A collaborative effort between 18 organizations across the US and Canada

National Society of Genetic Counselors

Genetic Counseling Clinical Supervisor Training

2019

THANK YOU TO ALL THOSE THAT CONTRIBUTED

National Society of Genetic Counselors

- Indiana State University
- Bay Path University
- Columbia University
- Icahn School of Medicine at Mount Sinai
- Invitae
- Long Island University Post
- Sarah Lawrence
- Stanford Health Care
- University of Alabama at Birmingham
- University of Arkansas Medical Sciences
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- University of Colorado Anschutz Medical Campus
- University of Manitoba
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- University of Utah
- Vanderbilt University
- Virginia Commonwealth University
- Wayne State University
- Education SIG

Conflict of Interest/Disclosure Statement

- Assistant Professor at the U of Manitoba
- Co-author of the Fundamental Teaching Activities for the College of Family Physicians of Canada
- Paid consultant for the Medical Council of Canada
- Honorarium for today’s presentation

Learning Objectives

- **Student Entrustment:**
- Define direct, indirect and entrusted supervision.
- Discuss how to apply each model to provide mutual benefit to the experience of supervisor and student.
- Describe strategies to determine how to guide students through the spectrum of direct, indirect and entrusted supervision.

Outline

- Review entrustment
- Discuss levels of supervision
- Integrate entrustment & supervision in Clinical Genetics teaching contexts

Why?

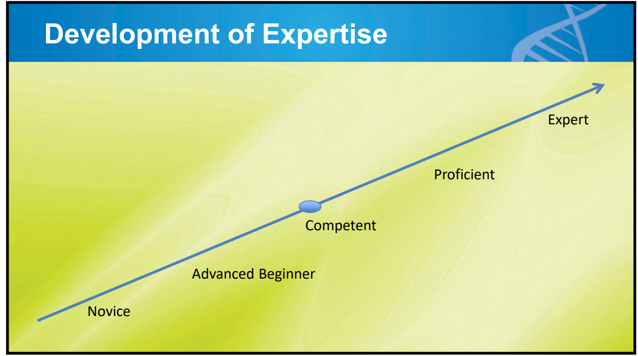
- "The object of training is to provide the patients of the future with high-quality specialists who have had a wide range of useful and informative experience during their training years. Both the interests of the patients of today and the quality of the training experience depend on good clinical and educational supervision of trainees during their training years." (p.19)
- Kilminster, S.; Cottrell, D.; Grant, J.; Jolly, B. (2007)

Goal: independent practitioner…

1. Has knowledge but not allowed to perform the EPA (*task*) independently
2. May act under full supervision
3. May act under moderate supervision
4. **May act independently**
5. May act as a supervisor and instructor

ten Cate, O.; Snell, L.; Carraccio, C. (2010)

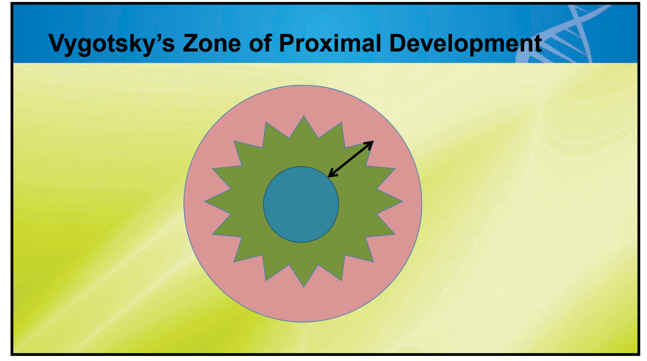
Development of Expertise



Cognitive Apprenticeship

- Teachers modeling their skills in real-world situations
- Modeling
- Coaching
- Scaffolding
- Articulation
- Reflection
- Exploration
- Collins, Brown, Newman 1987

Vygotsky's Zone of Proximal Development



Entrustment

- Trust: the willingness of the trustor to take a risk
- All aspects of health care carry inherent risks & benefits
- Challenge is identifying, measuring and mitigating risk while enhancing benefits

Four elements to Entrustment

- Perceived trustworthiness of the learner
- Perceived risks
- Perceived benefits
- Propensity to trust by supervisor

- ten Cate, O. (2016)

Trustworthiness of learner

- Ability
- Integrity
- Reliability
- Humility

- ten Cate, O. (2016)

Perceived risks & benefits

- Risks vary with complexity of task, context of setting, impact of negative outcome to patient/learner/supervisor/system
- Benefits: learners need authentic clinical experiences to develop competency; patients perceive benefits from interacting with learners; system benefits

Supervisors' propensity to trust

- Depends upon one's perception & tolerance of risk
- Stable personality characteristic
  - Hawks vs. Doves
- Influenced by prior experiences
- Influences the way supervisors assess risks & benefits

Timeline to Entrustment

1. The task (complexity; steep vs. slow learning curves)
2. The context (frequency of exposure, safety net)
3. The student (competence & confidence) *[self-awareness]*
4. The supervisor (comfort & confidence)

ten Cate. O & Scheele, F. (2007)

- Entrustment is not one final step in learners' progress
- Happens continuously through training, throughout rotations, throughout the day
- Based on multiple observations

Supervision

- "The provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee's experience of providing safe and appropriate patient care."
- Kilminster, S.; Jolly, B. (2000).

Goldilocks Principle

- Destructive supervision:
  - Too little
  - Too much
- Constructive supervision: just right
- Challenge: *just right* changes with learner, clinical scenario & the learning environment

Levels of Supervision

- Direct- supervisor physically present*
- Indirect with immediate direct supervision
- Indirect with available direct supervision (local or distant)
- Oversight
- Farnan et al. (2012); Kilminster (2007)

Direct supervision

- Physically present in room or at bedside
- Use of mirrored rooms
- Via camera + audio
- Audio alone

Direct supervision, con't

- Supports modeling & coaching
- Starting point for novice learners
- Supports patient safety
- May be incorporated for more advanced learners with complex patient scenarios, procedures, sharing difficult news;

Indirect with immediately available supervision

- Supervisor in office, at central station
- Supports coaching and scaffolding learning
- Consider for more advanced beginners
- After gaining some experience with tasks

Blended model (direct & indirect)

- Discussion prior to visit
- Case presentation (mid-point/end of visit)
- Return to room with learner for closure
- Supports scaffolding, articulation and reflection

Indirect with local or distant supervision

- Case presentation at end of visit; learner wraps up visit independently
- Video recording review & discussion
- Chart/clinical note review & discussion
- Lab results review & discussion
- Supports articulation, reflection & early exploration

Entrusted supervision (oversight)

- End-of-day review
- Chart/note/consult letters review
- Lab results review
- Video recording & review
- Completely independent*

What is good supervision?

- Giving direct guidance on clinical work;
- Linking theory and practice;
- Engaging in joint problem-solving
- Offering feedback, reassurance
- Providing role models.

- Kilminster, S.; Cottrell, D.; Grant, J.; Jolly, B. (2007)

- **Best predictor:** organises time to allow for both teaching and care giving
- Establishes a good learning environment (approachable, non-threatening, enthusiastic)
- Provides autonomy appropriate to learners' level / experience / competence
- Gives clear explanations / reasons for opinions, advice actions
- Stimulates independent learning
- Bruijn, M.; Busari, O.; Wolf, B.; (2006)

What is ineffective supervision?

- Rigidity;
- Low empathy;
- Failure to offer support;
- Failure to address supervisees' concerns;
- Not teaching;
- Being indirect, intolerant, emphasizing evaluation and negative aspects.

- Kilminster, S.; Cottrell, D.; Grant, J.; Jolly, B. (2007)

How could these models work in Genetics Counseling programs?

- Prenatal: positive maternal serum screen or fetal anomalies on ultrasound?
- Cancer: personal or family hx of cancer (e.g. hereditary breast/ovarian cancer)?
- Paediatrics: child presenting with developmental delay?

Workflow in Genetic Counseling cases

1. (Reviewing consult/referral letter)
2. Setting a mutual agenda for the session (contracting)
3. Addressing psychosocial issues and emotional concerns (ongoing)
4. Obtain a detailed medical and family history
5. Providing risk assessment and risk counseling

ACGC Practice-based Competencies for Genetic Counselors (2015)

6. Directing an in-depth consent process for genetic testing, where applicable
7. (Reviews findings & results)
8. Disclosing results of genetic testing
9. Setting and communicating screening & management plans
10. Summarizing and arranging follow-up

ACGC Practice-based Competencies for Genetic Counselors (2015)

Phases	Novice	Advanced beginner	Competent
Reviewing consult			
Setting a mutual agenda			
Addressing psychosocial issues and emotional concerns			
Obtain a detailed medical and family history			
Providing risk assessment and risk counseling			
Directing an in-depth consent process for genetic testing, where applicable			
Reviews findings & results			
Disclosing results of genetic testing			
Setting and communicating screening & management plans			
Summarizing and arranging follow-up			

Cavett, T. 2019

Supervisors' challenges

1. As the responsible person, I should be watching what the learner is doing.
2. After the learner finishes the rotation, I have to follow up & fix things…
3. How do I provide feedback if I don't observe the student providing counselling?

Challenges con't.

4. I want to ensure the student does everything the way I do…
5. I want to spend time with the patient as it is personally rewarding.
6. The patient didn't have any idea about their risks so the student mustn't have counselled well…

Summary

- Entrustment takes multiple observations over time
- Balance authentic learning experiences, safe patient care & effective supervision
- Supervision must aim for *just right*; changes with learner, clinical scenario & the learning environment
- As supervisors, we need to learn how to let go, safely

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