topic; Personnel Turnover; Workplace; Data Collection; Review

Strengths and Limitations of This Study

- Following the established and rigorous Joanna Briggs Institute methodology.
- Comprehensive search strategy across eight health and care, four business and management, and four grey literature databases.
- Transparent reporting through Open Science Framework registration and adherence to the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews checklist.
- Despite statistical analysis of agreement and AI checks of extraction, if the search yields a very large number of papers, human error at each stage is inevitable.
- Because the search is conducted in English, we will effectively exclude papers in other languages.

Introduction

The training of health professionals through undergraduate, postgraduate, and continuing education is vital to the health of the population. While each form of training, across professions and contexts, presents its own set of challenges, retaining those undertaking such education and those who have completed it is vital for all groups.[1] There are significant costs associated with the departure of health professional students and postgraduate trainees from training programmes. These costs can take the form of financial burdens for individuals and the state. In the United Kingdom (UK) in 2023, the approximate costs for training a doctor were £327,000, and for a nurse, £67,000.[2]

Additional costs of replacing a staff member may arise from filling a rota gap, which could involve hiring a temporary or permanent replacement. There are also training costs associated with bringing a new hire up to the same competency level as the person they are replacing. These direct financial costs can lead to indirect consequences, such as lower-quality patient care and diminished morale among remaining staff, both of which can further affect the organisation's finances. This situation can create a cycle of declining conditions and increased turnover. Turnover contagion, defined as “a process whereby coworkers' turnover-related thoughts, feelings, and/or behaviours spread amongst employees”[3] can lead to collective turnover, defined as “aggregate employee departures that occur within entities such as groups, work units, or organisations”.[4]

There is extensive research on the causes and effects of turnover in healthcare and in the broader employment literature.[5] One approach to understanding turnover in context, which can itself help address high turnover, is exit interviews. The UK’s National Health Service (NHS) has conducted an electronic exit questionnaire for staff leaving the NHS. A small number of trusts have successfully implemented exit interviews to improve staff well-being and retention.[6] However, exit interviews are far from commonplace, and their limited implementation is a missed opportunity to learn about our workforce, workplaces, and training. Significant barriers to conducting exit interviews are the time required and the power gradient that often exists between the interviewer and the interviewee. In 2022, the British Medical Association passed a motion at its Annual General Meeting to advocate that NHS employers publish the anonymised results of exit interviews through an open-access national database.[7] No such programme has been implemented. More recently, the Royal College of Psychiatrists' retention charter repeatedly mentions exit interviews as a central component of improving workforce issues in the speciality.[8]

Insights from business literature, such as those published in the Harvard Business Review, offer valuable lessons on leveraging exit interviews effectively.[9] In business settings, exit interviews are widely used to gather feedback, understand organisational challenges, and improve retention strategies. However, the application of these principles to healthcare remains limited, raising questions about how best to adapt such methodologies to the unique challenges of the NHS workforce.

A 2014 Cochrane review on exit interviews to reduce turnover amongst healthcare professionals identified 8 papers, but none met their inclusion criteria, leading them to

conclude that “evidence about the effectiveness of exit interviews to reduce turnover is currently not available”.[10]

This review will aim to explore the existing literature on exit interviews, with particular focus on their use in healthcare settings. By assessing the current literature on exit interviews, particularly what (if anything) has been done to evaluate their use and effectiveness in healthcare, this paper will seek to establish future research on how exit interviews can be optimised and implemented to support healthcare workforce sustainability.

Initial definitions for the scoping review protocol are:

- Exit interviews: “An interview held with an employee about to leave an organisation, typically in order to discuss the employee’s reasons for leaving and their experience of working for the organisation.”[11] We will extend the definition to include exit interviews conducted after an individual leaves an organisation or role.
- Health professions education: “Health professions education is the formal study and training for individuals pursuing careers in healthcare, including professions like medicine, nursing, and physiotherapy. It encompasses undergraduate and postgraduate programs, apprenticeships, and continuing professional development, focusing on equipping students and practitioners with the knowledge, skills, and values necessary to provide quality healthcare and improve health outcomes.”[12–15]

In addition to the Cochrane review already mentioned, a preliminary search revealed no literature syntheses that addressed our research question.

Review Question

The primary question of the review is: What exit interview tools or approaches have been used in health professions education?

Sub question 1: What type of studies and papers make up the literature on exit interviews?
Sub question 2: What definitions of ‘exit interview’ are used in the literature, and how have they evolved?
Sub question 3: What research questions were exit interviews used to address?
Sub question 4: What questions were asked during the exit interviews?
Sub question 5: What barriers or facilitators to implementing exit interviews have been described in the literature?

Methods and Analysis

This review will use the JBI methodology for scoping reviews.[16,17] This protocol was developed using JBI guidance on scoping review protocol development.[18] The review will be reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).[19]

Inclusion Criteria

Participants

This scoping review will consider all papers in academic journals or policy documents related to health professions engaged in any kind of training programme. This includes both undergraduate and post-graduate education. The search will not be limited by geography.

Participants are those undertaking health professions education, as defined above, with the following clarifications:

- For allied health professionals, this will involve students or graduates in physiotherapy, occupational therapy, speech and language therapy, radiography, dietetics, paramedic science, or other comparable disciplines. Where studies examine exit interviews across mixed groups, data specific to allied health professionals will be included if reported separately or if their inclusion meaningfully contributes to understanding the broader use of exit interviews in health professions' education.
- For doctors, this will include trainees (resident doctors in the UK as of 2024, speciality trainee and core trainee in the UK as of 2018; registrar and senior house officer historically) and those practising outside of a recognised training programme, including clinical fellows, locally employed doctors, and staff and associate specialists. We will also include those who have completed their training and are now practising independently (consultants in the UK, attending in the US).

The participants will be leaving employment, transitioning to a new role or practice location, or completing a course or programme of study.

Concept

While the working definition of exit interviews for this protocol is listed above,[11] the concept for the search will be "exit interviews", or a similar term as listed in Table 1, as stated in the identified papers.

Context

All healthcare professions and settings with training programmes will be considered. Table 1 shows the health professions included in the pilot search. A 2022 review used the following list of healthcare workers: nurses, doctors, allied health workers, GPs, other primary care workers, social workers, pharmacists, midwives, health visitors, mental health workers, psychological professionals, psychiatrists, surgeons, paramedics, and students.[20] This list complements our pilot search and has influenced the planned search. Papers from all countries will be included in this review.

Types of Sources

Our preliminary search revealed no reason to exclude any types of literature. Qualitative and descriptive reports will be utilised, along with grey literature such as expert opinions, policy documents, and editorials. No date limits will be placed on papers reviewed. All papers will be reviewed in English due to language limitations within the team.

Exclusion Criteria

Sources will be excluded if they do not include exit interviews and focus on health professions education. Exit interviews pertaining to dismissal or poor performance will be excluded. We will also exclude from our grey literature search local guidelines that only refer to national guidelines recommending that organisations conduct exit interviews.

Protocol Registration

This scoping review protocol was prospectively registered on Open Science Framework on 22nd January 2026 (https://doi.org/10.17605/OSF.IO/PT2RX).

Patient and Public Involvement

As the study will involve the review and reporting of existing literature, there will be no patient and public involvement.

Study Timeline

This protocol describes a review scheduled to run from April through August 2026.

Search Strategy Development

To provide a comprehensive understanding of the use of exit interviews in health professions education, this scoping review aims to identify and present the available information on the use of exit interviews in all settings where health professions education occurs, in terms of the approach to exit interviewing, the context where it has been implemented, and any barriers or facilitators to implementation.

This review will give equal weight to academic and grey literature; therefore, the development of the search strategy has involved iterative searches of sources likely to yield both types of literature. An initial limited search was conducted on CINHAL, Medline, and EMBASE by Olivia Schaff, Clinical and Outreach Librarian at Manchester University Hospitals NHS Foundation Trust, on December 20, 2024. Two of the paper's authors (DD and TG) conducted a preliminary search of UK-oriented grey literature sources, including NHS England, NHS Employers, The Health Foundation, The Nuffield Trust, The King’s Fund, The Association for the Study of Medical Education, and Skills for Health. Our grey

literature search strategy was developed with advice from a librarian with a specialist interest in grey literature (JB).

For CINHAL, Medline, and EMBASE, the papers in the initial search were reviewed to identify keywords in the titles and abstracts, as well as index (MeSH [medical subject headings]) terms to inform the development of the formal search strategy, which will be tailored for each database with the help of a medical librarian. Key search terms relate to “exit interviews” and “health professions education” with each term having a number of keywords that authors may have used instead. Initial terms are presented in Table 1.

Exit interviews	Health Professions Education
Exit interview* Exit-interview* Departure interview* Leaving interview* Employee exit discussion* End-of-service interview*	Nursing Nursing education Allied health profession* AHP education Medicine Medical education Clinical education Surgery Surgical education Health occupations Allied health personnel Health education

Table 1. Initial search terms

Search Strategy

Sources to be searched for academic literature include CINAHL, MEDLINE, EMBASE, HMIC (Health Management Information Centre), Social Policy and Practice, the Cochrane Database of Systematic Reviews, and the British Medical Journal Collection via the NHS Knowledge and Library Hub. PsycINFO will be searched via EBSCO Host accessed through Lancaster University. Literature from business and management journals will be searched via Business Source Complete, ProQuest Business Database, and Emerald Business and Management Journals. The reference lists of all included papers will be hand-searched. Searching multiple databases aims to reduce the risk of missing relevant studies.[21] The proposed search strategy for the NHS Knowledge and Library Hub is available in Appendix 1.

Grey literature databases will be accessed. These include HMIC, Policy Commons, Overton, and Trip Medical Database. The first 100 search results, ranked by relevance, from each grey literature source will be screened. We will record this process using either screenshots of search results or, if available, by exporting the search results.

Experts identified during the search process may be contacted directly for further information or clarification.

The initial search terms to be utilised in the grey literature search are: exit interview*, exit-interview*, departure interview, leaving interview, employee exit discussion, end-of-service interview.

For both the academic and grey literature, the reviewers will contact authors for further information if required.

Screening and Selection

Following the search, all identified records will be collated and uploaded to Zotero,[22] where duplicates will be removed. Following deduplication, academic literature will be uploaded to Rayyan[23] to facilitate title and abstract screening.

Academic Literature

This review will use a three-stage screening process, as a large number of studies, many of which are likely to be irrelevant, are anticipated from the initial search. The first stage will involve reviewing titles and removing papers that are clearly irrelevant. This will be followed by screening of abstracts to identify papers that might be relevant to the study question. After abstract screening, the full text of all included papers will be sourced. After reading each paper, further irrelevant papers will be removed from the study. The remaining papers will be relevant to the study question and will be selected for data extraction.

For title, abstract and full paper screening stages, an initial pilot phase, involving screening 10% of retrieved titles or abstracts, will be completed by two independent reviewers. Discrepancies will be discussed before proceeding. A Kappa score will be calculated to assess agreement during screening, with substantial agreement (0.61-0.80) necessary to continue. If this threshold is not initially met, additional increments of 10% will be screened until substantial agreement is achieved. Following this, the remaining title and then abstract screening will be conducted by a single reviewer using Rayyan.

A summary of the study selection process will be presented as a PRISMA flow chart.[24]

Grey Literature

The iterative nature of the grey literature search is likely to lead to a more straightforward selection process. It is anticipated that the identified documents will be reviewed and that irrelevant documents will be discarded. The lead author will complete the initial search and compile a list of studies for consideration. This will be reviewed independently by two reviewers, with disagreement resolved as above. We will document all searches. We will document decisions about inclusion and exclusion after the title screening phase.

Data Extraction

Data will be extracted to facilitate answering the review questions and subquestions listed above. Initially, this will involve tabulating the data to enable organisation and transparency of any findings generated. Table 2 below shows the planned initial data

extraction. This was developed from the JBI data extraction tool [16], following a pilot extraction of the documents identified during the pilot searches described above. The draft data extraction tool will be modified as required throughout the review, as described in the JBI Reviewer's manual.[16] These modifications will be documented in the full scoping review report.

Data extraction will be performed by one reviewer and checked by a second. Initial disagreements will be resolved by consensus. If consensus cannot be reached, the extraction will be reviewed by an independent panel composed of members of the research team. A further AI-powered verification of data extraction will be performed, as reported below.

A degree of flexibility is anticipated to be required for extraction from grey literature, either in terms of iterative development of the data extraction tool, the potential need to develop a bespoke data extraction tool for grey literature, or extracting and reporting specific grey literature in alternate formats such as narrative.

AI Support for Evidence Selection and Data Extraction

We will use AI to verify full-text screening. This aims to support and improve the researcher's accuracy, not replace them with AI trained to conduct these tasks. The human decision and data extraction will serve as the gold standard, and the AI decision/extraction will be used only to check for errors. For evidence selection, will apply the protocol to each item, extract verbatim evidence for each research question and sub-question, classify each as Meets/Unclear/No and provide a confidence score for this decision, and generate an overall decision of Include/Exclude/Unclear.[25] For data extraction, Microsoft 365 Copilot [26] will extract evidence verbatim and organise it by research question. The human reviewer will also complete data extraction using the reviews' template. The researcher and Copilot will then compare the AI- and human-extracted data iteratively and complementarily to develop the data extraction table to be presented in the review.

For data extraction, Copilot will run two identical sequential passes.[27] The first pass will use criteria-aware keyword and semantic matching for title/abstract and targeted section scanning with semantic retrieval-based Q&A for extraction. The second pass will cross-validate these preliminary decisions and flag uncertainties with any discrepancies sent to arbitration. Final decisions remain the responsibility of the researchers. Disagreements and uncertainties found by AI will be reviewed and resolved by the human researcher. We will conduct prompt development in Copilot using a human double-verified 10% gold standard dataset from both stages to develop a single prompt command. We will then blind test this command for accuracy and calibrate it against the gold standard dataset. These stages will be reported in the final review.

First author **Year** **Origin**	**Population**	**Methods,** *including key strengths and weaknesses*	**Primary question**: *Exit interview tool or approach used*	**Sub question 1:** *Type of study or paper*	**Sub questions 2:** *Definition of exit interview used*	**Sub question 3:** *Research question that the exit interviews were used to address*	**Sub question 4:** *Questions asked during the exit interview*	**Sub question 5:** *Barriers or facilitators to implementing exit interviews*
First author Year Origin	Key demographics principally the health profession and the number of participants.	Summary of methods used and key strengths and weaknesses of the paper.	Extracted verbatim and linked to any reference used.	Summary of the type of paper, such as commentary, letter, or primary or secondary research, reporting the methods.	Extracted verbatim and linked to any reference used.	Extracted verbatim.	Extracted verbatim or the approach used if questions are not reported.	Extracted verbatim.

Example author Example year Example country	20 nursing students 10 physiotherapists	Online interviews Strength Weakness	Self-developed exit interview tool	Qualitative research	Definition not reported or example definition	Example research question	Example question 1. Example question 2. Example question 3.	Example barrier. Example facilitator.

Table 2: Planned data extraction

Analysis of Evidence

Remembering “that scoping reviews do not synthesise the results/outcomes of included sources of evidence”[16] but aim to describe, or map said evidence, below we report our plan for analysis of anticipated evidence for the review question and each subquestion.

Review Question: Exit Interview Tools or Approaches Used in Health Professions Education

A list of tools used in the literature will be compiled. Where the tool is included in the literature, its characteristics will be reported. Where the tool is named or referenced but not reported, the authors will seek to obtain the tool to document its characteristics.

Sub Question 1: Types of Studies and Papers Making up the Literature on Exit Interviews

These will be collated into simple frequency counts for each study type.

Sub Question 2: Definitions of ‘Exit Interview’ in the Literature and Their Evolution.

We will extract all the definitions used in the literature and document the evolution over time. To achieve this, we will extract verbatim definitional statements when provided and, otherwise, the method's text that functions as an operational definition. We will then use tools from qualitative content analysis[28] to sort, not analyse, the definitions. This will involve iterative code development so that definitional components are generated from the earliest sources, and only new components are added when they appear in later sources, with all coding decisions continuously compared against the existing codebook to ensure clear boundaries between components. To map evolution without undertaking a traditional qualitative evidence synthesis, we will follow scoping review principles by focusing on descriptive mapping of how the term is classified across documents rather than synthesising experiential findings.

Sub Question 3: What Research Questions Were Exit Interviews Used to Address?

The research questions will be tabulated, and if sufficient papers with similar characteristics are found, categorised.

Sub Question 4: Questions Asked During the Exit Interviews?

This is an extension of the primary review question and will be addressed by extracting the questions reported in the paper or in the tools referenced and, if sufficient questions with similar characteristics are identified, categorising them.

Sub question 5: Barriers or Facilitators to Implementing Exit Interviews

In addition to tabulation, we will use relation analysis. Using this approach, we will map the relationships among the identified barriers and facilitators, the exit interview approach employed, the setting in which they were conducted, and any reported outcomes. This approach has previously been used to clarify what was known and what was not known about a topic and to identify knowledge gaps.[29]

Presentation of Results

Review Question: Exit Interview Tools or Approaches Used in Health Professions Education

The primary output from this scoping review will be a table of results. This will include information about each paper and answers to the research question and subquestion that the paper refers to. Depending on the volume of included papers this table may be very large, so to assist readers we will supplement this primary means of data presentation with bespoke methods for each research sub-question. This list is not exhaustive and the authors may utilise methods of presentation not described if the data warrants it.

Exit interview tools identified in the search will be listed and along with their characteristics. We plan to develop an infographic communicating the key elements of exit interview tools identified in the literature.

Sub Question 1: Types of Studies and Papers Making up the Literature on Exit Interviews

Alongside tabulation, the types of papers will be presented in a bubble chart with the size of each bubble corresponding to the number of papers of each type published each year.[30]

Sub Question 2: What Definitions of ‘Exit Interview’ are Used in the Literature, and How Have They Evolved?

Alongside tabulation, we will present visually the ordered matrix and “first appearance” log.

and we will order sources chronologically and display the emergence and accumulation of definitional components over time using a time ordered matrix and a “first appearance” log that records the first year and first source in which each new component is observed, supported by a transparent audit trail of codebook revisions.

Sub Question 3: What Research Questions Were Exit Interviews Used to Address?

In addition to tabulation, we will categorise the type of research question addressed and visually represent the volume and area of work in each category.

Sub Question 4: What Questions Were Asked During the Exit Interviews?

In addition to tabulation, we will categorise the questions asked during exit interviews and visually represent the volume and type of questions in each category.

Sub Question 5: What Barriers or Facilitators to Implementing Exit Interviews Have Been Described in the Literature?

Barriers and facilitators will be listed along with a visual representation of the planned relational analysis.

Ethics and Dissemination

This scoping review will use publicly available data; therefore, no ethical approval is required. The findings from the completed review will be submitted for publication in a peer-reviewed journal and to relevant conferences.

Patient Consent for Publication

Not applicable.

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Conflicts of Intersest

None declared.

Data Availability

All searches, screening, and selection decisions will be recorded and made available in the final paper, or attached to the Open Science Framework registration.

Author Contributions

Conceptualization: DD (lead), TG (supporting), JH (supporting)
Data curation : TG
Investigation: TG, DD (supporting)
Methodology: JH (lead), DD (supporting)
Project administration: DD
Supervision: DD
Visualizaton: DD
Writing - original draft: TG (lead), DD (supporting)
Writing - review & editing: DD (lead), JH (supporting), TG (supporting)

Alphabetical List of Abbreviations

AI – Artificial Intelligence
BMA – British Medical Association
CINAHL – Cumulative Index to Nursing and Allied Health Literature
EMBASE – Excerpta Medica Database
GP – General Practitioner
HMIC – Health Management Information Centre
JBI – Joanna Briggs Institute
JMIR – Journal of Medical Internet Research
MeSH – Medical Subject Headings
NHS – National Health Service
OSF – Open Science Framework
PCC – Participants, Concept, Context (Scoping review framework)
PRISMA-P – Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols
PRISMA-ScR – Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews
SEEDS – Synthesis, Economic Evaluation and Decision Science

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P – Allied Health Profession(s)

Appendix 1. Proposed Search Strategy for the NHS Knowledge and Library Hub

("exit interview*" OR "exit-interview* OR "departure interview*" OR "leaving interview*" OR "leaving interview*" OR "employee exit discussion") AND ("Nursing" OR "Nursing education" OR "Allied health profession*" OR "AHP education" OR "Medicine" OR "Medical education" OR "Clinical education" OR "Surgery" OR "Surgical education" OR "Health occupations" OR "Allied health personnel" OR "Health education")

Search conducted 21/1/26 yielded 6,751 results.

Using expanders “apply related words”, “also search within the full text of the articles” and “apply equivalent subjects” yielded 31,847 results.

11/12/26
Title only screen yielded 2 results
Searching abstracts yielded 561 results
Natural language searching “exit interviews in healthcare education” 22322 mostly irrelevant
“Use of exit interviews in the health service workplace” 184 much better

“exit interviews in healthcare careers” in google scholar yielded 50,900 results with 9 of the first 10 potentially relevant based on the title

Appendix 2. PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) 2015 Checklist

Section and topic	Item No	Checklist item	As applied to this protocol
ADMINISTRATIVE INFORMATION			
Title:			
Identification	1a	Identify the report as a protocol of a systematic review	The title is “Exit interviews in health professions education: a scoping review protocol”.
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	Protocol is not an update.
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	This protocol is registered on the Open Science Framework: https://doi.org/10.17605/OSF.IO/PT2RX
Authors:			
Contact	3a	Provide name, institutional affiliation, e-mail address of all protocol authors; provide physical mailing address of corresponding author	
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	Not an amendment.
Support:			
Sources	5a	Indicate sources of financial or other support for the review	
Sponsor	5b	Provide name for the review funder and/or sponsor	
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	
INTRODUCTION			

Rationale	6	Describe the rationale for the review in the context of what is already known	Summary rationale from abstract, copied below, is expanded upon in the introduction: The healthcare workforce is facing a number of challenges, with retaining skilled, qualified and experienced practitioners being paramount. Exit interviews are a long-established practice with evidence for their effectiveness in a range of settings, but are rarely implemented in the context of health professionals. Research on the use of exit interviews mirrors this pattern. This scoping review will address this gap by systematically mapping where exit interviews have been used in the literature pertaining to health professionals and trainees.
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	Scoping review, so the protocol describes in terms of participants, concepts, and context (PCC) rather than PICO. Questions and subquestions are stated in the manuscript.
METHODS			
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review	Study characteristics regarding PCC are outlined in the methods. No date or language restrictions, though the search will be conducted in English, which will effectively limit the finding of manuscripts in other languages.
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage	Databases to be searched are specified for both academic and grey literature.
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	Draft search strategy in Appendix 1.
Study records:			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	Managed using the Rayyan platform.
Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)	Two independent reviewers in 10% trances until strong agreement (Kappa 0.61-0.80), then a single reviewer with an AI check.

Data collection process	11c	Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	Completed by two researchers with review and consensus. AI checking for completeness.
Data items	12	List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications	Planned data extraction is listed in Table 2.
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	Review questions are listed as 1 main question and 5 subquestions, and the planned data extraction in Table 2 reflects this.
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	Not formally assessed in this scoping review. May form part of subsequent work in a complementary methodology.
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised	Analysis of evidence for each question and subquestion is documented in the manuscript. Data will not be synthesised as this is a scoping review.
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2, Kendall's τ)	
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)	
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)	No planned assessment of meta-biases.
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)	Not planned in this scoping review.

From: Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart L, PRISMA-P Group. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. BMJ. 2015 Jan 2;349(jan02 1):g7647.