SUPERVISOR PROFESSIONAL DEVELOPMENT PROGRAM

SPDP 1: PRACTICAL SKILLS FOR SUPERVISORS

Participant post-workshop reading
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Introduction and Overview

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At the Royal Australasian College of Physicians (the College) we recognise that supervision is key to the learning of our future physicians. Supervisors play a central role in setting learning priorities and the culture for learning within healthcare settings. This can be challenging in the evolving healthcare setting and includes adapting to and leading change in medical education and managing a diverse array of workforce demands and training responsibilities.

The SPDP comprises of:

1. Three face-to-face workshops, each three hours in length
2. Online learning and resources
Practical Skills for Supervisors

The Practical Skills for Supervisors workshop has been created in collaboration with Professor Fiona Lake, who holds the position of Eric Saint Chair in Medicine at University Western Australia and developed the ‘Teaching on the Run’ workshops.

Practical Skills for Supervisors incorporates the overarching themes of developing trainee expertise and using coaching techniques to improve feedback practice.

The overall themes are examined in three components throughout this workshop:

**Section 1: Setting a culture for learning**

**Outcome**
- Develop strategies for creating a learning culture

**Overview**
*Create an environment for learning and development*
- Influence and shape the learning environment
- Explore how the workplace influences trainee learning and development

**Section 2: Feedback and performance**

**Outcome**
- Describe the impact of feedback on behaviour and performance
- Have increased confidence in giving effective feedback to trainees

**Overview**
*Plan and deliver feedback to shape performance*
- Use the GROW model to plan and deliver feedback
- Use Questioning and Telling in the feedback conversation
- If the feedback was unsuccessful, consider the structure and content of the feedback delivery

**Section 3: Feedback in challenging situations**

**Outcome**
- Increase confidence in dealing with challenging trainees

**Overview**
*Strategies for feedback in challenging situations*
- Identify, assess and diagnose, and support and manage trainees who may be experiencing difficulty
- Address the problem with the trainee through a formal discussion
- Work with the trainee to develop and document on Improving Performance Action Plan
- Use specific management strategies for dealing with tricky situations
Expertise

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Expertise

Being an expert in a field is a complex interplay of domains of learning which make up one’s professional practice. The implication of all of this for supervisors is assisting the trainee to move from one stage of the continuum of expertise to the next.

Developing expertise

Expertise and how it developed is central to professional life. Dreyfus and Dreyfus (1986) define the phases of developing expertise into five stages:

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert

Facilitating expert performance

K. Anders Ericsson (2004) is a leading researcher in expert practice. His research suggests that supervisors can assist trainees to reach expert performance through instruction and experience, combined with conscious reflection. Without these aspects their development can plateau or be arrested.

Strategies for developing expertise

The aspects that are involved in a trainee reaching a level of expert performance include:

- Goal setting
- Time and experience
- Deliberate practice
- Feedback
Expertise

Developing expertise

The aim of all stages of medical education is to improve health and the health care of the population. In order to improve these standards, a critical step in the process is producing high-functioning and professional consultants who are respected by patients, colleagues and the community.

Expertise and how it is developed is central to professional life. Dreyfus and Dreyfus (1986) define the phases of developing expertise into five stages: novice, advanced beginner, competent, proficient and expert. They have proposed that in some fields – for instance chess, guitar playing or surgery – only a small fraction of novices become experts. In other areas such as driving a car or bicycle riding, a large number of people become experts. An important thing to note is that expertise is field specific rather than a general quality. For example, one person can be a novice guitar player and an expert physician.

For a detailed overview of the characteristics of each stage please see the table below:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice</td>
<td>• Rigid adherence to taught rules or plans&lt;br&gt;• Little situational perception&lt;br&gt;• No discretionary judgement</td>
</tr>
<tr>
<td>Advanced Beginner</td>
<td>• Guidelines for action based on attributes or aspects&lt;br&gt;• Situational perception still limited&lt;br&gt;• All attributes and aspects are treated separately and given equal importance</td>
</tr>
<tr>
<td>Competent</td>
<td>• Now sees action at least partly in terms of longer-term goals&lt;br&gt;• Conscious and deliberate planning&lt;br&gt;• Standardised and routinised procedures</td>
</tr>
<tr>
<td>Proficient</td>
<td>• Sees situations holistically rather than in terms of aspects&lt;br&gt;• Sees what is most important in situations&lt;br&gt;• Perceives deviations from the normal pattern&lt;br&gt;• Decision making less laboured&lt;br&gt;• Uses maxims for guidance, whose meaning varies according to the situation</td>
</tr>
<tr>
<td>Expert</td>
<td>• No longer relies on rules, guidelines or maxims&lt;br&gt;• Intuitive grasp of situations based on deep tacit understandings&lt;br&gt;• Analytic approaches used only in novel situations, when problems occur&lt;br&gt;• Vision of what is possible</td>
</tr>
</tbody>
</table>
It is expected trainees will work towards expertise in their field throughout training. To do this, trainees need to become self-directed, internally motivated, critical learners with high self-efficacy. The supervisor’s role is to facilitate the journey of the trainee towards achieving expert performance. The College’s PREP Program provides a framework to support goal setting, observation and feedback, and reflection on progress.

**Facilitating expert performance**

Being an expert in a field is a complex interplay of domains of learning which make up one’s professional practice. The implication of all of this for supervisors is assisting the trainee to move from one stage of the continuum of expertise to the next.

Expert performance is the end result of individuals’ prolonged efforts to improve performance while negotiating motivational and external constraints.

This graph from the work of K. Anders Ericsson (2004), represents the aspects that are involved in a trainee reaching a level of expert performance – instruction and experience, combined with conscious reflection.

> “This framework is based on the assumption that the acquisition of expert performance requires engagement in deliberate practice and that continued deliberate practice is necessary for maintenance of many types of professional performance.”


Ericsson explored findings from studying various professions, including surgeons, ballet dancers, and chess players. He found that approximately 10,000 hours is required to reach an expert level, but it’s important to note that time alone is not enough.

If we think about helping trainees to reach a level of expert performance, we need to focus on the combination of instruction, experience and conscious reflection, which should take trainees from being “just good enough”, which can then lead to arrested development, to being expert.

**Definitions**

- **Conscious reflection**: actively acquiring and refining cognitive mechanisms to support continued learning and improvement. The key challenge for aspiring expert performers is to avoid the arrested development associated with automaticity and to acquire cognitive skills to support their continued learning and improvement.

- **Arrested development**: as individuals adapt to a domain and their performance skills become automated, they are able to execute these skills smoothly and without apparent effort. As a consequence of automation, performers lose conscious control over execution of those skills, making intentional modifications difficult. Once the automated phase of learning has been attained, performance reaches a stable plateau with no further improvements.
**Strategies for developing expertise**

Ericsson’s framework is based on the assumption that to become an expert performer, a trainee must engage in deliberate and continued practice.

For deliberate practice to be effective, a trainee must:

1. Set explicit goals, being motivated to improve performance,
2. Take into account and build on pre-existing knowledge and skills,
3. Receive immediate and targeted feedback on the performance of a task,
4. Use the feedback to purposefully improve on the same or similar tasks.
5. It’s important to highlight the role of feedback and the supervisor here.

The supervisor’s role in this process is to set-up the right conditions for deliberate practice to occur, through outlining clear outcomes, delivering quality feedback, and allowing the trainee plenty of time to practice.

<table>
<thead>
<tr>
<th><strong>Attaining expert performance levels</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal setting</strong></td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Time and experience</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Deliberate practice</strong></td>
</tr>
<tr>
<td><strong>Feedback</strong></td>
</tr>
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</tbody>
</table>
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Setting a culture for learning

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Setting a culture for learning

Create an environment for ongoing learning and development

A fundamental part of supervision is setting up a relationship with the trainee, and creating an environment conducive to learning. Learning opportunities are both planned and occur unexpectedly. It is important to consider all opportunities that arise to extend and refine skills and knowledge.

Influence the learning culture

The supervisor

• Set expectations and clear goals
• Show mutual trust and respect
• Role model professional behaviour and learning
• Advocate for the importance of trainee learning and your own professional development
• Promote a safe environment free from bullying and harassment

“...planning provides structure and context for both [supervisor] and [trainee], as well as a framework for reflection and evaluation. Preparation is recognised by students as evidence of a good clinical teacher.”

John Spencer (2003)

How to plan for learning

• Achieve a balance of service commitment and learning
• Provide supportive leadership
• Ensure the physical environment is set up for learning
• Engage in faculty development at a local level
• Recruit adequate supervisors and reward and recognise them for their work
• Proactively ensure a safe supportive environment that is free from behaviours that constitute bullying and harassment

“Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.”

Etienne Wenger (2011)
Setting a culture for learning

The supervisor

Set expectations and clear goals

“…planning provides structure and context for both [supervisor] and [trainee], as well as a framework for reflection and evaluation. Preparation is recognised by students as evidence of a good clinical teacher.”

John Spencer (2003)

It is important to establish expectations with trainees at the outset of a training term. This helps orientate trainees to the practical and cultural aspects of the training site, clarify expected performance goals, and to set the foundation for an effective learning environment.

Tips for establishing an effective learning environment

<table>
<thead>
<tr>
<th>Induction meetings</th>
<th>Help set expectations about the culture of the training site and goals for the rotation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness to learn</td>
<td>Everyone seeks fresh input continually, to expand the thinking processes and the knowledge base.</td>
</tr>
<tr>
<td>Get to know your trainee</td>
<td>Have early and ongoing interaction.</td>
</tr>
<tr>
<td>Mutual accountability</td>
<td>Both parties agree that each is fully accountable for the results of their communications, setting up a condition of no blame, no excuses, no hiding and no victims.</td>
</tr>
<tr>
<td>No surprises</td>
<td>Communications need to be explicit and frequent, focused on continually updating status, progress and obstacles to achieving goals.</td>
</tr>
<tr>
<td>Self-responsible language</td>
<td>People express their points of view from the 'I' perspective; feedback is highly owned by the individuals who express it; people do not attempt to speak for others, only for themselves.</td>
</tr>
<tr>
<td>Emotional safety</td>
<td>Room for people to honestly (and without fear of the consequences) express their thoughts, feelings and opinions.</td>
</tr>
<tr>
<td>Confront and resolve issues</td>
<td>Issues are confronted constructively and quickly, with full disclosure of all agendas, needs and wants.</td>
</tr>
<tr>
<td>Zero tolerance for bullying and harassment</td>
<td>Promote a safe environment free from bullying and harassment and support those who ‘call out’ inappropriate behaviours if/when they arise.</td>
</tr>
</tbody>
</table>
Setting expectations is also important when considering mutually-agreeable learning goals and objectives. An agreed set of expected learning goals forms the basis for later feedback conversations, and becomes crucial in the case of disagreements around goal attainment and performance.

**Goal setting**

Goal setting is the establishment of specific standards of performance or resulting outcomes.

“…specific, high (hard) goals lead to a higher level of task performance than do easy goals or vague, abstract goals such as the exhortation to ‘do one’s best’.”

Locke and Latham (2002)

**SMART goals**

Goals that are challenging and specific tend to increase performance more than goals that are not. A goal can become more specific by stating a measurable quantity or by defining certain tasks that must be completed.

It is important to have well designed goals to ensure that they are easily understood and achievable. These goals need to be aligned with the relevant curricula that relate to the training program.

A helpful acronym that can be used when setting goals is SMART.

- S – specific
- M – measurable
- A – attainable
- R – realistic
- T – timely

Setting learning goals influences outcomes in four ways:

- **Choice** - Goals narrow attention and direct efforts to goal-relevant activities, and away from perceived undesirable and goal-irrelevant actions.
- **Effort** - Goals can lead to more effort being put into achieving something tangible.
- **Persistence** - Someone becomes more prone to work through setbacks if pursuing a goal rather than an abstract outcome.
- **Cognition** - Goals can lead individuals to develop and change their behaviour through learning and achievement.
Locke and Latham (2002) have therefore indicated four moderators that indicate goal setting success:

- **Commitment** - Goals must be understood and agreed upon.
- **Feedback** - Feedback provides opportunities to clarify expectations, adjust goal difficulty, and gain recognition.
- **Task complexity** - Give sufficient time to meet the goal or improve performance. Provide enough time to practice and/or learn what is expected and required for success.
- **Situational constraints** - Try to avoid role overload: excessive work without the necessary resources to accomplish a task.

“Tools such as the Learning Needs Analysis make the trainee and supervisor sit down and say, “Well what are we aiming to achieve at the end of this period of training?” Then we can revisit, [and say] “Did we actually do that?”

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**Dr Robert Pickles, RACP Fellow**

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**Documenting goals in learning plans**

In order to guide a training term and facilitate continual improvement it is important to establish and maintain a learning plan. Some basic principles associated with the success of a learning plan:

1. Trainees should be involved in diagnosing their learning needs and planning goals and activities. This ensures that the learning plan is relevant to the trainee, increases ownership and internal motivation.

2. Trainees should be involved in evaluating their own learning. This is an essential step in a self-directed learning process that requires critical reflection on experience.

The RACP Learning Needs Analysis tool is a useful resource to document learning plans, and provides a framework for reflection and evaluation during discussions about training progress.
Factors influencing goal selection

Sometimes, even if goals have been agreed upon by the supervisor and trainee, the progress towards these goals may be hindered by a variety of different factors.

<table>
<thead>
<tr>
<th>Personal factors</th>
<th>Socio-environmental factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>A strong, positive sense of self-efficacy is critical to setting and achieving challenging yet attainable goals, which translate into personal successes that support setting more difficult goals.</td>
<td>Feedback from others is an essential influence, especially when it comprises positive self-efficacy information that emphasises challenge, mastery, self-improvement and achieved progress towards goals.</td>
</tr>
</tbody>
</table>

- **Previous performance** - Individuals are most likely to attempt goals with which they have had previous success.
- **Skill level** - It is unlikely that individuals will attempt to achieve goals that are far beyond their level to achieve.
- **Value** - An individual’s personal beliefs about the importance or value in achieving a specific goal.
- **Attributions** - Attributing failure to unstable (controllable) causes such as low effort can lead to setting higher goals on subsequent tasks.
- **Self-efficacy** (a key factor) - There is a positive correlation between high self-efficacy (personal belief that a goal is achievable) and strong commitment to goals.
- **Normative environment** - Higher group norms encourage individuals to set higher personal goals.
- **Group and peers** - A peer or group can exert pressure in support of a shared goal that encourages group members.
- **Role modelling** - Positive role modelling of goal setting by others encourages individuals to set higher personal goals.
- **Feedback** (key factor) - Feedback that stresses challenge, mastery, self-improvement and achievement towards goals has the most positive effect.
Show mutual respect and trust

A relationship built on mutual respect between the supervisor and trainee is critical for creating an environment conducive to learning and for the delivery of effective feedback. By demonstrating trust, respect and support for trainees, the supervisor is able to better manage difficult feedback situations including unprofessional behaviour, personal issues and a challenging trainee.

Effective interactions depend on assuring a climate of trust and comfort for the trainee where the trainee feels confident talking with their supervisors about sensitive subjects. By practising open communication and consistency, supervisors show reliability and responsibility and should expect the same of their trainees.

“Give [trainees] confidence that they’re going to be treated fairly and with respect, and to give them confidence that I’m interested in supporting them and their careers.”

Dr Nicholas Buckmaster, RACP Fellow

Model professional thinking, behaviours and attributes

“The expert’s thinking must be made visible to the novice just as the novice’s thinking must be made visible to the expert.”

Sheehan et al (2010)

An important part of the educational value of both the community of practice and the apprenticeship model of training is the idea of the role model. Trainees seek out role models from whom they can learn the tacit knowledge and skills that come from experience and expertise.

Developing expertise requires the formation of a professional identity, and trainees’ observation of their role models is integral to this process. Role models ‘walk the talk’ in terms of professional values, setting workplace culture, seeking feedback and the expression of new ideas to expand the thought processes and knowledge-base from which decisions are made.

“I think it’s useful to share your personal experience, your personal journey, how you’ve gotten to where you are, things you might have done differently with trainees.”

Dr Daryl Efron, RACP Fellow
How to be a good role model

- Be positive about what you do
- Be enthusiastic, compassionate and open
- Analyse your own performance as a role model
- Model reflection and facilitate the reflection of others
- Articulate and discuss values
- Be learner-centred in your teaching
- Allow time for discussion and debrief
- Engage in personal and professional development activity
- Show respect for colleagues
- Work to improve workplace culture and values

Make the implicit more explicit

- Signal expectations in terms of culture – dress codes, preferred ways of doing things and why.
- Encourage trainees to articulate and discuss observed differences in culture and practice.
- Prime trainees for observation and shadowing, making clear what it is possible to learn.
- Adopt ‘cognitive apprenticeship’ principles of articulation and reflection in your approaches to clinical teaching.

Advocate for the importance of trainee learning and your own professional development

A training environment that prioritises and encourages trainee learning as well as the supervisor’s professional development will result in a mutually beneficial learning culture.

Institutions that prioritise learning expose supervisors and trainees to feedback and improvement practices that enrich individual knowledge. Supervisors should advocate for the importance of trainee learning and their own professional development as the skills of lifelong learning require rigour and support from their learning institutions.

A learning environment encourages practice reflection, assesses performance and outcomes and uses coaching techniques to promote the learning culture.

Promote a safe environment free from bullying and harassment

The culture of bullying and harassment in medical education and its negative impact on a trainee’s health and well-being is well documented in the literature.

For optimal learning to occur, the environment should be free from fear and unnecessary anxiety where trainees learn from role models in a positive and friendly atmosphere. While supervisors may not have direct control of the working environment, they play an important role in promoting a safe and supportive culture that is free from intimidation, discrimination and bullying and harassment.
Bullying and Harassment

The terms ‘bullying’ and ‘harassment’ are used interchangeably by most people, and many definitions include bullying as a form of harassment.

**Harassment:** Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

**Bullying:** Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient.

The range of behaviours that constitute bullying and harassment is wide and may include:

- physical violence and intimidation
- excessive and destructive criticism over minor things, particularly in the presence of others especially peers, patients or the public
- behaviour or language that frightens, humiliates, belittles or degrades
- excluding or isolating employees (including assigning meaningless tasks unrelated to the job or giving trainees impossible tasks or enforced overwork)
- undermining work performance by deliberately withholding information vital for effective work performance
- inappropriate or unwelcome sexual attention.
- Bullying or harassment may be by an individual against an individual (perhaps by someone in a position of authority such as a manager or supervisor) or involve groups of people.

What bullying isn’t

It is necessary to distinguish the difference between the essential interaction of a supervisor/trainee and bullying. For example, when a trainee is experiencing difficulties in training it is important to support and acknowledge a supervisor’s responsibility to deal with performance problems of trainee. This can include constructive criticism or feedback, robust guidance, performance management or appropriate firm oversight to improve the performance of a trainee. If a trainee has performance problems, it is important to deal with this in a fair and transparent manner in accordance with the Trainee in Difficulty Support Policy and Pathway. Refer to the chapter on ‘Feedback in Challenging Situations’ for practical advice on providing constructive feedback in a well-framed and professional manner.
The table below outlines the differences between firm but fair supervision versus behaviours that may intimidate, humiliate or undermine trainees.

<table>
<thead>
<tr>
<th>Firm but fair supervisor</th>
<th>Intimidating, humiliating or undermining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has high expectations and sets challenging goals.</td>
<td>Changes the rules, expectations, and goal posts without explanation or warning.</td>
</tr>
<tr>
<td>Sets tasks that are challenging, appropriate to the trainee’s level of experience.</td>
<td>Sets impossible tasks that are unreasonable and inappropriate to the trainee’s level of ability.</td>
</tr>
<tr>
<td>Identifies and manages performance/progression issues.</td>
<td>Allocates blame rather than responsibility.</td>
</tr>
<tr>
<td>Ensures equality of opportunity for all learners.</td>
<td>Favouritisms certain trainees such as giving them access to resources or training opportunities, while denying these to others on an unpredictable or unfair basis.</td>
</tr>
<tr>
<td>Identifies, and provides the appropriate level of supervision and oversight to ensure patient/client and learner safety.</td>
<td>Over supervises or misuses power/position or does not provide appropriate supervision.</td>
</tr>
</tbody>
</table>

How to promote a safe and supportive culture free from bullying and harassment

Supervisors need to be aware of typical bullying and harassment behaviours that perpetuate an unhealthy culture and develop strategies to change these behaviours. Supervisors can take practical steps to foster a culture where bullying is less likely to flourish:

<table>
<thead>
<tr>
<th>Role Modelling</th>
<th>‘Walk the talk’ by modelling respectful behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Don’t be a passive bystander, if you observe inappropriate behaviour call it out.</td>
</tr>
<tr>
<td>Self-awareness</td>
<td>Reflect on your own behaviour and the impact this may have on others</td>
</tr>
<tr>
<td>Equal opportunities</td>
<td>Ensure equality of opportunity for learners and show sensitivity towards learner cultural and religious background, attitudes and beliefs</td>
</tr>
<tr>
<td>Relationship and expectations</td>
<td>Establish an effective supervisory relationship with trainees, which fosters an understanding, mutual respect and acceptance in the supervisory relationship</td>
</tr>
<tr>
<td></td>
<td>Outline to trainees the role and function of supervision, expectations and professional boundaries of the supervisory relationship.</td>
</tr>
<tr>
<td>Safe and supportive environment</td>
<td>Create an atmosphere of openness where the topic of bullying can be discussed, and a warm and friendly environment where trainees feel they have a voice</td>
</tr>
<tr>
<td></td>
<td>Actively support trainees if they raise concerns about inappropriate behaviour in the workplace.</td>
</tr>
</tbody>
</table>
The workplace

Contribute to the community of practice

“Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.”

Etienne Wenger (2011)

The supervisor isn’t the sole contributor to trainee learning. Social interactions with peers, supervisors and multidisciplinary teams help trainees to learn new ways of doing things, gain exposure to new ideas and establish a sense of professional identity.

The success of a community of practice depends on five factors:

1. **Common goals**: The existence and sharing by the community of a common goal.
2. **Knowledge and skills**: The existence and use of knowledge to achieve that goal.
3. **Good relationships**: The nature and importance of relationships formed among community members.
4. **Buy-in**: The relationships between the community and those outside it.
5. **Goal value**: The relationship between the work of the community and the value of the activity.

“So much of [a trainee’s] practical day-to-day work and how they interact with patients and how they make decisions will mostly be organised, will mostly be refined by the people that they work with.”

Dr Peter Davoren, RACP Fellow
The learning culture in healthcare settings

There are a variety of experiences and factors in the workplace that help shape the learning process of a trainee. The below table illustrates the factors that make up a culture which support trainees to learn and why they are important.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Why</th>
</tr>
</thead>
</table>
| Effective balance of service commitment and learning | • Create time for learning  
• Acknowledge the work environment as a place of training as well as a provider of a service  
• Commit to ongoing training which does not compromise patient care and quality |
| Supportive leadership | • Prioritise and support learning  
• Promote learning and performance improvements of the individual, team, organisation and community |
| Physical environment set up for learning | • Space and conditions for learning  
• Accommodate differences in how people learn e.g. spaces for quiet, spaces for face-to-face interaction, communal spaces |
| Faculty development at a local level | • Professional development and lifelong learning  
• Encourage continuous improvement in performance, work environment and achievement of long-term learning goals |
| Adequate recruitment of supervisors | • Capacity building for sustainability  
• Plan for a growing number of trainees |
| Rewards and recognition of supervisors | • Reduce burn out and disengagement  
• Motivate, show appreciation, longevity |
| Interdisciplinary and patient focused learning | • Draw on support and foster learning of healthcare colleagues  
• Draw on expertise of patients and foster their learning |
| Safe supportive environment | • Ensure an environment free from bullying and harassment  
• Support those who raise concerns about inappropriate behaviour |
| Inclusive leadership | • Ensure equal opportunity for all trainees  
• Ensure that the environment is free from discrimination  
• Encourage an inclusive environment where differences are valued and encouraged |
Feedback and performance

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Feedback and performance

Plan and deliver feedback to shape performance

Coaching trainees toward expert performance involves an ongoing cycle of goal setting, observation, assessment and feedback. Feedback plays a key role in moving trainees towards their goals and provides opportunities to clarify expectations and adjust learning goals.

The purpose of feedback

“The purpose of feedback is to reduce the discrepancy between current practices or understandings and desired practices or understandings.”

Hattie & Timperley (2007)

Using coaching techniques to enhance feedback

The use of coaching behaviours and strategies are useful to supervisors to assist them in the provision of feedback on the trainee’s progress, and to resolve any issues that are impacting on goal achievement.

The GROW model for coaching

By using this model, supervisors can facilitate change and growth in trainees by addressing four questions:

- Goal: where am I going?
- Reality: how am I going?
- Options: what else can I do?
- Wrap up: where to next?

Questioning vs. Telling

Good feedback involves striking the right balance between telling and questioning.

- ‘Questioning’ – prompt self-reflection and insight
- ‘Telling’ – be clear and specific with your feedback
Improving feedback delivery

Sometimes feedback may not have an impact on a trainee’s learning and development. In this instance, it is useful to consider the structure and content of feedback, and any external factors that may be influencing its effectiveness. Consider the four areas of feedback: self, task, process and self-regulation.

Factors influencing trainee receptivity to feedback

There are a number of factors influencing how well the trainee receives feedback including; motivation level, the timing of feedback delivery and whether the person delivering the feedback is considered a credible source by the trainee.
Feedback and performance

The purpose of feedback

“The purpose of feedback is to reduce the discrepancy between current practices or understandings and desired practices or understandings”.

Hattie & Timperley (2007)

The goals for training, or ‘desired practices or understandings’, will continually evolve throughout the continuum of training in the pursuit of expert performance. Feedback plays a key role in moving trainees towards their goals, and provides opportunities to clarify expectations and adjust learning goals.

Giving feedback to trainees, whether it is about a particular task or their overall performance, is an essential part of facilitating their progress towards expert performance.

Good feedback practice:

- Helps clarify what good performance is
- Facilitates the development of self-assessment (reflection) in learning
- Delivers high-quality information to trainees about their learning
- Encourages peer dialogue around learning
- Encourages positive motivational beliefs and self-esteem
- Provides opportunities to close the gap between current and desired performance
- Provides information to supervisors that can be used to help shape teaching.
Using coaching techniques to enhance feedback

The role of the supervisor

“...professional coaches and teachers will play an essential role in guiding the future experts to acquire superior performance in a safe and effective manner.”


The use of coaching behaviours and strategies are useful to supervisors to assist them in the provision of comprehensive and timely feedback on the trainee’s progress and achievement of the curricula learning objectives. This process is also useful to assist in assembling the evidence of educational activity and progress generated by the trainee in order to complete the mid-year and end-of-year Progress Reports or Supervisor’s Report.

Coaches are commonly used in high performance professions (athletes, musicians) to promote expert performance. The purpose of coaching is to facilitate change and growth, and help to develop a trainee’s habit of self-regulation, such as the ability to reflect, set their own goals and self-correct.

Coaches watch, listen, and provide the feedback that helps learners acquire the advanced professional skills of reflection-in-action and reflection-on-action that they need to become expert performers.

Coaching strategies include:

- **Goals**: facilitating the process of planning learning through goal setting
- **Questioning techniques**: providing feedback on performance, notably through using questioning techniques to prompt reflection and enhance trainees’ insight into gaps between current and desired performance
- **Confronting and resolving issues**: monitoring progress, addressing any issues that come up and motivating trainees towards continual practice improvement.
The GROW model for coaching

The GROW model is used extensively by coaches when working with elite performers to improve their practice. By using this model, supervisors can facilitate change and growth in trainees by addressing four questions.

The aim is to assist in identifying gaps and to provide the trainee with alternate strategies where required.

Coaching techniques can be applied through the process of setting goals, observing trainees performing tasks and activities and refining learning goals based on observations.

Coaching ground rules

“[coaching’s] primary purpose [is] to enhance well-being, improve performance, and facilitate individual and organisational change”.

Evidence-Based Coaching (2005)

For a mutually beneficial working relationship, these are the ground rules for coaching:

- **Dual responsibility.** Each participant, coach and trainee, is responsible for completing any work that both have deemed beneficial.

- **Development.** Coaching partnerships should promote growth, not mastery. We are all ‘works in progress’, and the focus of coaching must be on overall progress, not on the minutiae of day-to-day activities.

- **Practical.** A coaching partnership focuses on the practical, not the abstract. Although education theories may be helpful, the coaching partnership should emphasise issues and goals arising from the circumstances.
Planning the feedback conversation

Opportunities to provide feedback range from day-to-day informal observations, for example during ward rounds; more structured occasions, in the completion of work-based assessments; and at planned times throughout the year, such as an end-of-year progress review meeting.

In order to make the most of feedback opportunities and ensure that the information being delivered is meaningful, feedback should be planned and then discussed with the trainee in an appropriate setting.

By using the GROW model, the feedback conversation can be delivered by asking some of the following questions:

**GOAL:** What are the performance goals or outcomes for your trainee?

*What are the expected performance standards for a particular task or a particular stage of training?*

*What are the planned goals for the training period or the expected outcomes of the overall training program?*

**REALITY:** How is the trainee measuring up against their goals?

*What have you observed?*

*What have others observed?*

*What information is available from completed work-based assessments?*

**OPTIONS:** What else can the trainee do?

*What options are there for growth and improved performance?*

*What does the trainee think they can improve?*

*What steps can the trainee take to improve?*

**WRAP UP:** What needs to happen?

*Do new or amended goals need to be set?*

*What will help the trainee continue to progress towards expert practice?*

*Is remediation required?*
Questioning vs. Telling

Good feedback involves striking the right balance between telling and questioning. It is helpful to elicit from the trainee how things look from his/her perspective yet it is also important for the supervisor to be honest with the trainee about his/her performance and how they see things.

Questioning is a powerful way to encourage trainee reflection, build confidence and the propensity to change behaviour by enhancing trainee insight into gaps between current and desired performance.

Some examples of questioning include:
- What do you think you did well?
- What areas would you like to improve?
- Where are you now in relation to your goal?

Telling provides clear and specific feedback to help improve performance without being judgemental or defensive.

Some examples of telling include:
- You interacted with the patient well
- You should try this next time
- You are developing excellent communication skills.

During the feedback conversation, it is also important for the supervisor to engage in active listening. Active listening is a structured way of listening and responding to others that shows presence and understanding. It assists the supervisor to interpret the meaning of what the trainee is saying and then ask questions, respond to verbal and non-verbal cues and seek clarification.

‘Questioning’ – prompt self-reflection and insight

“The main thing I like to do is always ask what [the trainee’s] opinion is. What they’re going to do. Show they’re going to attack the problem and if they can articulate that well, then they’re obviously working out what they should be doing and they’re progressing along. If they can’t do that, then I think that identifies an area of their knowledge and skill that needs to be improved.”

Dr Peter Davoren, RACP Fellow

Good questions elevate the importance of self-reflection, higher-level thinking, dialogue and building on people’s strengths. The use of questions can help to prompt reflection and enhance a trainee’s insight into gaps between current versus desired performance.
Good questioning techniques

Ask precise, incisive and non-judgemental questions that generate specific and relevant information; connect the past, present and future, and explore values.

- Ask questions that prompt reflection and generate new goals
- Restrict use of closed questions when establishing facts or baseline knowledge (What? When? How many?)
- Use open or clarifying/probing questions in all other circumstances (What are the options? What if?)
- Allow adequate time for trainees to give a response – don’t speak too soon
- Follow a poor answer with another question
- Resist the temptation to answer learners’ questions – use counter questions instead
- Statements make good questions – for example, “trainees sometimes find this difficult to understand” instead of “do you understand?” (which may be intimidating)
- Be non-confrontational – you don’t need to be threatening to be challenging.

Here are some examples of how questions can be incorporated into the feedback conversation.

<table>
<thead>
<tr>
<th>Share and describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask your trainee to reflect on recently completed performance:</td>
</tr>
<tr>
<td><em>Let’s review the activity. Anything you have concerns about that perhaps didn’t go as well as you hoped? In what ways did it succeed or fail?</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comment and probe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide your views on the performance of concern and offer support:</td>
</tr>
<tr>
<td><em>I noticed you were a bit hesitant to break the news to the patient’s family... I find this hard too!</em></td>
</tr>
<tr>
<td>Ask your trainee to reflect on what might improve the situation:</td>
</tr>
<tr>
<td><em>How does this compare to your last attempt? Anything you can think of to make it work better next time?</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elaborate and confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elaborate on your trainee’s response, correcting if necessary and check for trainee’s understanding:</td>
</tr>
<tr>
<td><em>Yes, that’s a good point. Another suggestion is... Does that make sense to you?</em></td>
</tr>
</tbody>
</table>
‘Telling’- be clear and specific with your feedback

“I try to use positive language so that even where there are problems I try to frame them as places that improvement can occur.”

Dr Andy Lovett, RACP Fellow

It is important to remember to employ the principles of good feedback delivery when telling the trainee about their performance. Constructive feedback can enhance the learning experience and develop learner self-regulation. In contrast, telling in the form of criticism can be destructive with profoundly negative effects on learning.

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Criticism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is clear</td>
<td>Is interpretive</td>
</tr>
<tr>
<td>• No hidden agenda</td>
<td>Is judgmental</td>
</tr>
<tr>
<td>• Offers options and alternatives</td>
<td>Creates a defensive response</td>
</tr>
<tr>
<td>• Is growth affirming</td>
<td>Can adversely affect future relations</td>
</tr>
</tbody>
</table>

Helpful feedback is specific, non-judgemental, behavioural and descriptive, and is provided within a supportive educational environment close to the time of the learning experience.

<table>
<thead>
<tr>
<th>Helpful feedback</th>
<th>Reason</th>
<th>Unhelpful feedback</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘At the beginning you were looking at the computer screen records and not at the patient as she started to tell her story’</td>
<td>Descriptive, detailed, behavioural</td>
<td>‘Your body language wasn’t very good at the start’</td>
<td>Judgemental</td>
</tr>
<tr>
<td>‘You didn’t acknowledge the problems she has dealing with her husband’s illness’</td>
<td>Identifies specific problem</td>
<td>‘You weren’t very empathetic’</td>
<td>Non-specific</td>
</tr>
<tr>
<td>‘You interrupted a lot, for example….’ (give specific points in consultation)</td>
<td>Behavioural, specific</td>
<td>‘You’re very abrupt’</td>
<td>Personality issue</td>
</tr>
<tr>
<td>‘Have you thought about trying it like this?’</td>
<td>Generating alternatives</td>
<td>‘I think it would be better if you did it this way’</td>
<td>Advice</td>
</tr>
</tbody>
</table>
It is useful to check with the trainee that they have understood the feedback they have been given and that their interpretation of the feedback is correct. The trainee’s perception of the feedback they have received may vary greatly from that of the supervisor who gave the feedback, and only by checking can these discrepancies be addressed.

### Scenario 1 – ‘Telling’

**Physician:** “Okay, so I wrote a prescription for an antibiotic for Aiden. That should help with the ear infection, but in looking through the chart, I mean, it seems like he’s had six or seven of these just in the past year or so. That really is a big problem.”

**Patient:** “Yeah… It’s pretty stressful for both of us. He gets really upset.”

**Physician:** “Well, one of the primary risk factors for multiple ear infections in kids is smoke exposure. Are you smoking?”

**Patient:** “Yeah… I do smoke. But I don’t smoke around him. I try really hard not to smoke around him.”

**Physician:** “Well, the fact that he’s having all these ear infections is indicating to me that he is being exposed to smoke, so what can you tell me about that?”
Scenario 1 – ‘Telling’

Patient: “I don’t know. I try really hard not to smoke around him. I don’t smoke in the car and when he’s home, I go outside to smoke. I mean, I know it’s bad and I know it’s bad for him so I don’t want him to be around it, so I try really hard.”

Physician: “I really need you to quit smoking, both for your health and for Aiden. Did you know smoking around your child is not only associated with ear infections, it could get to the point where you have to put tubes in his ears pretty shortly here. But also things like vitamin C deficiency, cavities like dental cavities, behavioural problems, asthma and other respiratory infections… It’s really putting him in a lot of risk. In addition to that, kids of smokers end up smoking themselves. Do you want him to grow up a smoker?”

Patient: “No, but I don’t smoke all the time. I thought about quitting, but it’s just really hard so I just don’t know how to do it.”

Physician: “Well, now is the time to quit. It’s really gotten to the point where you can’t keep smoking. Not only for him, like I said, but also for you. You’re putting yourself at risk for lung cancer, for emphysema, for oral cancers, for heart disease and for all kinds of things…”

Patient: “I know, I know. I’ve heard that from people. I’ve heard all that. I just don’t know how to do it. How am I supposed to quit? It’s so hard!”

Physician: “Well, there are all kinds of things you can use now. It’s not as hard as it used to be. You can use nicotine replacement. There are patches, there are lozenges, there’s gum, there’s the inhaler, there’s nasal spray. We can talk about medications: you can try Chantix; you can try Zyban. There are quit smoking groups you can go to. There are hotlines you can call.”

Patient: “I just don’t have time for any of that.”

Physician: “There’s no reason why you shouldn’t be able to quit. This is really important.”

Patient: “I understand that. I know it is. Everybody has problems, right? It’s just really, really hard!”

Physician: “Well what can be more important to you than the health of your child?”

Patient: “I don’t know…”

Physician: “I really need you to tell me that you’re going to quit smoking. This is really important.”

Patient: “I’ll go look at all those things and I’ll find… I guess I’ll try to find something and I’ll talk to my doctor about it.”

Physician: “Okay, well I really think you need to think about this seriously. Like I said, it’s really putting yourself and your child in danger.”

Patient: “Okay… Whatever, okay.”

Physician: “Okay.”
Scenario 2 – ‘Questioning’

Physician: “So I wrote a prescription for antibiotics for Aiden. I did want to talk to you though… I’m a little concerned looking through his chart at how many ear infections he’s had recently. I noticed you checked the box that someone is smoking in the home. So I was wondering if you could tell me a little more about that.”

Patient: “Well, it’s just me and him. I do smoke. I try really hard not to smoke around him, but I… I’ve been smoking for 10 years except when I was pregnant with him, but everything is so stressful, being a single mum and having a full-time job. That’s why I started smoking again.”

Physician: “You have a lot of things going on, and smoking is kind of a way to relax and de-stress.”

Patient: “Yes. Yeah, some people have a glass of wine, I have a cigarette.”

Physician: “Sure. It sounds like you’re trying not to smoke around him. Why did you try and make that decision?”

Patient: “I know it’s not good for him. I mean I’ve read those things about ear infections, and asthma, and stuff. But other kids have ear infections and their parents don’t smoke…”

Physician: “So on one hand, you’re worried about how your smoking might be affecting him and on the other hand you’re not so sure if it’s the smoking that’s causing these problems.”

Patient: “Right. Yeah, he doesn’t have asthma. He hasn’t had a lot of other problems that his other friends have … and I’ve thought about quitting before in the past, but I just don’t. I don’t see how it’s possible right now.”

Physician: “What made you decide to quit smoking when you were pregnant?”

Patient: “Well, he was inside me and we were sharing everything, and I knew he would get some of that, and I didn’t, I didn’t think I could live with myself if something happened to him.”

Physician: “Right now though it feels almost too difficult to even manage or to even try.”

Patient: “Yeah, exactly.”

Physician: “How were you successful when you quit before?”

Patient: “I don’t know. Thinking about it now, I don’t know how I did it. I just did it. I just couldn’t imagine him not being born or going into labour early, and him having problems and stuff like that. Stuff they talk about with women who smoke so that was just enough to say, “okay, you know what… I’m not going to risk that”. So…”

Physician: “The risks were so scary then you were able to stop, but they don’t feel scary to you now.”

Patient: “No, I mean we’re two separate people and, like I said, I try really hard not to smoke around him. I’m pretty good about that. I don’t let other people smoke around him.”

Physician: “You’re doing the best you can do.”

Patient: “Yes.”
Scenario 2 – ‘Questioning’

Physician: “Okay, but it sounds to me that part of you really does want to quit.”

Patient: “Yeah, I know that I need to. Every new year I say, “okay this year I’m going to quit smoking”, but then something happens and it just doesn’t…”

Physician: “It’s in your to-do list but it just never makes it to the top.”

Patient: “Yeah…”

Physician: “If you did decide to quit. On a scale of 1 to 10, where 1 is not at all confident, you don’t think you could do it, and 10 is you feel pretty certain you could. Where do you think you fall right now?”

Patient: “Probably like a 5. Kind of in the unsure area like I know I’ve done it before so I know I can do it. But, at the same time, it just seems really hard and it’s not the same situation.”

Physician: “Well what made you say five rather than two or three?”

Patient: “I know it’s bad for me. I don’t want him to grow up thinking it’s okay to smoke. So I know I need to, especially before he’s old enough to understand what mummy’s doing. But, I just don’t know if I can do it.”

Physician: “So it sounds like you have many reasons why you’d like to quit. You have been successful quitting in the past and right now you’re just feeling a little bit hesitant about your ability to do it. Where do you think we should go from here?”

Patient: “I don’t know. I’d like some help. I just don’t know what kind of help I’ll need.”

Physician: “Sure. Well, if you’d be interested, it’s something I’d definitely talk to you about. There are many options that can actually help people be more successful in their attempt at quitting. There’s different medications you can try.”

Patient: “I don’t like medicine.”

Physician: “Okay, well there are also support groups and classes that you can take. You have other people that you can go through with you and sometimes just having that support can be a big part of it, especially for people like you where smoking is such a stress reliever.”

Patient: “That sounds nice, but I’m not sure that I have the time for all that.”

Physician: “Sure, it feels like something that would take a lot of time and maybe not fit in your life. I wonder if we could talk about some options that may fit in with your life.”

Patient: “That would be really nice.”

Physician: “Okay, well if you’re willing. Then maybe we can set up another appointment where you could come in and we could talk about that.”

Patient: “I would like that! That would be great.”

Physician: “Great!”

Patient: “Thank you.”
Improving feedback delivery

“...although feedback is a major influence on learning and achievement, the type of feedback and the way it is given...can make feedback more effective.”

Hattie & Timperley (2007)

Sometimes feedback may not have an impact on a trainee’s learning and development. In this instance, it is useful to consider the structure and content of feedback, and any external factors that may be influencing its effectiveness.

Targeted feedback

Understanding the four areas of feedback can help make your feedback more effective and focused. Directed at the right level, it can help trainees comprehend, engage or develop effective strategies to process the information intended to be learned.

The four areas of feedback are:

<table>
<thead>
<tr>
<th>SELF</th>
<th>TASK</th>
<th>PROCESS</th>
<th>SELF-REGULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Feedback</td>
<td>How well a task has been performed</td>
<td>Processes underlying or extending tasks</td>
<td>Facilitates the internal process of monitoring and directing learning</td>
</tr>
<tr>
<td><strong>FOCUS</strong></td>
<td><strong>DESCRIPTION</strong></td>
<td><strong>DESCRIPTION</strong></td>
<td><strong>DESCRIPTION</strong></td>
</tr>
<tr>
<td>Self feedback includes non-specific comments on the trainee as an individual with little task related information. This includes praise and statements without being specific. Self feedback rarely leads to enhanced self-efficacy or understanding about specific tasks.</td>
<td>Task feedback corrects flawed interpretations rather than a lack of knowledge. It covers the identification of errors, quality to which the task is performed, and can link to explicit criteria (e.g. standard procedural instructions).</td>
<td>Process feedback is a direct and powerful way of shaping a trainee’s approach to an activity, leading to deeper learning and encouraging autonomy and self-direction. Process feedback deconstructs a specific task to find the underlying and transferable elements that can be applied to similar or more challenging tasks and goals.</td>
<td>Feedback directed at enhancing self-regulation can facilitate trainees to create internal routines to monitor, direct and regulate actions towards the learning goal. A supervisor can facilitate self-regulation in trainees by using coaching techniques such as questioning to prompt reflection, and helping trainees set and stick to appropriate goals.</td>
</tr>
<tr>
<td>SELF TASK PROCESS SELF-REGULATION</td>
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<tr>
<td><strong>FEATURES</strong></td>
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<tr>
<td>• Least effective form of feedback</td>
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<tr>
<td>• Useful to frame or introduce task or process feedback and encourage ongoing efforts</td>
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<tr>
<td>• Most common type of feedback</td>
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<tr>
<td>• Useful in helping a trainee identify incorrect interpretations and hypotheses</td>
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<tr>
<td>• Can be effective in improving a trainee’s task confidence and self-efficacy</td>
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<tr>
<td>• Too much feedback at the task level can limit focus to the immediate goal</td>
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<tr>
<td>• Useful in prompting self-regulating behaviours in trainees</td>
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<tr>
<td>• Results in higher confidence and greater investment of effort</td>
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<tr>
<td>• Typically occurs as trainees gain greater experience and mastery of specific tasks</td>
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<tr>
<td>• Encourages the identification of more effective strategies, recognition of errors, self-correction and when to seek help</td>
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<tr>
<td>• Trainees are able to create internal feedback and self-assess</td>
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<tr>
<td>• Trainees invest effort into seeking and dealing with feedback information</td>
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<tr>
<td>• Trainees reflect on the reasons for success or failure</td>
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<tr>
<td>• Trainees show awareness of their short-comings and seek help appropriately</td>
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<table>
<thead>
<tr>
<th>EXAMPLE</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>“That was great” or “You didn’t give a very effective presentation”</td>
<td>“What were the key points you wanted to emphasise?”</td>
</tr>
</tbody>
</table>

More on self-regulated learners...

In order to navigate the journey towards achieving expert performance, trainees need to become self-directed, internally motivated, critical learners with high self-efficacy. These attributes are all features of a self-regulated learner.

**What does a self-regulated learner do?**

<table>
<thead>
<tr>
<th><strong>Sets goals and learning plans</strong></th>
<th>Takes into account time constraints, strengths and weaknesses relevant to the learning task, and motivation for learning.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implements the learning plan</strong></td>
<td>Monitors the results of the learning plan as it is carried out.</td>
</tr>
<tr>
<td><strong>Adjusts and monitors results</strong></td>
<td>If the chosen strategies are helping to meet the learning goals, the trainee will continue to use those strategies. If not, the trainee makes adjustments to and monitors those strategies until the results are in line with learning goals.</td>
</tr>
</tbody>
</table>
What attributes does a self-regulating trainee have?

Trainees who have developed self-regulation skills:

- Evaluate their levels of understanding, effort and strategies used on a task
- Evaluate attributions and opinions of others about their performance and their improvement in relation to goals and expectations
- Assess their performance relative to other’s goals and global aspects of their performance
- Know how and when to seek and receive feedback from others
- Are committed to improving and believe they will have eventual success.

How can supervisors facilitate the development of self-regulation skills?

- Provide appropriate, challenging, and specific goals
- Clarify goals, enhance commitment or increase a trainee’s effort to reach goals through feedback
- Create a learning environment where trainees develop self-regulation and error detection skills
- Give trainees opportunities to practice self-monitoring and adapting (realistic expectations).

Incorporating these concepts into the GROW model

The GROW model incorporates the idea that feedback can be delivered at different areas resulting in a more effective impact. Pitching feedback at the right area will move your trainee more efficiently towards their goal.
Using the GROW model as a framework for a conversation can assist the supervisor to structure their feedback. The example below outlines how questions related to both the GROW model and the four areas of feedback can be used.

<table>
<thead>
<tr>
<th>Example scenario</th>
<th>A trainee and supervisor have arranged to meet to discuss a practice grand rounds presentation that was delivered by a trainee. When planning the feedback conversation, the supervisor has noted down some example questions and things to discuss using the GROW model as a framework.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Goal</th>
<th>Elicit trainee insights</th>
<th>Ok, so you have just presented a case to a small group. What do you think went well?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-regulation question</td>
<td>What might you do differently next time?</td>
</tr>
<tr>
<td></td>
<td>Confirm and drill down on the specific goal</td>
<td>I’ve heard you mention 3 issues… and I understand that all of these are important but, in the time we have today, which of these 3 issues would you really like to discuss?</td>
</tr>
<tr>
<td>Reality</td>
<td>Self- regulation question</td>
<td>Can we talk about the structure of your presentation? How did you organise your thinking and explanation of the case?</td>
</tr>
<tr>
<td></td>
<td>Self- regulation question</td>
<td>How did you balance between the detail and the specific aspects of this complex case?</td>
</tr>
<tr>
<td></td>
<td>Task question</td>
<td>What were your key points?</td>
</tr>
<tr>
<td></td>
<td>Self- regulation question</td>
<td>What do you think the audience walked away with?</td>
</tr>
<tr>
<td></td>
<td>Task question</td>
<td>What preparation were you able to do?</td>
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<tr>
<td></td>
<td>Process question</td>
<td>What do you think a good, concise presentation looks like?</td>
</tr>
<tr>
<td>Options</td>
<td>Process question</td>
<td>How would you go about organising your presentation in the future?</td>
</tr>
<tr>
<td></td>
<td>Self- regulation question</td>
<td>What could you do to improve?</td>
</tr>
<tr>
<td>Wrap up</td>
<td>Where to from here?</td>
<td>What are you going to take out of this to improve on in the next session?</td>
</tr>
<tr>
<td></td>
<td>What should you stop/start and continue doing?</td>
<td>&lt;It’s important here that the trainee decides on the action points, probably with help from the supervisor to reflect back and sum up what has been discussed in the conversation. It’s also important that the trainee writes them down for themselves&gt;</td>
</tr>
</tbody>
</table>
Factors influencing a trainee’s receptivity to feedback

“Although medical learners have been shown to value the provision of well-timed feedback from credible sources, circumstances have been identified in which feedback may be rendered meaningless to learners”


There’s a lot of literature about how important feedback is in medical education. It is also well documented that there are many complexities around feedback provision. Supervisors can find it challenging to deliver honest and accurate feedback while balancing the self-esteem of the trainee, the rights and safety of the patients involved, and the maintenance of professional standards.

Feedback should be treated as a conversation with the trainee, in which the supervisor seeks to understand not only the trainee’s perception of their own performance, but also the meaning of the task to the trainee and the motivation with which they have approached it.

Sometimes there will be other factors that limit the effectiveness of feedback, even when the feedback delivery has followed all of the previously discussed principles.

Are there instances when feedback will not help to reduce the discrepancy?

Feedback is most powerful when it addresses faulty interpretations, not a total lack of understanding. If there is a total lack of understanding, feedback may be threatening to the trainee. Feedback may have little effect on performance as there is no way for the trainee to relate the new information to what is already known.

Feedback is not necessarily a reinforcer as it can be accepted, modified or rejected. Feedback by itself may not have the power to initiate further action.

Understanding the reasons why trainees may accept, modify or reject feedback helps supervisors to better plan how they will deliver feedback in such a way as to generate desired practice or behavioural changes.
Factors impacting the influence of feedback

<table>
<thead>
<tr>
<th>Timing</th>
<th>When received at critical junctures in training, feedback can inspire new goals and aspirations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate to stage of training</td>
<td>Giving positive praise to a senior trainee who is comfortable and proficient performing a simple procedure can lack value to the trainee.</td>
</tr>
<tr>
<td>Reflection</td>
<td>Over time, feedback which is initially discouraging can become motivating as the trainee can reflect on the situation and reconsider why the situation occurred.</td>
</tr>
<tr>
<td>Engagement</td>
<td>When trainees perceive the person giving them feedback is not engaged in the creation and exchange of informed and accurate feedback, the learner may reject the feedback.</td>
</tr>
<tr>
<td>Incentives to performing a task</td>
<td>There are aspects of medicine that trainees ‘want to do’ and others they ‘have to do’. For example, breaking bad news is something that has to be done in the profession, but the trainee wants to do this well. In some circumstances, a mix of corrective and positive feedback can be useful.</td>
</tr>
<tr>
<td>External forces</td>
<td>Aspects of the environment such as the professional culture or personal problems are likely to influence how learners perceive and respond to feedback.</td>
</tr>
</tbody>
</table>

Can negative feedback be positive?

“Clearly in a ward situation where you might be giving feedback, you’re going to be very careful not to give feedback, particularly if it is negative, directly in front of everyone else. Sometimes you do have to pull someone aside and give fairly direct feedback”

Dr Robert Pickles, RACP Fellow

Motivation – something to think about...

Regulatory focus theory proposes that humans approach pleasure and avoid pain by distinguishing two basic systems of self-regulation that underlie human motivation.

| Prevention focus (things we have to do) | Responsibilities and safety – individuals experience goals as obligations or necessities and are motivated by the avoidance of pain or punishment. |
| Promotion focus (things we want to do)  | Aspirations and accomplishments – individuals experience goals as wishes or desires and are motivated by the achievement of rewards. |

Sometimes trainees respond well to negative feedback. Watling et al. (2012) theorised that negative feedback may be effective in prevention-focused tasks such as preparing for a high-stakes exam and skills training. In this scenario, trainees may be motivated to prove their ability by repeating the task or experience again.
05

Feedback in challenging situations

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Management strategies in specific situations.................................66
Feedback in challenging situations

Strategies for feedback in challenging situations

There are many different challenging situations that may impact the ability to have an effective feedback conversation. Where a trainee is experiencing difficulties, performance feedback from their supervisor, to the trainee is crucial.

Dealing with challenging situations

The College has a three-stage Training Support Pathway for trainees who experience difficulty during their training. As a College representative in the work-based training setting, a crucial role of the supervisor is to provide early local support at stage 1 of the pathway as follows:

- Identify trainees who are experiencing difficulty at an early stage.
- Assess and diagnose the underlying cause and severity of the issue.
- Support and manage the trainee by providing regular support, monitoring and feedback to prevent escalation of the issue beyond the local work setting, where possible.

Delivering feedback

Providing regular feedback is crucial when supporting and managing a trainee to return to meeting the expected levels of performance, however providing feedback to trainees with performance issues can be challenging. Difficult conversations require planning and forethought:

- Choose an appropriate time and location.
- Set objectives and clear outcomes.
- Use the GROW model to plan the feedback and structure the meeting.
- Set and document clear plans and timeframes which are mutually agreed.

Documenting the agreed plans and outcomes

It is essential to keep accurate records of relevant evidence as soon as issue is identified and throughout the remediation process.

- Keep accurate, objective records and notes of any specific events that have occurred.
- Document agreed plans and outcomes using the Improving Performance Action Plan (IPAP).
- Record any additional meetings using the RACP Record of meeting template.
Management strategies in specific situations

Having a general process for managing challenging situations can be helpful for supervisors to ensure they have a consistent approach to resolving a variety of situations.

Some common examples include: trainees who lack insight, cultural factors, perfectionist tendencies and high performing trainees.
Dealing with challenging situations

It is common for trainees to experience some degree of difficulty in meeting the challenging demands of RACP training. A trainee in difficulty is a trainee who is not making the expected progress in training or who is experiencing difficulties with certain elements of their training and therefore needs extra support in order to maintain their capability to undertake RACP training. Problems experienced by trainees aren’t always related to performance/progression and it is important to remember that issues can stem from the supervisor/trainee relationship, workplace and employment and/or the training setting.

In order to resolve an issue with a trainee who is experiencing difficulties, it is important to have a clear and consistent approach regardless of the underlying nature of the issue.

Trainees in difficulty

The College has a Trainee in Difficulty Support policy and pathway for trainees who experience difficulty during their training.

Supervisors are required to adhere to the Policy and Process, and the supporting guidelines and documentation; from the time a difficulty is identified until it is satisfactorily resolved or, in minority of cases, the trainee is exited from the training program.

The Training Support Pathway, outlined overleaf, provides a clear process for trainees, and their supervisors, to navigate and address difficulties at an early stage, and in a fair, transparent and confidential manner. As a College representative in the work-based training setting, a crucial role of the supervisor is to provide early local support at stage 1 of the pathway.
RACP Training Support Policy and Pathway

For further information visit: www.racp.edu.au/trainees/trainee-support-services

Further support for supervisors and trainees

Contact the RACP Training Support Unit for advice on the Trainee in Difficulty Support Policy and Pathway and resources to assist remediation.

- **Australia**
  - Email: TrainingSupport@racp.edu.au
  - Phone: +61 2 9256 5457

- **New Zealand**
  - Email: TrainingSupport@racp.org.nz
  - Phone: +64 4 460 8159

A confidential helpline has been established to support the wellbeing of RACP supervisors and trainees. This service can be accessed 24 hours, seven days a week by members based in Australia and New Zealand. [https://www.racp.edu.au/fellows/resources/support-helpline](https://www.racp.edu.au/fellows/resources/support-helpline)

An online resource to support supervisors will be available from Quarter 2, 2017 [https://elearning.racp.edu.au/](https://elearning.racp.edu.au/)
The Training Support Pathway

Stage 1: Early local support

It is expected that the majority of difficulties will be identified and resolved within the local training setting, within approved progression timeframes. Stage 1 support is planned and implemented collaboratively by the trainee and supervisor following these steps:

1. **Identify**: Identify trainees who are experiencing difficulty at an early stage and resolve informally, where possible.

2. **Assess and diagnose**: Investigate the difficulty to determine its nature, cause and severity.

3. **Support and manage**: Take action to resolve the issue depending on the area(s) of concern:
   - **Supervisor/trainee relationship issue**: Attempt to resolve the issue locally, with assistance from the training program director or other supervisors if required.
   - **Trainee performance/progression difficulty**: Develop and implement an Improving Performance Action Plan (IPAP)
   - **Training setting issue**: Take action to resolve locally, with reference to the Accreditation of Training Settings Policy
   - **Workplace and employment issue**: Refer to employer HR policies

**OUTCOME**: If at the end of a period of local support the trainee achieves their learning objectives and returns to meeting the expected levels of performance for training, they can return to the standard training pathway and requirements.

Stage 2: College monitored support

If, at the end of a period of local support, the difficulty is not resolved:

- **Notify the College**: using the supervisor assessment report.
- **College monitored support**: the relevant training committee monitors the trainee’s performance based on their IPAP, and three-monthly supervisor assessment reports.
- **Committee review and decision**: The relevant committee reviews the IPAP and supervisor assessment reports and decides if the period of training will be certified and the next steps to support the trainee.

**OUTCOME**: Continued period of monitoring and support (as per stage 2) or progression to stage 3: Comprehensive Review of Training.

Stage 3: Comprehensive review of training

A Comprehensive Review of Training (CRT) is implemented.

**OUTCOME**: The trainee may be exited from training, or may continue in training with conditions. If these conditions are not met then the trainee will be exited from training without another CRT.
Identify

What are the indicators or warning signs that signal there might be a problem?

“I think you’ve got to give time to the candidates that you elect to supervise and I think you’ve got to have your antenna up around the whole person. My observation is people don’t fail at tasks because they’re dumb or they lack motivation. If they’re failing at tasks it’s because other things are going on in their life.”

Dr Donald Campbell, RACP Fellow

Support starts first at a local level, and can be initiated by anyone who becomes aware that a trainee is experiencing difficulties, including the trainee themselves. Early identification is a crucial step in preventing minor issues from escalating into a more serious problem that could pose a greater risk to the trainee, to patients and/or the organisation.

A supervisor may become aware that a trainee is in difficulty through a variety of sources. The supervisor may directly observe that a trainee is struggling or a concern may be expressed by a fellow consultant, trainee or allied health worker. Alternatively, a trainee may identify themselves as experiencing difficulty.
Trainees can experience a broad range of difficulties throughout the course of their training. Below are some signs and behaviours that may assist in identifying a trainee in difficulty.

<table>
<thead>
<tr>
<th>Warning signs and behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poor health</strong></td>
</tr>
<tr>
<td><strong>Clinical performance</strong></td>
</tr>
<tr>
<td><strong>Unexplained absences/Lack of accountability</strong></td>
</tr>
<tr>
<td><strong>Low work rate</strong></td>
</tr>
<tr>
<td><strong>Inappropriate displays of anger</strong></td>
</tr>
<tr>
<td><strong>Rigidity</strong></td>
</tr>
<tr>
<td><strong>Difficulty engendering respect/trust from others</strong></td>
</tr>
<tr>
<td><strong>Career problems</strong></td>
</tr>
<tr>
<td><strong>Low insight</strong></td>
</tr>
</tbody>
</table>


If a supervisor notices any of the warning signs in a trainee, the first step is to identify an opportunity to share their concerns with the trainee, being careful to focus on observable behaviours rather than personal characteristics or traits. Often the issue can be resolved informally in this way.
Early documentation

It is essential to keep clear, accurate records and relevant evidence from the time an issue is identified and throughout the remediation process. It may not seem like a major issue at the time, however in the small number of cases where the issue develops into a more serious problem, it is important to ensure that records have been kept from the outset.

Thorough documentation is also essential for continuity of management when the trainee changes rotations and supervisor. Lack of documentation or formal guidelines has contributed to the culture of “failure to fail”. Supervisors often find it difficult to fail students despite unsatisfactory performance due to:

- **Lack of documentation**: no record or evidence of a trainee’s day-to-day performance mean that supervisors do not have enough evidence to support their judgement that the trainee does not meet the expected standard for stage of training.

- **Lack of knowledge** of what to specifically document and what process to follow.

- **The fear of an appeal process** often seen as time consuming and the potential effect on credibility.

- **Lack of remediation options** known or available to the supervisor or training site.

- **Wanting to avoid conflict** to ‘keep the peace’.

- **Believes negative reports would have no real consequence or outcome** to the trainee.
Gathering information: some basic principles

When investigating an issue or complaint, it is important to consider the nature of the complaint or issue, and the HR policies and practices of the setting. Investigating a matter in the workplace is something that requires care and skill. Listed below are some basic principles that should be followed:

• Speak to the trainee: The trainee should have the opportunity to respond and resolve the issue without escalation. Keep an open mind, be supportive and listen to the trainee’s perspective.

• Go directly to the source: Speak to the person who expressed the concern regarding the trainee to ascertain specific behaviours or patterns of concerns. Do not accept second hand verbal or anecdotal comments as evidence.

• Use multiple sources: Identify all parties involved and speak to them to establish facts and clarify circumstances.

• Collect and provide evidence on a need-to-know basis: Be circumspect with the number of people that you gather information from. Recognise that interviewing people will heighten their awareness of the trainee, which in turn could influence future interactions and perceptions.

• Don’t accept ‘off the record’ advice: Never accept someone telling you something ‘off the record’. This may place you in a difficult position of not being able to act on critical information.

• Follow the principles of confidentiality and procedural fairness:

  - Confidentiality: all investigations should remain confidential. Information regarding the investigation should only be communicated on a need-to-know basis.

  - Procedural fairness is about having a fair process, ensuring the person affected by a decision knows a decision will be made, knows the criteria they will be judged against, knows the ‘case against them’ or all adverse information about them that will be considered by the decision maker, they have an opportunity to ‘be heard’ either by making an oral submission or a written submission. At the College we use written submissions most of the time, and they are judged by impartial decision makers.
### Document difficulties according to their severity

<table>
<thead>
<tr>
<th></th>
<th>Low-level concerns</th>
<th>Medium-level concerns</th>
<th>High-level concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>• Most common level</td>
<td>• Unresolved low level concern, or a more serious issue that arises</td>
<td>• Performance significantly below the expected standard for stage of training</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td>• Observed difficulty demonstrating competency</td>
<td>• Persistent difficulty demonstrating competency</td>
<td>• Serious concerns threatening progression in training</td>
</tr>
<tr>
<td></td>
<td>• Poor knowledge in a specific area of practice</td>
<td>• Professional qualities below the expected standard</td>
<td></td>
</tr>
<tr>
<td><strong>How to document</strong></td>
<td>• Record dates, times, who is involved, discussion points and agreed actions</td>
<td>• Develop and implement an Improving Performance Action Plan (IPAP)</td>
<td>• Documentation is very important as it will be the evidence justifying actions taken to resolve the situation</td>
</tr>
<tr>
<td></td>
<td>• Stick to the facts</td>
<td>• Record date, time, individuals involved, discussion points and agreed actions.</td>
<td>• Develop and implement an Improving Performance Action Plan (IPAP)</td>
</tr>
<tr>
<td></td>
<td>• May be a diary entry or email</td>
<td>• Stick to the facts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Needs to be a more formal record e.g. file note, formal email</td>
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</tr>
</tbody>
</table>

### Assess and Diagnose

**What are the underlying causes of the issue?**

Once a trainee has been identified as in difficulty, either through observation, referral or self-report, it is important to assess the identified difficulties and diagnose the area/s of concern.

There are a variety of reasons why the trainee may be experiencing so it is important to collect and record all the relevant evidence to determine the underlying causes of the issue. Most situations involving trainees will be of low-level concern and can be managed without involving anyone beyond the trainee and/ or the original referral source. Any risks to patient safety, risks to trainee safety, or allegations of criminal conduct require immediate action and referral.

The first step is to assess what the area/s of concern relate to. As previously mentioned, issues which impact on training aren’t always connected to the individual capability of the trainee. Oftentimes issues arise that relate to the workplace, the training setting or supervisor trainee relationship and require resolution.
Trainee performance/progression difficulties

The College assesses trainees to confirm attainment of the relevant competency and training requirements expected at each stage of training. A trainee in difficulty is a trainee who is not making the expected progress in training or who is experiencing difficulties with certain elements of their training and therefore needs extra support in order to maintain their capability to undertake RACP training. The elements of capability to undertake RACP training are:

- **Health** - The trainee’s physical and mental health enables fulfilment of expectations for the training position, appropriate to the stage of training.
- **Competence** - The trainee’s application of knowledge, skills and professional behaviour is appropriate for the stage of training. This is directly linked to the relevant training program curricula.
- **Compliance** - The trainee complies with College training program requirements and adheres to College policies.

It is important to remember that performance is a symptom not a diagnosis so it is important to consider the underlying causes that may affect performance.

<table>
<thead>
<tr>
<th><strong>Entrinsic Factors</strong></th>
<th><strong>Competence</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship issues, accommodation/transport difficulties, pregnancy and parenting, financial issues, language, culture and values.</td>
<td>Deficient knowledge, poor communication, poor time management, poor record keeping or documentation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Lifestyle issues</strong></th>
<th><strong>Psychological issues</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ill health, poor general health, fatigue, unhealthy lifestyle.</td>
<td>Stress/burnout, lack of self-confidence, perfectionist or obsessive tendencies, heightened distress/loss of empathy, lack of insight/motivation, mental illness, alcohol or drug abuse.</td>
</tr>
</tbody>
</table>
Supervisor/trainee relationship issue

Whilst trainees report that the majority of interactions with supervisors are positive, issues with trainees and their supervisors do sometimes arise. Issues may range from low-level interpersonal conflict to sustained and serious breaches of the professional and ethical behaviour expected of physicians.

Sources of tension in the supervisory relationship can arise from lack of role definition, ineffective communication and poorly defined goals or expectations. Not engaging with doctors in training or not completing workplace-based assessments and consistently prioritising service delivery over training can also be a great source of tension.

More serious issues identified in the literature include behaviours that can be defined as bullying and harassment, such as:

- Teaching methods that intimidate and humiliate trainees
- Excessive and destructive criticism over minor things
- Changing the rules, expectations or goalposts without explanation or warning
- Setting unreasonable objectives or tasks with impossible deadlines.

Trainees are often reluctant to report such issues when they do arise because they fear victimisation or have concerns about making the problem worse, or that their training will be compromised. Therefore it is important for supervisors to reflect on their own behaviour as a potential underlying area of concern.

If an issue relating the supervisor/trainee relationship occurs, attempt to resolve the issue locally, with assistance from the Training Program Director or other College supervisors, and the Human Resources Department (HR) if required. If the issue is not resolved contact the RACP Training Support Unit in Australia and New Zealand.
Workplace and employment issues

Trainees may experience difficulties that stem from their workplace and/or Training Setting including workplace/employment and training setting issues are outlined in the table below:

<table>
<thead>
<tr>
<th>Workplace/employment issues</th>
<th>Training setting issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Training in an unsafe environment</td>
<td>• Insufficient resourcing and infrastructure for teaching and learning</td>
</tr>
<tr>
<td>• Poor culture</td>
<td>• Lack of teaching and learning opportunities to meet objectives</td>
</tr>
<tr>
<td>• Interpersonal conflicts within the team</td>
<td>• Lack of supervisory capacity</td>
</tr>
<tr>
<td>• Lack of role definition</td>
<td>• Poor engagement in workplace learning and assessment</td>
</tr>
<tr>
<td>• Discrimination, bullying and harassment</td>
<td></td>
</tr>
<tr>
<td>• Inappropriate workload, work patterns and an intensity of work</td>
<td></td>
</tr>
</tbody>
</table>

If a workplace/employment issue arises, refer to the organisations HR policies. For training setting issues, take action to resolve locally, with reference to the Accreditation of Training Settings Policy. If the issue is not resolved locally, refer the issue in writing to the RACP Training Support Unit in Australia and New Zealand.

When you know more about what the problem is, the severity needs to be assessed. This will help you plan the actions to take to address the issue. Assessing the severity of the situation will guide important decisions on:

- timeliness of intervention (today, within the next few days, within a week)
- need for external advice (from medical administration, human resources)
- need for referral (for example: General Practitioner, Psychiatrist, Psychologist, EAP or the College support line)
- level of documentation required.

If the complaint is particularly serious, a formal approach will be required and you should seek advice from the Director of Medical Services and your Human Resources department at the outset.

- If a serious mental health issue is apparent on initial investigation, immediate action will be required (e.g. referral to a General Practitioner, counsellor or psychiatrist).
- If the situation is assessed as severe with regard to patient safety or conduct issues, a more formal process is required.
- The trainee must have the opportunity to be accompanied by a support person during formal investigative processes.
Support and manage

**How can you work with the trainee to overcome the issue?**

Once the issue has been identified and clarified/confirmed through investigation, work collaboratively with the trainee to develop a plan to address the issue areas.

Early intervention, transparent communication and regular performance feedback from their supervisor are key elements of supporting a trainee who is experiencing difficulties.

The Training Support Pathway and Policy outlines the course of action to take. Support starts at a local level and try and resolve low level concerns informally first. For medium and high level concerns, take the steps outlined in the table below:

<table>
<thead>
<tr>
<th>Supervisor/trainee relationship</th>
<th>Attempt to resolve the issue locally, with assistance from the Training Program Director or other College supervisors, and the Human Resources department if required.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If the issue is not resolved contact the RACP Training Support Unit in Australia and New Zealand.</td>
</tr>
<tr>
<td></td>
<td>Monitor and assesses the trainee’s progress toward meeting the goals documented in the plan.</td>
</tr>
<tr>
<td></td>
<td>Meet regularly with the trainee to provide constructive feedback.</td>
</tr>
<tr>
<td></td>
<td>If the trainee achieves their learning objectives they can return to the standard training pathway and requirements.</td>
</tr>
<tr>
<td></td>
<td>If the trainee’s difficulties are not resolved, notify the College via the supervisor’s assessment report.</td>
</tr>
<tr>
<td>Training Settings</td>
<td>Take action to resolve locally, with reference to the Accreditation of Training Settings Policy.</td>
</tr>
<tr>
<td></td>
<td>If the issue is not resolved locally refer issue in writing to the RACP Training Support Unit in Australia and New Zealand.</td>
</tr>
<tr>
<td></td>
<td>A training site review may be undertaken where unresolved training setting issues are reported to the College.</td>
</tr>
<tr>
<td>Workplace and Employment</td>
<td>Refer to employer HR policies.</td>
</tr>
</tbody>
</table>
Delivering feedback

Providing feedback to a trainee who is experiencing progression/performance difficulties is crucial to supporting them to achieve their learning objectives and return to meeting the expected levels of performance.

In most programs, trainees receive ongoing feedback from supervisors as a matter of course. Yet, delivering negative feedback (e.g. ‘constructive criticism’) can be daunting and is quite often avoided. Subsequently, trainees with problems can be passed on from one supervisor to the next, without the trainee being aware that there is an issue with their performance.

Supervisors who confidently manage trainee’s in difficulty:

- confidently provide constructive feedback
- are prepared to fail a trainee who is underperforming
- see it as an important part of their role to provide regular education, feedback and support
- understand the importance of early identification of struggling trainees
- provide clear and honest communication of concerns
- allow time for trainee retrospection
- provide clear documentation
- communicate regularly with other supervisors of the trainee and the interdisciplinary team to get the ‘bigger picture’
- have often completed SPDP supervisor workshops and other supervisor related training.
Planning the feedback discussion

Difficult conversations require careful planning:

**Time and location:** Ensure that you have scheduled adequate time for the meeting and choose a quiet location, away from distractions, where possible.

**Plan your feedback:** The GROW model and targeted feedback below can be used when planning and delivering feedback in a challenging situation. It may help to rehearse the conversation prior to the meeting.

Set objectives for the meeting and outcomes you want to achieve: decide what needs to be covered at the initial meeting. Have a clear idea of what needs to happen as a result of the conversation with the trainee.

Set a meeting structure: Ensure that the meeting has structure to keep on track. The GROW model provides a useful template for this.

Prepare the evidence: Have the relevant information and evidence handy so that you can refer to this in the meeting. Include; specific examples such as any work-based assessments that raise concern, specific feedback from colleagues or a specific event.

Think about possible solutions: List some possible solutions, supporting resources or next steps for the trainee to think about. Consider the support mechanisms and resources that may help the trainee throughout the process such as, employee assistance programs, mentoring, or online learning modules.

Seek advice: Depending on the nature of the difficulty it may be beneficial to seek advice from the Training Support Unit, Medical Director and local HR department prior to the meeting.
## Executing the feedback discussion

There are some basic principles to remember when dealing with a challenging conversation:

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Be specific and descriptive</strong></td>
<td>Be specific about what the learner actually did by providing tangible, clearly defined statements about the actions that have been observed.</td>
</tr>
<tr>
<td><strong>Focus on behaviour rather than personality</strong></td>
<td>Focus on the actual behaviour of the learner, rather than personality. Feedback that focuses on personality traits of attributes is often upsetting and unhelpful.</td>
</tr>
<tr>
<td><strong>Verify the feedback</strong></td>
<td>Give the trainee the opportunity to say whether they agree or disagree with the information you have given them.</td>
</tr>
<tr>
<td><strong>Joint-problem solving</strong></td>
<td>Work collaboratively with the trainee to identify strategies and negotiate a performance plan to ensure they have ownership and commitment to the process. Let the trainee make their own choices.</td>
</tr>
<tr>
<td><strong>Respect and empathy</strong></td>
<td>Refrain from passing judgement onto the trainee’s values and choices and remain empathetic to the problems the trainee is experiencing. Ask yourself how you would like to receive the feedback if you were in the same situation.</td>
</tr>
<tr>
<td><strong>Clear goals and plans</strong></td>
<td>Agree a formally documented plan of action with clearly defined goals and timeframes. Consider working through the Improving Performance Action Plan with your trainee, in order to set agreed learning actions and expected outcomes.</td>
</tr>
<tr>
<td><strong>Listen carefully</strong></td>
<td>Understand what is being said before you respond, it is helpful to repeat back what is being said in order to check that you understand what the trainee is conveying to you.</td>
</tr>
<tr>
<td><strong>Document the conversation</strong></td>
<td>Take notes throughout the session, the meeting should be clearly documented and finish with a written action plan. The Improving Performance Action Plan provides a useful template for documenting agreed learning actions, goals and outcomes.</td>
</tr>
</tbody>
</table>
How do you know a trainee is serious about the change process?

As previously described, the purpose of feedback is to reduce the discrepancy between current and desired behaviour. The trainee needs to be aware that this discrepancy exists and also want to make the change towards the goal of performing and behaving at the expected stage of training.

Some of the characteristics that indicate that the trainee might be willing to make a change include:

- Recognition and acceptance that there is an aspect of their professional life that must be worked on
- A belief (not just a hope) that change is possible
- Ability to set specific and realistic goals
- Accepting primary responsibility for change
- Accurate insight into the real nature, cause and maintenance of their difficulties
- Willingness to examine and face up to the contributing problems
- Preparedness to experience some discomfort in the process of change
- Ability to form a good working relationship with the supervisor
- Persistence when faced with setbacks or failures.

Documenting the agreed plans and outcomes

College documentation tools

It is essential to ensure that all meetings and agreed outcomes are documented clearly throughout the remediation process. The College’s Improving Performance Action Plan and ‘Record of meeting’ templates provide a framework for this.

Improving Performance Action Plan

The IPAP is designed to help supervisors support and manage trainees and document the agreed learning plans, actions goals, and outcomes. It provides a useful framework for documenting:

- agreed actions/tasks to improve performance
- evidence that will be reviewed to decide if the trainee has reached the expected standard
- dates on which the supervisor will meet with the trainee to review progress.

The review section of the IPAP summarises feedback on progress, agreed actions and current performance against expected standards along with recommendations to improve performance if the expected standard has not been reached.
<table>
<thead>
<tr>
<th>Trainee</th>
<th>MIN</th>
<th>Training program</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Term start</th>
<th>Term end</th>
<th>Site</th>
<th>Rotation</th>
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<tbody>
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</tbody>
</table>

Primary supervisor

Co-supervisor(s)

Stage one ☐

Stage two ☐

Concerns about training progress

Learning objectives (from RACP Curriculum)

<table>
<thead>
<tr>
<th>Agreed actions/tasks</th>
<th>Due date</th>
<th>Satisfactory</th>
<th>Evidence of satisfactory completion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
### Criteria for successful IPAP completion

<table>
<thead>
<tr>
<th>Supervisors comment</th>
<th>Trainee comment</th>
</tr>
</thead>
</table>

### Agreement

We have discussed the Improving Performance Action Plan (IPAP) detailed above and commit to undertake the actions allocated within. We understand that the IPAP does not guarantee the issues will be addressed to the satisfaction of the relevant supervising committees of the College, but that failure to make all reasonable attempts to satisfactorily complete the actions and tasks in the IPAP may result in further action by the College in accordance with relevant policies and procedures. We acknowledge that in line with the principles of adult education, this plan is to support the trainee in taking responsibility for their own learning and progression, and does not lessen in any way the trainee’s responsibilities in this regard.

Trainee agreement

☐ This is an accurate record of what was discussed at this meeting.

### Signatures

<table>
<thead>
<tr>
<th>Primary supervisor</th>
<th>Co-supervisor(s)</th>
<th>Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Name</td>
<td>Signature Name</td>
<td>Signature Name</td>
</tr>
<tr>
<td>Name Date</td>
<td>Name Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

Please keep a copy for your records. All stage two documents must be emailed to the training support unit.

Australia: TrainingSupport@racp.edu.au

New Zealand: TrainingSupport@racp.org.nz
Record of meeting template

If there is a need to hold additional meetings, keep a record of the discussion using the RACP Record of Meeting template.

<table>
<thead>
<tr>
<th>Trainee</th>
<th>MIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor(s)</td>
<td>Curriculum year</td>
</tr>
<tr>
<td>Training program</td>
<td>Rotation start, End</td>
</tr>
<tr>
<td>Date</td>
<td>Location</td>
</tr>
<tr>
<td>Attendees</td>
<td></td>
</tr>
<tr>
<td>Purpose</td>
<td></td>
</tr>
<tr>
<td>Area(s) of concern</td>
<td></td>
</tr>
<tr>
<td>Discussion summary (include specific examples of any concerning behaviour discussed with the trainee)</td>
<td></td>
</tr>
<tr>
<td>Is an IPAP being developed to address the concerns?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Date of next meeting</td>
<td></td>
</tr>
<tr>
<td>Trainee agreement</td>
<td>☐ This is an accurate record of what was discussed at this meeting. ☐ This is not an accurate record of what was discussed at this meeting.</td>
</tr>
<tr>
<td>Trainee comment</td>
<td></td>
</tr>
<tr>
<td>Signatures</td>
<td></td>
</tr>
<tr>
<td>Trainee</td>
<td>Supervisor</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
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</tbody>
</table>
Three-monthly assessment reports

When trainees are on Stage 2 or 3 of the Training Support Pathway, they are required to submit three-monthly supervisor assessment reports to assist the Training Support Unit and relevant training committee to monitor their progress.

These reports ensure that there is clarity regarding progress and performance against expected standards at regular intervals. Supervisors should use the Ward Service Consultants Report to assess Basic Trainees, and Supervisor’s Report to assess Advanced Trainees.

Management strategies in specific situations

Having a general process for managing challenging situations can be helpful for supervisors to ensure they have a consistent approach to resolving a variety of situations. The process can be adapted to assist with some particularly tricky scenarios. Some strategies to try and resolve these scenarios have been outlined using the basic principles of ‘identify, assess and manage’.

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Scenario 2</th>
<th>Scenario 3</th>
<th>Scenario 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainees who lack insight</td>
<td>Cultural factors</td>
<td>Perfectionist tendencies</td>
<td>Giving feedback to high performing trainees</td>
</tr>
</tbody>
</table>
Scenario 1: Trainees who lack insight

The role of insight

There are common patterns of behaviour that appear to trigger and perpetuate episodes of underperformance:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>The trainee recognises the problem behaviour as an area for development, but does not know how to develop an alternative set of skills.</td>
</tr>
<tr>
<td>2.</td>
<td>The trainee recognises the problem, but focuses on justifying why that behaviour pattern is important.</td>
</tr>
<tr>
<td>3.</td>
<td>The trainee does not recognise that a particular behaviour pattern is negative.</td>
</tr>
</tbody>
</table>

Accurate self-assessment is a key component to self-directed and practice-based learning and improvement. A developing body of recent research indicates that many people are not very accurate in assessing their own performance or competence in relation to either objective standards or against the performance of their peers.

Trainees who lack insight do not possess the meta-cognitive skills (self-appraisal, knowledge and organisation of the task, standards of performance in the task, memory processing, etc.), not only to be competent or perform well, but to accurately assess their own performance.

Some of the indicators of a trainee lacking insight could include:

- Perceived lack of self-awareness
- Often perceived as arrogant
- Blames others
- Disruptive to the team
- Reluctant to participate outside 'usual' duties.
Scenario

Dr Harry Zimmer

You meet one of the consultants in the car park who insists that his new Basic Trainee hasn’t got a clue and that he would be better off without him on the team. He tells you that his unit is too busy, the patients are too sick and that he should only have the best trainees allocated to his team. He expects you to do something immediately.

You speak with the Advanced Training registrar and the Nurse Unit Manager of the ward. They confirm that the Basic Trainee frequently leaves procedures to the after-hours residents, cannot prioritise clerical tasks, and has failed to detect significant changes of condition in his patients by not noting nursing staff observations. He seems slow with placing IV cannulas and prescribing medications.

The trainee feels that he is doing a “paperwork” clerkship, but that he is applying the diligence he feels is necessary to the task and cites the fact that he stays back every night as clear evidence of his performance. He blames others on the team/ward for constant interruptions slowing him down and poor hospital systems in place for routine tasks. He is dismissive of the skills of the other staff and dismissive of your attempt to tease out the problems. He has no insight into the shortcomings described. You organise a meeting with Harry to discuss these issues. Use the questions below to assist with your planning.
### Scenario 1 – Dr Harry Zimmer

#### Identify

*What are the indicators and warning signs of a problem in this scenario?*

#### Assess & Diagnose

*What evidence has been collected? How could you identify lack of insight as the underlying cause?*

#### Support & Manage

*How can you work with the trainee to resolve the issue? What would you do next?*
Tips for handing complaints

In this scenario, a complaint from a colleague was one of the indicators of a problem. Here are some tips for dealing with complaints:

- Try to manage the situation without involving anyone beyond the trainee and the original referral source.
- Information needs to be gathered with due regard to confidentiality, and fairness.
- All parties involved in the process should be given the opportunity to provide their side of the story to an impartial person.
- The person investigating the incident should have no investment in or bias towards achieving a particular outcome.
- Always speak directly with the person who made the complaint.
- When the complaint is of poor work performance, determine specifically which aspects of performance are unsatisfactory (e.g. time management, application of knowledge, communication).
- If a serious mental health issue is apparent on initial investigation, immediate action will be required (e.g. referral to general practitioner or psychiatrist).
- If the situation is assessed as severe with regard to patient safety or conduct issues, a more formal process is required from the outset and you should seek advice from the Director of Medical Services and your HR department.

Strategies for dealing with trainees lacking insight

- **Modelling.** In particular, the supervisor should model the skills of self-assessment and self-directed learning. This can assist the trainee to see advantages of modifying their approach when it has a positive outcome for the performance of their supervisor.
- **Feedback.** When giving feedback to trainees who lack insight, an important aspect is getting the trainee to self-reflect by using questions during the feedback conversation. Ideally, the learner should begin to experience some inner conflict around the discrepancy between their perceived performance and actual performance.
- **Specific evidence.** Provide evidence of their effect on the performance of others and specific ways their behaviour or performance has impacted a situation.
- **Questioning.** Specifically prompt the trainee to create a discrepancy between their perceived knowledge skills and behaviour and what is actually occurring.
- **Reflective listening.** Summarise what the trainee has articulated about the dilemma and amplify discrepancies between values and actions. The conversation can then lead to identifying barriers to change and supporting the self-efficacy of the trainee.
- **Document issues.** Consider performance management as per HR procedures at the training site and notify the College.
Theories of behaviour – something to think about...

Theories such as the Theory of Planned Behaviour and Fishbein’s Integrative Model of Behavioural Prediction may help to shed some light on why some trainees may behave unprofessionally in educational and clinical contexts.

The Theory of Planned Behaviour suggests that human behaviour is influenced by three sets of beliefs – behavioural, normative and control beliefs.

According to the model, unprofessional behaviour will be influenced by a trainee’s beliefs about:

1. The consequences of the behaviour (behavioural beliefs)
2. The typical expectations of others (normative beliefs)
3. Their ability to change their behaviour based on factors they can control (control beliefs).
Scenario 2: Cultural factors

“….culture provides the categories by which we understand the world, and the scripts and schemes we use to guide behaviour”

Mezias, Chen and Murphy (1999)

Giving and receiving feedback is affected by cultural characteristics. What serves as a feedback exchange request by a trainee born or trained in one culture might not be correctly perceived and responded to by a supervisor born or trained in a different culture.

For example, it might be more inappropriate to ask direct questions in Taiwan as it may create loss of face, yet this type of activity would usually be acceptable in an Australian context. Therefore, how feedback is sought and responded to may need to be considered within a cultural context.

Scenario

Dr Anula Gupta

Anula came to Australia two years ago as an international medical graduate from India with three years' post-graduate clinical experience. She is now in her first six months of Advanced Training at your hospital, and is under your supervision.

She is found to be clinically competent and has good practical skills, but on a number of occasions has upset both senior and junior colleagues by her rather abrupt communication when offered referrals. She is sometimes scathing in her assessment of her colleagues' work. You have fielded numerous complaints about her style of communication and decide that you will need to speak to her about this. Use the questions overleaf to assist with your planning.
## Scenario 2 – Dr Anula Gupta

### Identify
*What are the indicators and warning signs of a problem in this scenario?*

### Assess & Diagnose
*What evidence has been collected? How could you identify lack of insight as the underlying cause?*

### Support & Manage
*How can you work with the trainee to resolve the issue? What would you do next?*
Cultural differences

Cultures are typically divided into two categories – individualist and collectivist. Individualist cultures, such as those of Australia, the United States and Western Europe, emphasise personal achievement at the expense of group goals, resulting in a strong sense of competition. Collectivist cultures, such as those of China, Korea and Japan, emphasise family and work group goals above individual needs or desires.

<table>
<thead>
<tr>
<th>Traits of individualism</th>
<th>Traits of collectivism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Promotes individual goals, initiative and achievement.</td>
<td>• Each person is encouraged to be an active player in society, to do what is best for society as a whole rather than themselves.</td>
</tr>
<tr>
<td>• Individual rights are seen as being the most important. Rules attempt to ensure self-importance and individualism.</td>
<td>• The rights of families, communities, and the collective supersede those of the individual.</td>
</tr>
<tr>
<td>• Independence is valued; there is much less of a drive to help other citizens or communities than in collectivism.</td>
<td>• Rules promote unity, brotherhood, and selflessness.</td>
</tr>
<tr>
<td>• Relying or being dependent on others is frequently seen as shameful.</td>
<td>• Working with others and cooperating is the norm; everyone supports each other as a community, family or nation more than as an individual.</td>
</tr>
<tr>
<td>• People are encouraged to do things on their own; to rely on themselves.</td>
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</tbody>
</table>

Interacting with people from different cultures

• Know your own frames of reference and those of people from other cultures.
• Understand the primary cultural and socio-political features of team members from other cultures.
• Decode different methods of verbal and non-verbal communication specific to different cultures.
• Find common ground (values, customs, etc.) with people from other cultures.
• Work together to develop shared goals and strategies that bridge different cultural contexts.
Scenario 3: Perfectionist tendencies

Definition and characteristics of a perfectionist

Having a perfectionist on your team can be an asset. Perfectionists are driven to succeed, work hard to avoid mistakes, and are always striving to improve. Yet it can be a challenge to manage someone who needs everything to be perfect.

Some of the indicators of a trainee with perfectionist tendencies could include:

- Overwhelmed and over-worked
- Time management difficulty
- Anxious
- Self-blaming
- Dependant on the approval of others

Scenario

Dr Max Ngo

Max is a very diligent and hardworking trainee; however, it does seem to take him a long time to write case notes and letters. He is often working hours far longer than his rostered hours, yet he still misses important deadlines. You have spoken to Max about this before, when he advised you that when he starts writing he believes he must know exactly how to start and that ideas should naturally flow from one to the next. If he can’t find the “right way” to start, he can’t move forward at all. When he finally does get started, he ruminates about minor mistakes or things that aren’t “just right”. As a result, he reviews and re-edits documents long after they are due. Max works hard, but often in the wrong ways. Everyone is very frustrated by this as it has a big impact on other members of the team. You organise a meeting with Max to discuss these issues. Use the questions overleaf to assist with your planning.
### Scenario 3 – Dr Max Ngo

#### Identify

*What are the indicators and warning signs of a problem in this scenario?*

#### Assess & Diagnose

*What evidence has been collected? How could you identify lack of insight as the underlying cause?*

#### Support & Manage

*How can you work with the trainee to resolve the issue? What would you do next?*
**Strategies for dealing with a perfectionist**

*Promote self-care, give them permission to switch off, encourage them to ‘leave work at work’*

- **Set boundaries and be clear about your goals and expectations for their work.** When left to their own devices, perfectionists may fall into the trap of setting unrealistic expectations for themselves. Letting them know ahead of time what is most important to you can minimise this.

- **Encourage a perfectionist to share a work-in-progress with you.** Perfectionists are notorious for wanting to show only end products, fearing that a work-in-progress might be seen as the best they can do. Working on iterations of a project together creates a sense of collaboration and reduces the likelihood that a perfectionist will get bogged down in unnecessary details.

- **Perfectionists can be obsessed with not wanting to make mistakes.** An unhealthy perfectionist can lose sight of the difference between a minor versus a major error. This can be addressed by using the strategies already mentioned (setting clear expectations and collaborating on works in progress).

- **Sometimes perfectionists get stuck because they use the same strategies over and over again, even when they stop working or aren’t working in a particular context.** In this case, acknowledge the individual’s effort (i.e. how hard he or she is working), but encourage a shift in strategy. More is not always better. If more isn’t paying off, it is time to try something different.
Scenario 4: Giving feedback to high performing trainees

“The vast majority of our trainees are good people who are smart and talented and doing well, but can benefit from some advice from supervisors. So it’s not difficult most of the time.”

Dr Daryl Efron, RACP Fellow

The field of medicine often attracts people who are highly intelligent and motivated. Sometimes there are trainees who consistently perform to a high standard, and supervisors can feel they don’t have a lot to offer in terms of feedback. Top performing trainees may not have obvious development needs and in identifying those needs, it can sometimes seem like nit-picking or being over-demanding. In addition, top performing trainees may not be used to hearing constructive feedback and so may perceive it as criticism.

Many of the same feedback principles should still be applied when giving feedback to top performing trainees. No matter who is receiving the feedback, it is essential to follow good feedback practice. This includes gathering data and details to support feedback, describing behaviours, not traits, and focusing on the future. It is also important to check for understanding and agree on clear next steps and a fair way to measure progress.

Scenario

Dr Anne Brown

Anne is an exemplary trainee who is known for her ability to manage her workload efficiently and effectively. She has developed an excellent working relationship with her medical team and junior trainees often approach her for guidance and assistance with new tasks.

Anne is self-motivated and understands what she must accomplish to progress in her career. She sets goals and organises herself efficiently to achieve these goals, often fixating her training on achievement of these goals. Anne would be a perfect leadership candidate but has not expressed any desire to tackle such a role.

Anne always performs well in her formative assessments and has glowing recommendations from previous supervisors. She is always on top of her workload. It is time for her mid-rotation review and you are struggling to find areas to provide feedback on due to her high standard of work. Use the questions below to assist in the planning of your meeting with Anne.

What are some questions and comments you could make based on the GROW model to deliver feedback on performance?
### Scenario 4 – Dr Anne Brown

**Identify**

*What are the indicators and warning signs of a problem in this scenario?*

**Assess & Diagnose**

*What evidence has been collected? How could you identify lack of insight as the underlying cause?*

**Support & Manage**

*How can you work with the trainee to resolve the issue? What would you do next?*
To make the most of a feedback session, focus the discussion on the four GROW model questions:

1. **Where am I going?** Future goals and aspirations.
2. **How am I going?** Current performance.
3. **What else can I do?** What are the options for growth and improvement?
4. **Where to next?** The next performance expectation.

It is helpful to remember the following principles when giving feedback to high performing trainees:

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
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<tbody>
<tr>
<td>• Give both positive and constructive feedback to high performing trainees regularly.</td>
<td>• Presume a high performing trainee has reached the limits of their performance.</td>
</tr>
<tr>
<td>• Identify development areas, even if there are only a few.</td>
<td>• Leave your top performers alone.</td>
</tr>
<tr>
<td>• Ensure trainee is challenged and is given responsibility where appropriate.</td>
<td>• Assume your high performing trainee knows how appreciated they are.</td>
</tr>
<tr>
<td>• Focus on the future and ask about motivations and goals.</td>
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</tr>
</tbody>
</table>
References
References


