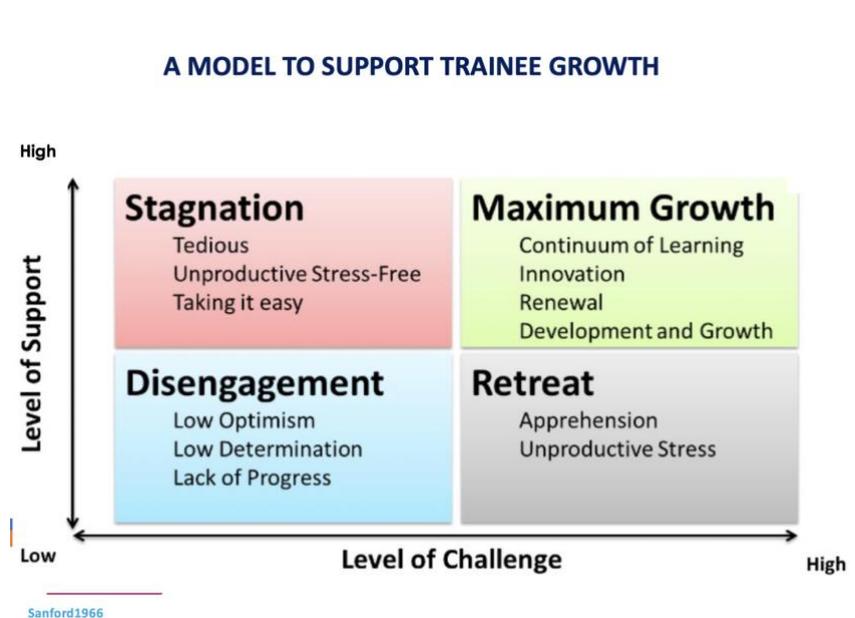


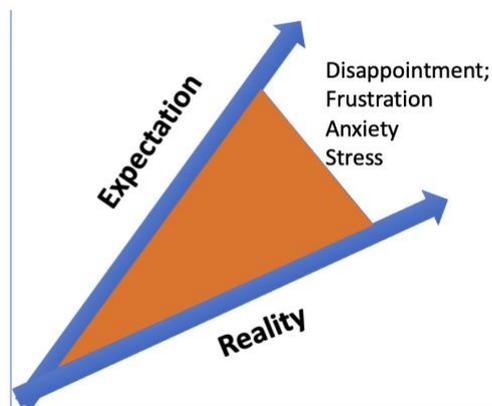
# HANDOUTS FOR FEEDBACK WORKSHOP

## 1. Challenge – Support model



## 2. Disappointment Gap

### Disappointment gap



## 3. SCENARIOS FOR DISCUSSION

What are the possible trainee and trainer factors at play? What considerations and strategies might you employ when delivering feedback in this scenario?

1. Your ST1 registrar is 4 months into post and has failed to progress in their ability to manage cases independently. They have struggled to demonstrate ability in making a diagnosis and clinical management in CBDs other than in the most basic of cases and you suspect that they have tried to present management plans as their own that other supervising colleagues have advised upon. Assessments and tutorials have become increasingly tense for you both. You undertake a further CBD in your next tutorial and again find important diagnoses missing.
2. Your ST2 ITP trainee is a highflier having been successfully interviewed for this very sought after post and completing their MBBS with distinction. They work very independently and are highly organised. There are no known health or home issues. Throughout the post feedback they agree with is readily accepted but there is a high degree of defensiveness, no matter how minor the issue is, where they don't agree with it and no insight demonstrated on reflection. At times they even appear emotional when given any feedback about areas they maybe should have considered. You come across an asthmatic patient who has been having difficulty getting her asthma under control. You notice that the trainee had started propranolol for anxiety 2 months ago.
3. Your ST3+ trainee has joined you on an extension following RCA failure. During the induction period including tandem tutorials you observe numerous areas in which the trainee could improve including their clinical knowledge in certain areas, prescribing practice in keeping with recognised guidelines, more selective use of investigations, working on moving away from a biomedical style of consulting and a lack of authenticity when showing empathy. Their view is that the RCA is in essence a racist exam and that there is no problem at all with their clinical work and that they just need to try all videos next time so they can show more non-verbal communication which will help the scores.