Refract
CLINICAL

PROFESSIONAL DEVELOPMENT

360° Feedback **Report**

Dr James Whitmore

Consultant · ICU

REPORT DATE	CYCLE STARTED	RATERS	SUPERVISOR
6 June 2026	3 May 2026	9	Dr Helena Marsh

EXECUTIVE SUMMARY

James is viewed by his raters as an outstanding teacher, mentor, and crisis leader whose calm composure under pressure, inclusive decision-making, and genuine investment in developing junior staff are consistently highlighted as defining strengths. The most significant development theme is a pattern of communication breakdowns — not in content or clinical reasoning, but in ensuring the nursing team receives clear, concise, and timely updates on evolving clinical plans, particularly on ward rounds and during high-stress situations. A secondary theme is that stress and busyness can produce sharp, dismissive interactions that erode the psychological safety James otherwise works hard to build.

The feedback confirms a picture of an outstanding crisis leader and educator whose composure, inclusive culture-building, and investment in junior staff are genuinely exceptional. The primary development focus is communication clarity and loop-closing with the nursing team, alongside managing a stress-triggered sharpness pattern that undermines the psychological safety he otherwise works hard to create. Four specific, measurable action items were agreed covering ward round communication, a stress circuit-breaker with journalling, mid-shift check-ins, and a daily mindfulness practice.

WHAT COLLEAGUES HIGHLIGHTED

> *Virtually every rater independently described James as calm, collected, and effective in crisis situations. Multiple raters cited specific emergency scenarios — cardiac arrests, emergency intubations, complex procedures — where his composure settled the team and elevated the performance of those around him. He communicates reasoning transparently during high-stakes moments and delegates appropriately. This was the single most consistent theme across all rater categories.*
>
> COMPOSURE AND LEADERSHIP UNDER PRESSURE

> *James received near-universal 5/5 ratings for developing others. Raters described an inclusive, non-condescending teaching style that creates genuine psychological safety for learners. Specific examples included bedside teaching with diagrams, tailoring his approach to learner needs, creating space for junior staff to attempt procedures, and facilitating learning from adverse events by exploring root causes rather than assigning blame. Junior staff reported feeling genuinely safe to ask questions, admit uncertainty, and challenge his thinking.*
>
> EXCEPTIONAL TEACHING, MENTORING, AND DEVELOPMENT OF JUNIOR STAFF

Multiple raters emphasised that James does not jump to blame when things go wrong. He asks questions, explores systemic factors, acknowledges the emotional weight of adverse events, and creates a safe space for open discussion. Several raters specifically noted that he investigates context before forming judgements and facilitates learning rather than punishment.

PSYCHOLOGICAL SAFETY AND FAIR-MINDED APPROACH TO ADVERSE EVENTS

Raters across categories described James as genuinely valuing input from all team members regardless of seniority. He actively seeks nursing and allied health perspectives, involves patients and families in decision-making, and creates an atmosphere where people feel welcomed and valued. Multiple raters noted he treats people consistently regardless of their role or seniority level.

INCLUSIVE, COLLABORATIVE TEAM CULTURE

DEVELOPMENT FOCUS

The most consistent development theme, raised independently by multiple raters across different relationship categories. On ward rounds, James's thorough explanations of clinical reasoning — while well-intentioned — can obscure the actual plan, leaving nursing staff unclear on the concrete next steps. When clinical plans evolve during the day, the nursing team is not always looped back in on changes, creating gaps in situational awareness. One rater also flagged that instructions about when to escalate a deteriorating patient could be more explicit. Importantly, raters were clear that James's clinical reasoning is sound; the issue is packaging and delivery, not content.

COMMUNICATION CLARITY AND CLOSING THE LOOP WITH THE NURSING TEAM

Several raters noted that when James is busy or under operational (as opposed to clinical emergency) pressure, his tone can become snappy, dismissive, or sharp — particularly with nursing staff. This was described as a noticeable shift from his usual warm, inclusive manner. One rater noted it causes people to close up and stop bringing things to him. This pattern is significant because it directly undermines the psychological safety James otherwise excels at creating.

SHARPNESS AND DISMISSIVENESS UNDER STRESS OR BUSYNESS

Multiple raters described James as carrying a heavy workload with many concurrent demands, and noted that he can become distracted during conversations — shifting attention to other projects or side discussions mid-interaction. This affects the quality of focused communication and compounds the loop-closing issue. Being fully present in the conversation at hand was raised as an area where small improvements would have a meaningful impact.

DISTRACTION AND CONTEXT-SWITCHING

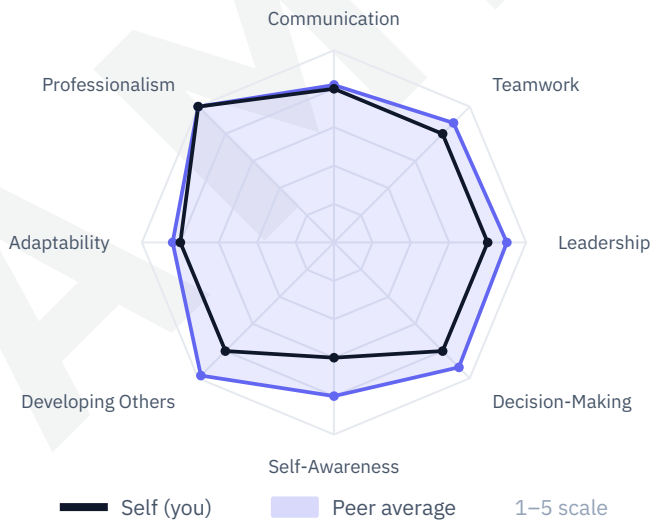
A peer noted that James tends to dominate discussion in consultant meetings, limiting space for other colleagues to contribute. Given James's acknowledged influence and strategic vision, channelling that energy toward creating more space for others — and directing his institutional standing more specifically toward ICU advocacy — would amplify rather than dilute his impact.

DOMINANCE OF AIRTIME IN CONSULTANT MEETINGS

SELF VS RATER COMPARISON

James's self-assessment aligns well with his raters in several areas and shows notable humility in others. On clinical communication, James self-rated 4; his rater average was 4.1, suggesting good alignment, though the qualitative feedback reveals a specific dimension he may not have identified — the clarity and conciseness of the final plan as heard by the nursing team. On decision-making under pressure, James self-rated 4; his rater average was 4.6 with several 5s, indicating he underestimates a genuine strength. On developing others, James self-rated 4 with uncertainty about whether his Socratic style might intimidate junior staff; his rater average was 4.9, with junior staff specifically describing feeling safe, supported, and never condescended to. On self-awareness, James self-rated 3; his rater average was 4.0, though the qualitative feedback suggests a specific blind spot around the impact of his sharpness under stress on nursing staff, which partially validates his more modest self-rating. Overall, the self-other pattern is one of modest underestimation across most domains, typically associated with humility and genuine self-reflection.

COMPETENCY RATINGS — SELF VS PEERS (1–5 SCALE)



COMPETENCY	SELF	PEERS AVG
Clinical Communication	4.0	**4.1**
Teamwork and Collaboration	4.0	**4.4**
Leadership and Influence	4.0	**4.5**
Decision-Making Under Pressure	4.0	**4.6**

Self-Awareness and Emotional Intelligence	3.0	**4.0**
Developing Others	4.0	**4.9**
Adaptability and Innovation	4.0	**4.2**
Professionalism and Conduct	5.0	**5.0**

START · STOP · CONTINUE

START

- Close the communication loop with all team members after high-stress situations and when plans evolve during the day
- Implement structured team touchpoints or brief check-ins during shifts to surface questions and keep everyone aligned
- Direct institutional influence and standing more specifically toward advocating for ICU needs and resources
- Make genuine, non-task-focused connection with nursing staff — ask how they are, show interest in their wellbeing

STOP

- Over-explaining on ward rounds to the point where the actionable clinical plan becomes unclear
- Becoming snappy or dismissive when busy or stressed — this erodes the psychological safety built at other times
- Dominating airtime in consultant meetings
- Context-switching and getting distracted during focused conversations

CONTINUE

- Calm, composed leadership and clear decision-making under pressure
- Inclusive, non-condescending teaching and mentoring of junior staff
- Creating an open, positive, and psychologically safe team atmosphere
- Inclusive decision-making that involves team members and patients
- Clear, organised handovers

POTENTIAL DERAILERS

Tendencies that can surface under stress or at scale. These are prompts for self-awareness — most have a flip-side strength — not failings or judgements.

STRESS-TRIGGERED SHARPNESS WITH NURSING STAFF

James's default mode is warm, inclusive, and psychologically safe. However, under operational pressure (as distinct from clinical emergencies, where he excels), his tone shifts to snappy and dismissive — particularly toward nursing staff. This is a classic derailer pattern: a strength (high standards, directness) taken to an extreme under stress. The risk is significant because it directly contradicts the inclusive culture James otherwise works hard to build, and it causes people to close up and withhold information. This is not a pervasive or characterological issue; it is a situational, stress-contingent pattern, which makes it amenable to targeted intervention.

ACTION PLAN

ACTION 1

End every ward round patient discussion with an explicit, concise summary of the actionable plan — separate from the clinical explanation

Why	Raters noted that thorough reasoning can obscure the concrete next steps for nursing staff, affecting their ability to act and their situational awareness
How	After the explanation, a deliberate closing statement: 'So the plan is: [X, Y, Z]. Any questions before we move on?' — directed specifically at the nursing team
When	Start immediately; informal review at 3 months via check-in with 2-3 nursing staff
Support	Ask a trusted nursing colleague to give honest feedback after rounds in the first few weeks
Measure	Informal check-in with nursing staff at 3 months; repeat 360 at 12-18 months

ACTION 2

Implement a personal circuit-breaker for moments of operational stress, supported by brief reflective journalling

Why	Several raters noted that under operational pressure, tone can shift to sharp or dismissive — a contrast to usual warmth that causes people to close up and withhold information
How	Identify a personal early-warning signal; pause before responding when stretched; brief acknowledgement if sharp in an interaction; 2-3 minutes of end-of-shift journalling on high-pressure days noting triggers, responses, and reflections
When	Start immediately; review journal patterns at 4 weeks and 3 months
Support	Share the goal with one trusted colleague who can provide honest feedback; journal as a private accountability tool
Measure	Journal pattern review at 4 weeks and 3 months; qualitative check-in with a trusted nursing colleague; repeat 360 at 12-18 months

ACTION 3

Implement a brief mid-shift check-in with the nursing team to communicate plan changes that have evolved since the ward round

Why	Raters noted that when clinical plans change during the day, the nursing team is not always updated — creating gaps in situational awareness affecting patient care and allocation decisions
How	At a consistent point mid-shift, a brief 2-3 minute verbal update to the senior nurse on shift flagging any changes to plans, priorities, or escalation thresholds
When	Start immediately; review at 3 months by asking nursing staff whether they feel better informed about evolving plans
Support	Agree a consistent time with senior nursing staff so it becomes an expected part of the shift rhythm
Measure	Informal feedback from nursing staff at 3 months; repeat 360 at 12-18 months

ACTION 4

Establish a regular mindfulness practice to build internal awareness and a stimulus-response gap

Why	Operational stress is a known trigger for the sharpness pattern identified in feedback; mindfulness builds capacity to notice the internal signal earlier and respond rather than react
How	Start with Headspace or Smiling Mind (free tier available); 10 minutes daily for the first month at a consistent slot not immediately before or after a shift
When	Start immediately; review consistency and habit formation at 4 weeks
Support	A GP or psychologist can guide toward evidence-based programmes; Doctors' Health Advisory Service (1800 423 527) for physician-specific wellbeing resources if needed
Measure	Self-assessed consistency at 4 weeks; self-reflection on whether the early-warning signal is noticed earlier over time; repeat 360 at 12-18 months

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CERTIFICATE OF COMPLETION

This is to certify that

Dr James Whitmore

Consultant · ICU

has successfully completed the Refract Clinical
360° Professional Development Feedback Programme

CPD HOURS	ISSUE DATE	CERTIFICATE ID
3 Hours	7 June 2026	RC-2026-SAMP

PROGRAMME DIRECTOR

SUPERVISING PHYSICIAN