

The supervisory alliance: Creating a culture of equity and belonging

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Univ of Washington GCGP Supervisors' Workshop
9.9.2023

Nikkola and Julia have no conflicts of interest to disclose.



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Agenda

Identity & Positionality

Strengths-based Supervision

Discussing Identity

Goal-setting & Evaluation



Learning Objectives

Identity &
Positionality

Discussing
Identity

- Characterize the impact of identity, power, privilege, and positionality on student-supervisor interactions
- Develop strategies to broach discussion of identity with students.

Learning Objectives

- Contrast a 'deficit model' of education with a strengths-based approach that focuses on the cultural capital of each student.
- Describe how to establish clear learning expectations and unbiased evaluation standards for students.

Strengths -
based
Supervision

Goal-setting
&
Evaluation

Communication Guidelines

Confidentiality

What we say here stays here, what we learn leaves with us.

Step up, Step back

We contribute our thoughts and experiences while making space for others.

Self Care

We monitor our reactions and do what we need to take care of ourselves.

Community Care

We monitor the impact of our words and actions on others and respond with care.



Group discussion

Think back to some supervision experiences that you've really enjoyed.

What are the qualities of a "great" rotation?

- What does the student bring to it?
- What does the supervisor bring to it?



bit.ly/UW_Equity

Today is about...

Finding a few, concrete next steps toward equity and a sense of belonging in your rotations

- Approachable next steps, things you can and will do

Awareness of your local community of genetic counselors who are also finding their next few steps



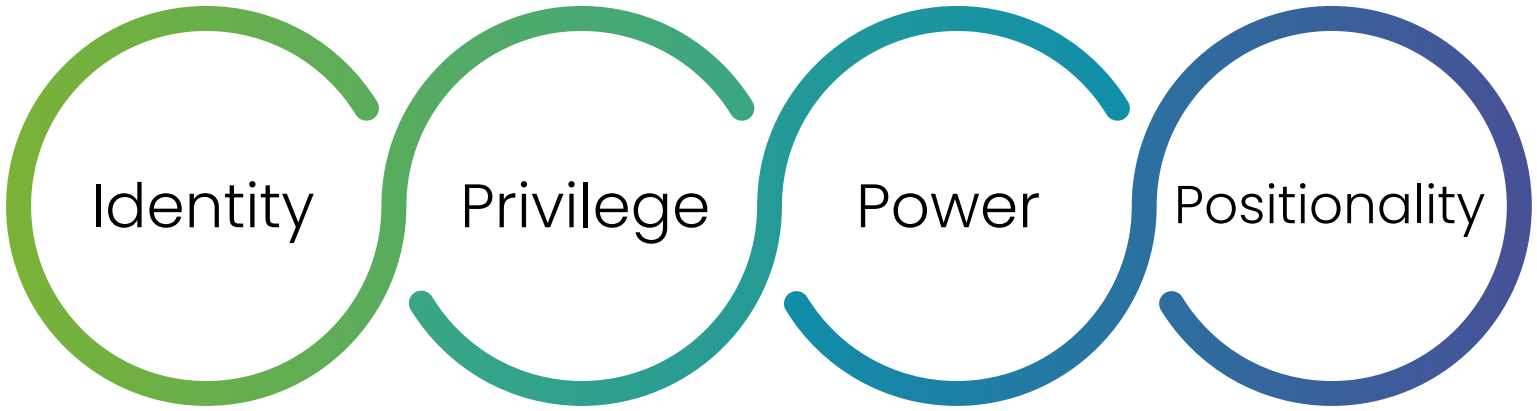
I : Identity & Positionality

Identity &
Positionality

Characterize the impact of identity, power, privilege, and positionality on student-supervisor interactions

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Identity - Privilege - Power - Positionality





The social categories that represent how a person or a group understand themselves to be, and how the world may perceive them.

Race

Gender

National Origin

Ethnicity

Sexual Orientation

Language

Socio-economic status

Invisible Disability

Religion

Education

Visible Disability

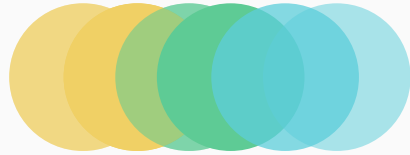
Size

Age

Sex

Which identities are you more likely to have in common (or not) with your patients? What about trainees?

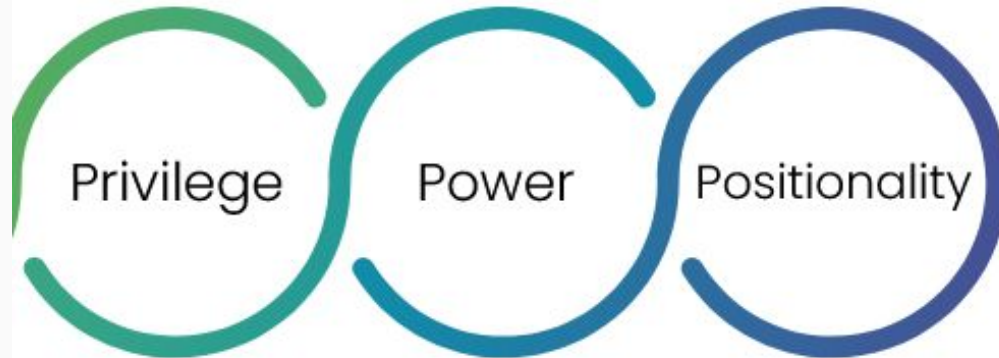


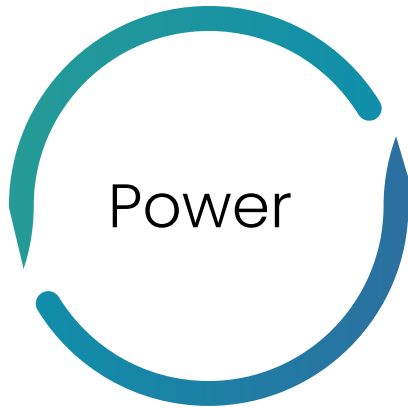


Dynamic identities

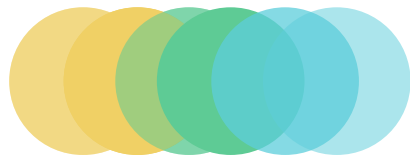
Social identity categories may be somewhat static, but tend to be more dynamic in earlier life stages

Impact of identity on a person's experience are context dependent and influenced by:





The ability of an individual to influence or act within a specific context.



Power doesn't always feel powerful

Have to...

- Get case prep done
- Make sure patient gets a certain level of care
- Finish notes
- Respond to messages
- Interpret and report out results
- Admin work, emails...

Have to...

- Review student prep
- Answer questions
- Correct misconceptions
- Debrief

Subject to own position within a larger culture and power dynamic - MDs, institution, other GCs, professional expectations, etc.





Power imbalance in supervision

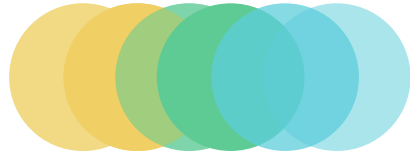
Trainee success is earned by meeting the standards of the rotation, which may vary significantly between supervisors

The supervisor defines:

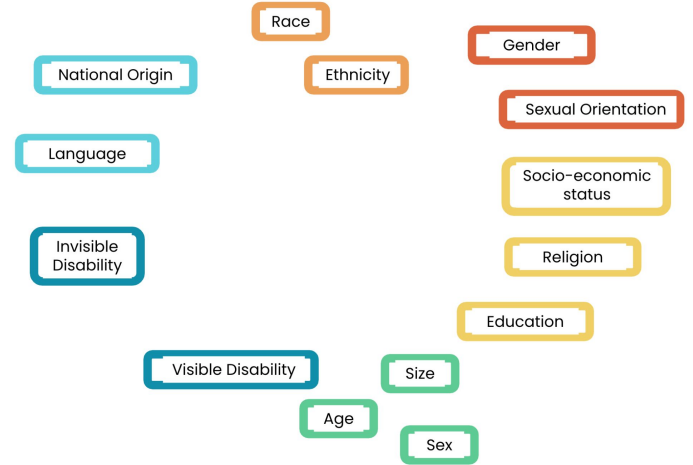
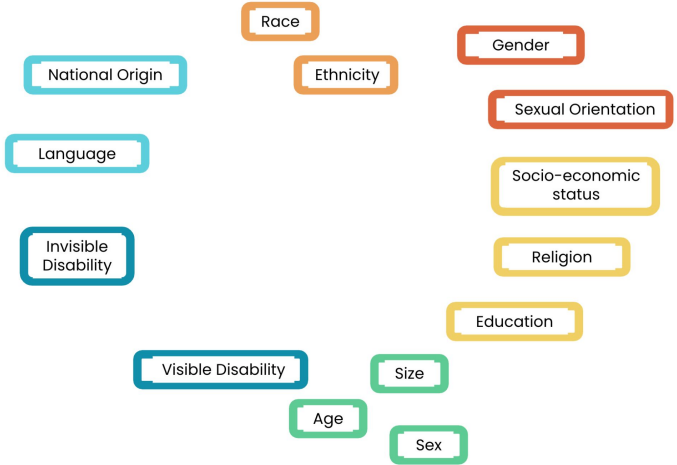
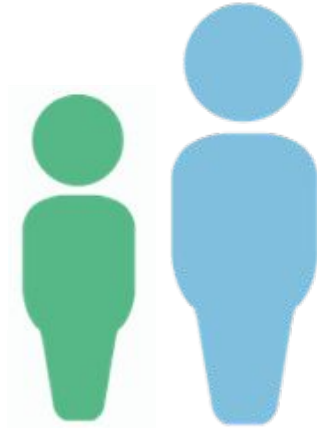
- Volume, frequency, and content of cases
- “Professional” standards
- Evaluation standards
- Final grade

Supervisor and trainees’ social identities “outside” the training relationship interact and influence the inherent power dynamic



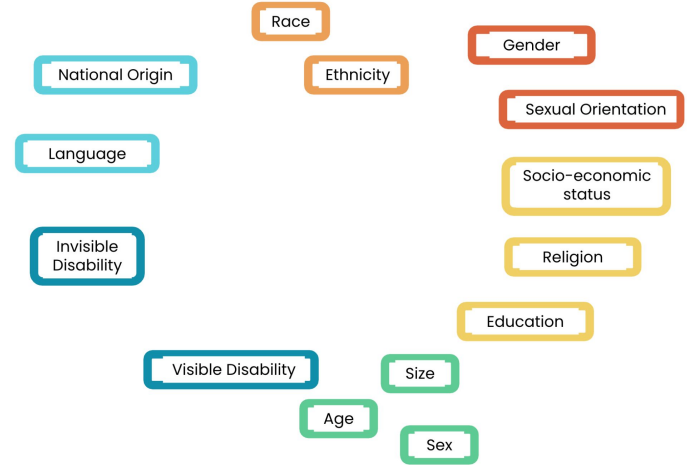
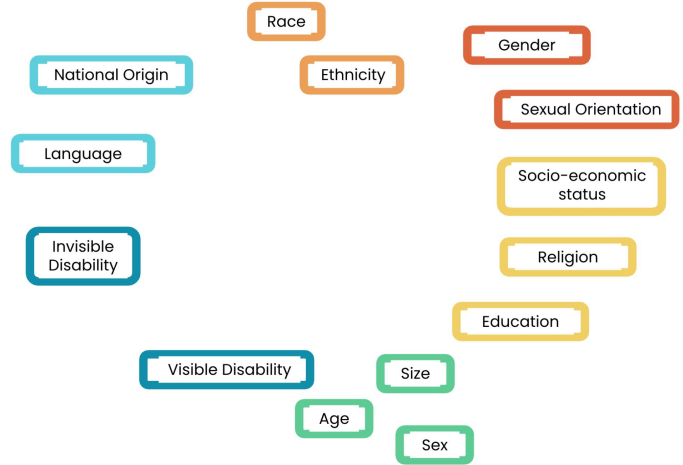


Power imbalance in supervision





Power imbalance in supervision



Positionality

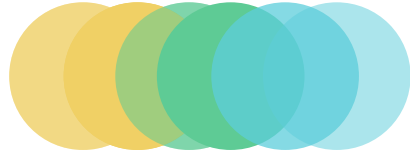
A person's social location or position assigned and negotiated as a result of combining various social factors or identifiers

Positionality shapes an individual's access to power and social resources



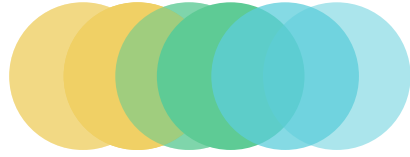
Privilege

A group of *unearned* cultural, legal, social, and institutional rights extended to a person or group based on their social group membership.



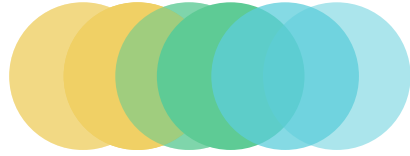
Salience of identity in patient interactions





Salience of identity in patient interactions





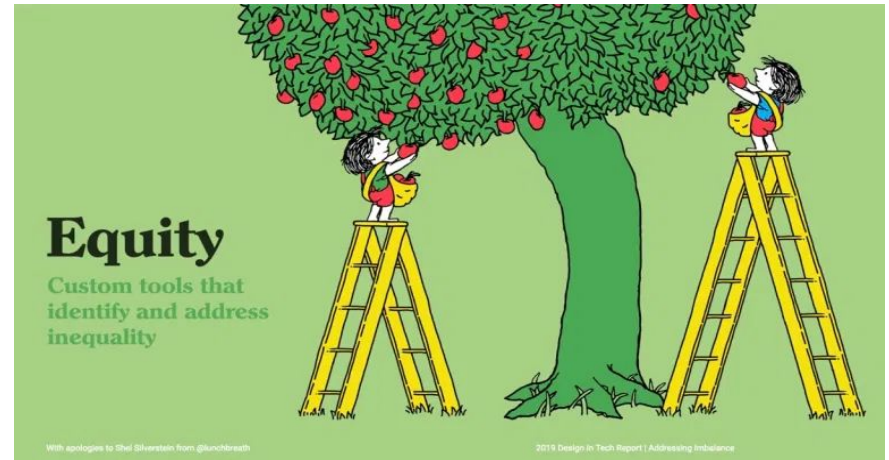
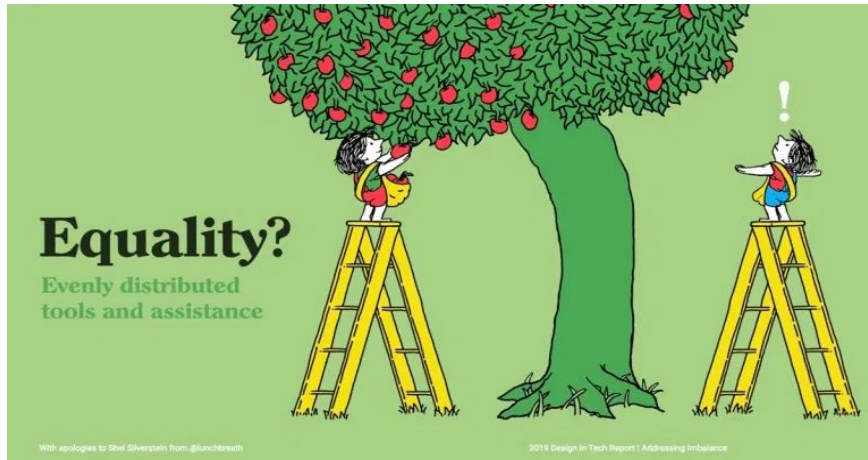
Salience of identity in patient interactions





Recognition that each person has different circumstances so we allocate resources to reach an equal outcome

(Equality: Each individual is given the same resources)





Group discussion

What are some of the ways that your identity plays into your interactions with patients?

II : Discussing Identity

Discussing
Identity

Develop strategies to
broach discussion of
identity with students



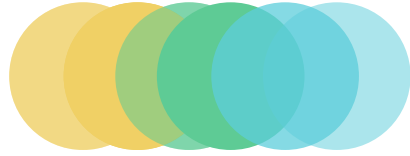
Microaggressions

Microaggressions: Small comments or brief exchanges, whether intentional or not, that communicate negative messages to individuals based on their minoritized identity; these are defined by their negative impact on the victim

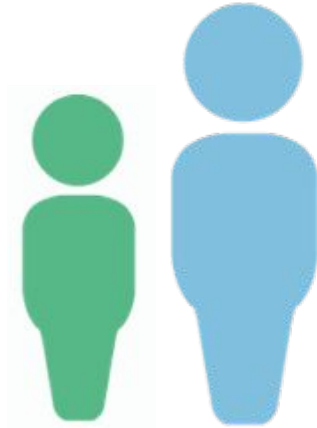


“Hidden” messages in Microaggressions

- “Alien in One’s Own Land”
 - You are a perpetual foreigner in your own country.
- Myth of Meritocracy
 - The playing field is even, so it’s your fault if you don’t succeed
- Pathologizing Cultural Values / Communication Styles
 - You need to assimilate to the dominant culture. There is no room for difference.
- Color Blindness
 - Your racial / ethnic experience and history is not important. Neither the strengths or negative impacts from it will be acknowledged.



Example: "What's in a name?"





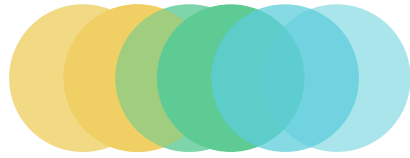
From Carmichael (2021):

- “That sense of, I don’t belong here, that sense of I don’t fit in.”
- “The majority of time I’m more explaining where I’m coming from than I feel the person I’m speaking with is just receiving my experience as a reality because it’s familiar to them.”
- “Othering”



Supporting a sense of belonging

“The willingness of the supervisor to open the cultural door and walk through it with the supervisee is perhaps the single most powerful intervention for multicultural supervision.”
(Bernard & Goodyear, 2004)



Broaching discussions about identity

Broaching: to raise a subject of conversation for the first time

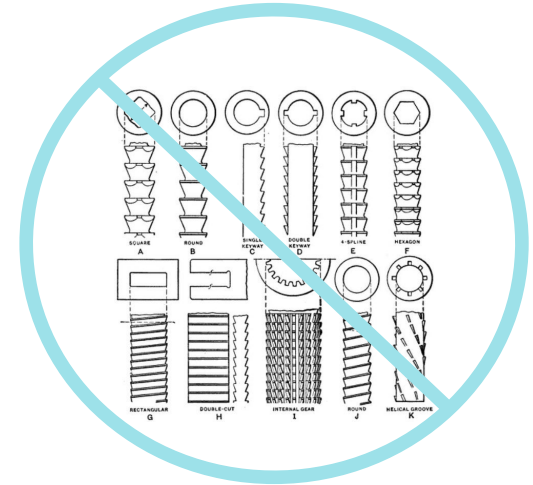
- Often used for topics that might be sensitive

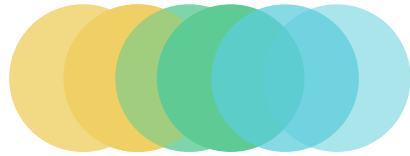
Broaching as a counseling technique

- Broaching involves the therapist mentioning their awareness of race, ethnicity, culture... as a way to build rapport & invite open communication about diversity

Broaching in metalworking

- A machining process using a cutting tool with teeth





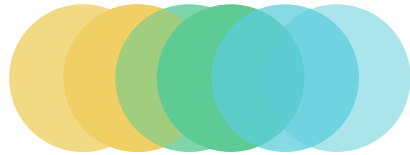
Barriers to discussing cultural differences

Supervisors

- May be uncomfortable or unformed
- May want to be “polite” or “color-blind”

Students

- Inhibited by power dynamic of the relationship
- Withhold opinions to fit in with the majority

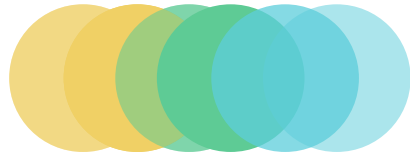


Broaching discussions about identity

“Supervisees are allowed to decide if they want to discuss their cultural identities with their supervisors, even when the supervisor provides the space and invitation for the supervisee to do so.”

Start with self-disclosure:

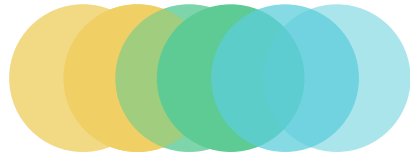
- What is something about your history or identity that is not privileged?
- Would you feel comfortable sharing this with a student? How would you share this?



Broaching discussions about identity

If your student shares something about their cultural identity:

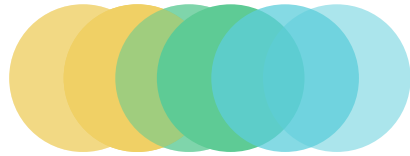
- This demonstrates trust - thank them for sharing
- Your follow-up questions or comments can build on that initial trust or break it
- Ask open-ended questions
- Be wary of assumptions
- Validate their experience



Creating an inclusive environment

Extending this to the rest of the supervisory environment:

- Talk sensitively about your patient's identities - students will use this to decide if it is safe to disclose to you.
- If another provider says something insensitive, either respond to it in the moment or discuss it with your student later



Creating an inclusive environment

Extending this to the rest of the supervisory environment:

- Examine your syllabus, evaluation materials, etc. for inclusive language. Example:

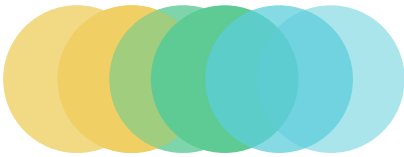
I'm very excited for the chance to work with you this quarter and learn with you this quarter. I'll be here as your guide, and my goal is to understand your unique strengths and help you use them to connect with patients in ways that feel authentic to you.

Every person brings their own set of skills, perspectives, and knowledge to this rotation. You have a set of skills you've built through successes and another set of skills earned from meeting challenges and growing from adversity. The empathy and strength you have developed through all your experiences, in and out of the classroom, will be valuable assets in our work together.

III : Strengths – based Supervision

Contrast a ‘deficit model’ of education with a strengths-based approach that focuses on the cultural capital of each student.

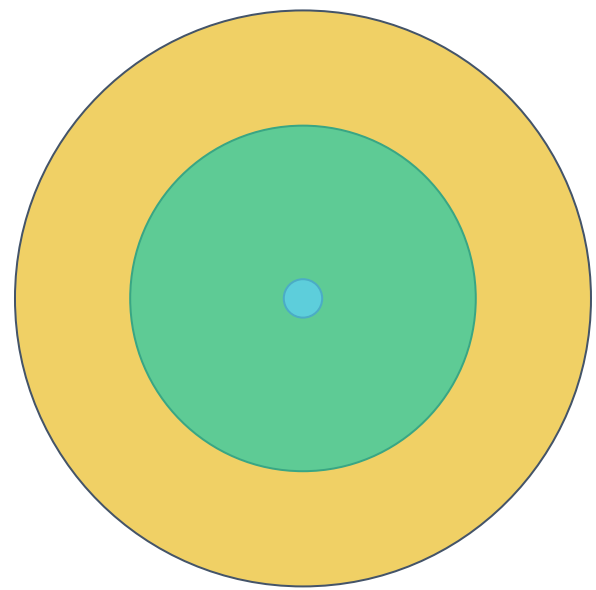
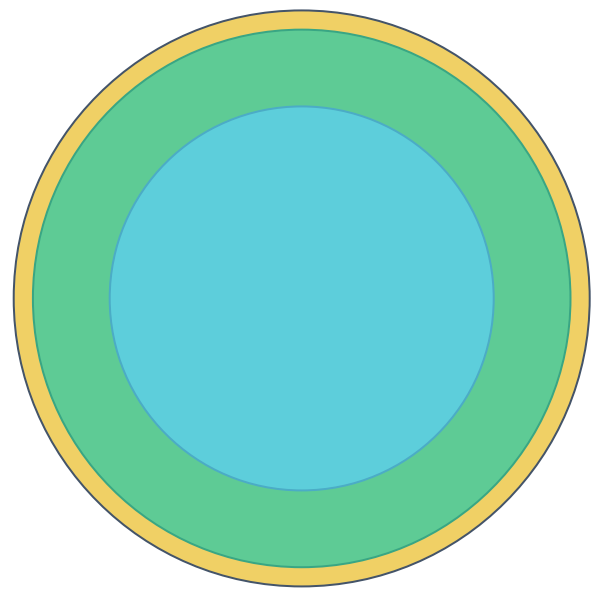
Strengths-
based
Supervision




Comfort/stretch/panic zones

Supervisor


Student




Comfort
Stretch
Panic




“I was case prepping and just crying ... I was so, so scared ... I wasn't eating... My heart was constantly beating ... I totally gave up ... What was the point? ... I would get yelled at either way.”




“It was very stressful and I would definitely cry in my car before clinic because I was so stressed and didn't want to go in.”



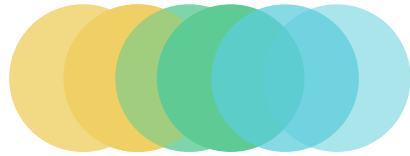
“Just flat out fear of these people. I, to this day, feel very uncomfortable with a lot of them.”



“I had panic attacks every single day that I had to go to rotation... Whatever I did was not right. I felt judged all the time.”



“I never went in a room excited or happy, it was always a lot of anxiety, a lot of stress ... dread ... I would try to limit my interactions with [my supervisors], which sucks because you should want to go to them, to learn, to grow.”



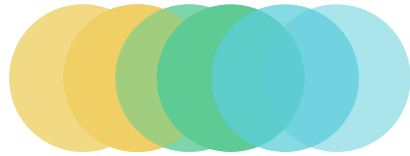
Agentic Feedback

“Agency”

- A sense of control and freedom

Agentic Feedback

- “How could you approach this issue differently in the future?”
- Rather than correction, the teacher prompts students to independently revise their work
 - Corrective feedback: *“When X happens, you should say Y.”*
 - Agentic feedback: *“I noticed that they didn’t quite seem to understand X, how could you phrase it next time?”*



Agentic Feedback

“Our studies show that all students, and particularly Black students, see agentic feedback as communicating the teacher’s belief that they can improve... The teacher is not explicitly saying, “I know you can do this” or “I have high expectations,” but their feedback implicitly delivers this message. Communicating that you *believe* in someone’s ability to grow is a proven way to promote their growth, especially for marginalized groups that are usually expected to do poorly because of stereotypes.”



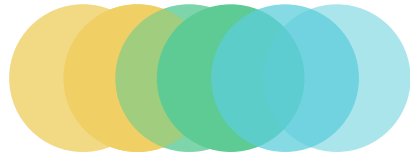
When and how to give feedback

Some of the reasons that I am emotionally drained after the day is because I am constantly getting evaluated... And it's evaluations on things that you're saying, your word choices, your body language, your demeanor, things that you normally don't even think about.

I'm someone who really enjoys to just hear it all... I feel like sometimes the supervisors just don't really tell me anything.... It makes me more anxious as a learner because ... I just didn't really know how it [went].

[I prefer getting] feedback in one go... If they're scattered throughout the day, it can be hard to be in that mindset of receiving feedback.





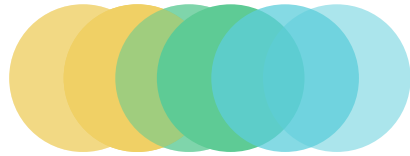
Deficit Model of Education vs. Cultural Capital / Cultural Wealth Model

Deficit Model:

- “ Saviorism ” - assumption that non-privileged people lack the skills and values based on privileged culture and benefit from systems that address this deficit
- Programs / systems to help ‘disadvantaged’ trainees

Cultural Wealth Model:

- Recognizes the strengths and skills that are often overlooked in nonprivileged individuals and communities
- Recognizes that nonprivileged positionality often requires development of valuable strengths, skills, and resources



Bicultural individuals

Individuals who have had significant exposure to more than one culture and who possess more than one cultural frame of reference

Immigrants

Refugees

Expatriates

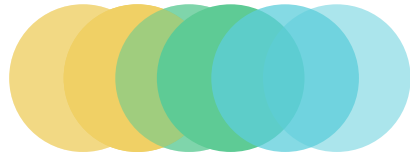
International
students

Indigenous
people

Members of
racial or ethnic
minority groups

Biracial
individuals

Offspring of
immigrants



Bicultural individuals

Prior studies:

Biculturalism may be associated with an enhanced awareness of cultural context and more complex conceptualizations of cultures

When biculturals encounter cues specific to one of their cultures, they may respond by engaging in cultural frame switching: shifting their cultural orientation in response to social cues (body language, mental frames, etc.)

Language use is a particularly potent cue

Benet-Martínez, V., Lee, F., & Leu, J. (2006). Biculturalism and cognitive complexity: Expertise in cultural representations. *Journal of Cross-Cultural Psychology, 37*(4), 386-407. Benet-Martínez, V., Leu, J., Lee, F., & Morris, M. W. (2002). Negotiating biculturalism: Cultural frame switching in biculturals with oppositional versus compatible cultural identities. *Journal of Cross-Cultural Psychology, 33*(5), 492-516.; Cheng, C.-Y., Lee, F., & Benet-Martínez, V. (2006). Assimilation and contrast effects in cultural frame switching: Bicultural identity integration and valence of cultural cues. *Journal of Cross-Cultural Psychology, 37*(6), 742-760.. West, A. L., Zhang, R., Yampolsky, M., & Sasaki, J. Y. (2017). More than the sum of its parts: A transformative theory of biculturalism. *Journal of Cross-Cultural Psychology, 48*(7), 963-990.



Bicultural individuals

[With Hispanic patients], I'm a lot more casual and conversational. And I know that most Hispanic people don't have a personal bubble, so I usually scoot in really, really close when I'm talking to them. I'll touch their arm. I'll give them a hug before we leave. I'll hold their hand if they're emotional or upset.



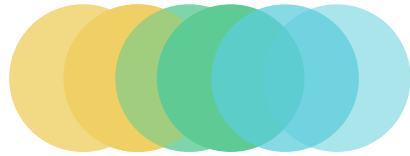
Bicultural individuals

Reconciling the contradictions and contrasts between two cultures enhances biculturals' capacity to recognize the complexity within other cultures

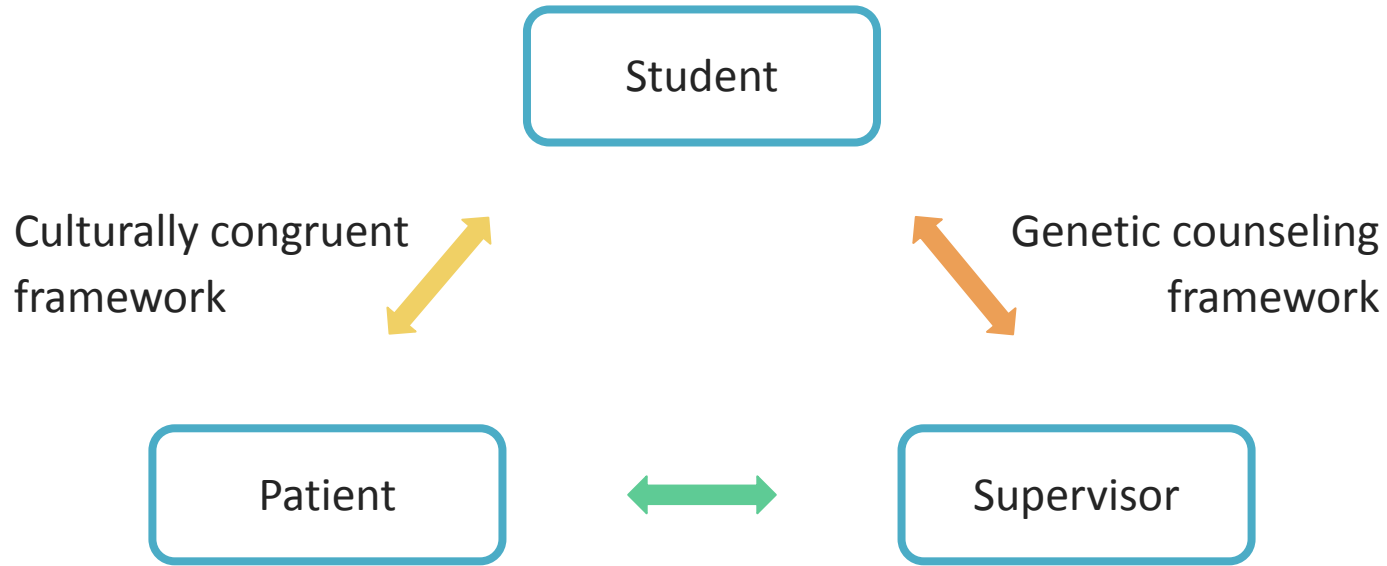
Biculturals are “transformed” by their experiences navigating between two cultures, enabling them to draw connections between cultures and recombine ideas in new ways



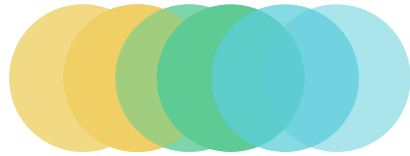
Advantage in learning to “apply genetic counseling skills in a culturally responsive and respectful manner” (ACGC PBC)



Bicultural individuals

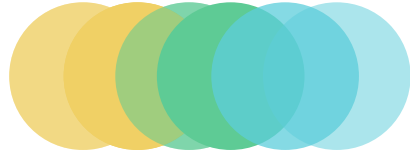


Carmichael, N., Redlinger-Grosse, K., & Birnbaum, S. (2022). Examining clinical training through a bicultural lens: Experiences of genetic counseling students who identify with a racial or ethnic minority group. *Journal of Genetic Counseling, 31*(2), 411-423. Schoonveld, K. C., McCarthy Veach, P., & LeRoy, B. S. (2007). What is it like to be in the minority? Ethnic and gender diversity in the genetic counseling profession. *Journal of Genetic Counseling, 16*(1), 53-69.



Bicultural individuals

[The patient's parents were] in their seventies... And you're supposed to be really respectful and deferential. You don't talk about things like cancer and breasts... There isn't even a word for ovary in Punjabi. It was tough to balance that, being Indian and being respectful and not talking about things like that versus doing my job.



Salience of identity in patient interactions



IV: Goal-setting & Evaluation

Describe how to establish
clear learning expectations
and unbiased evaluation
standards

Goal-setting
&
Evaluation



Power imbalance in supervision

Trainee **success is earned** by **meeting the standards** of the rotation, which may **vary significantly between supervisors**

The **supervisor defines:**

- Volume, frequency, and content of cases
- “Professional” standards
- Evaluation standards
- Final grade

Supervisor and trainees’ social identities “outside” the training relationship interact and influence the inherent power dynamic





Sharing power in supervision

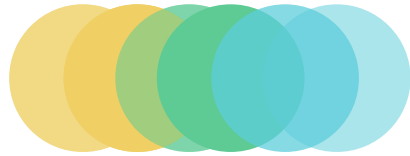
Trainee **growth is fostered by shared goal-setting** that fits within standard rotation activities, choosing goals **that challenge them**, and **vary somewhat between trainees**

Supervisor & trainee agree on:

- Volume, frequency, and content of cases
- **Patient care standards**
- **Evaluation standards and 'grade' are transparent throughout the rotation**

Supervisor **makes room to discuss social identities within the supervisor - trainee - patient triad**, which interact and influence power dynamics and patient care





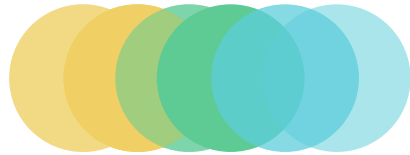
Inclusive Goal-setting: Clarity is Key

- Vague expectations are harder for all trainees to meet, regardless of identity - and -
- Some people have less access to knowledge that makes it easier to understand abstract/vague expectations
 - Prior experience or exposure to the field
 - Knowledge from the 'hidden curriculum'
 - Shared cultural assumptions about 'how things are done,' or 'how people should act'



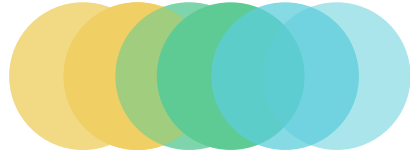
Abstract Goals

- Demonstrate knowledge of genetics and genomics principles and concepts
- Analyze family history to estimate genetic risk
- Tailor communication to specific individuals and audiences
- Exhibit behaviors that promote an inclusive, just, equitable, and safe environment for all individuals and communities
- Engage in self-reflective practice to promote ongoing growth and development

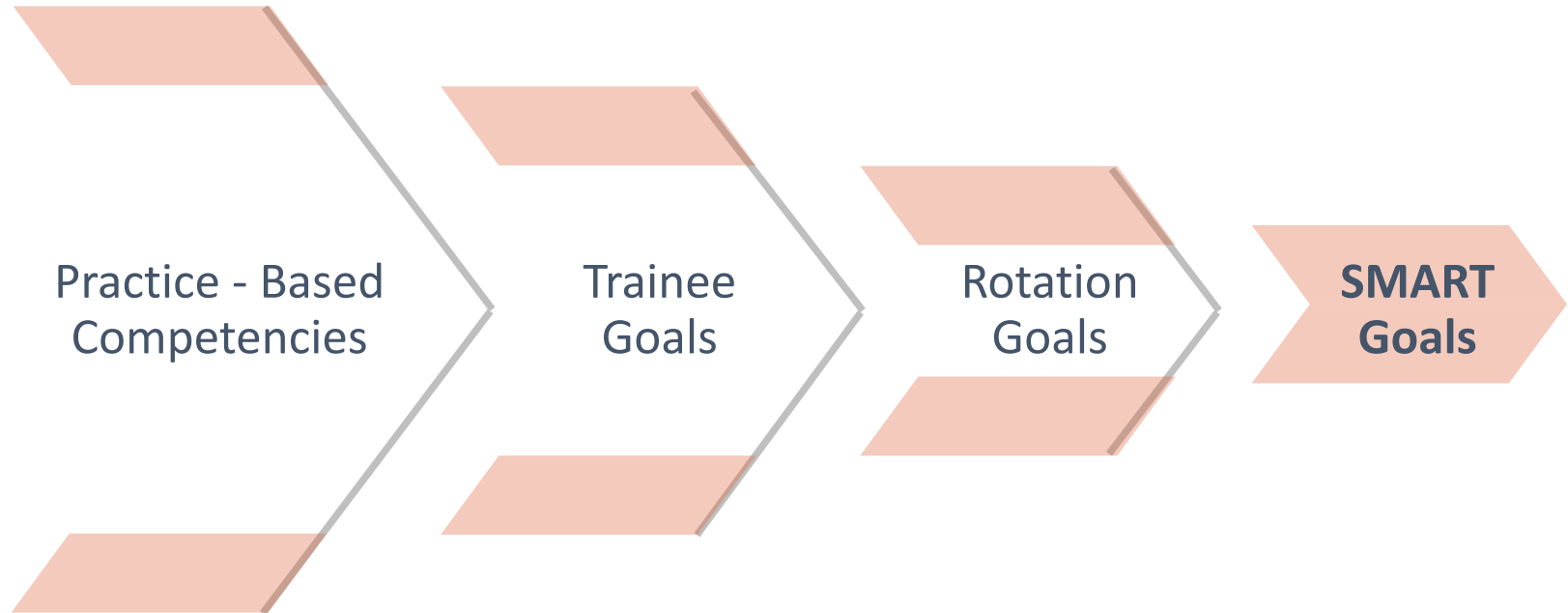


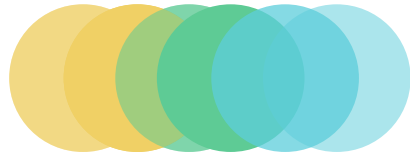
SMART Goals

- **Specific:** Clearly defined concrete behaviors
- **Measurable:** Tangible indicators of progress and/or completion are defined
- **Attainable:** Tailored to trainee's developmental level - challenging but doable
- **Relevant:** Fit into strategically chosen areas of focus, ideally defined during orientation through shared decision-making
- **Time-bound:** E.g. "this week," "in the next session," or "within the next 3 sessions"



Now: Establishing Shared Rotation Goals





Shared rotation goal-setting in practice

Specific | Measurable | Attainable | Relevant | Time-bound

**SMART
Goal**

PBC

Use applicable
counseling skills
and theories

Trainee

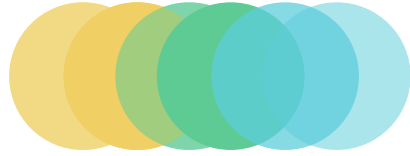
*I want to increase
my comfort with
eliciting people's
needs and
responding
empathically*

Rotation

Common rotation
activity: taking
family histories

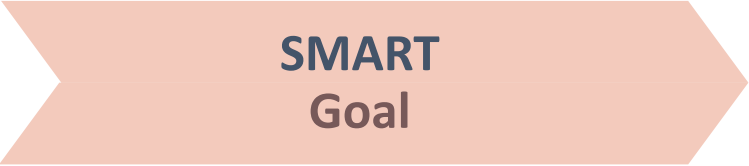
Supervisor interest:
Motivational
Interviewing

*I will use at least
one open-ended
question,
affirmation, and
reflection statement
while taking the
family history in
every appointment
this week*



Daily goal-setting in practice

Trainee



**SMART
Goal**

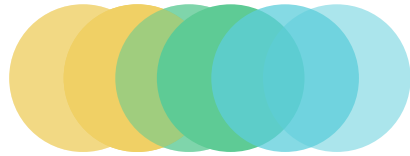
I want to take the family history



I'm going to take the family history in a systematic pattern and not let patients throw me off course

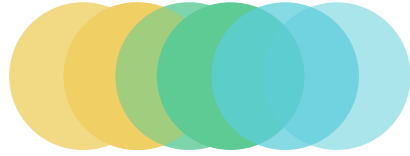
- or -

I'm going to memorize these symptoms and ask about them every time



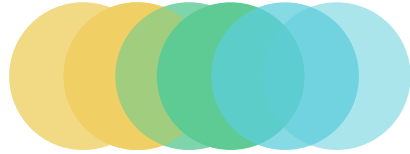
Weekly Rotation Goal Sheet

- Easy way for trainee and supervisor to
 - Ensure weekly goals connect to larger rotation goals
 - Adapt goals to keep trainee in “stretch” zone
 - Celebrate growth
 - Discuss and troubleshoot challenges
- Facilitates continuity between multiple supervisors
 - Less communication needed for hand-off
 - Instead of variable expectations, trainee benefits from different supervisors’ perspectives on the same goal



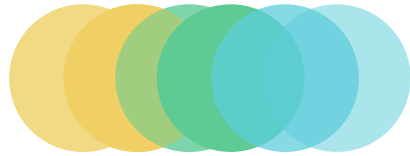
Sample Initial Goal-setting

Timing	Goal 1 - Family History
Beginning of Rotation	<p><i>General Goal Statement:</i> <i>I want to work on collecting a family history that allows me to make an accurate risk assessment</i></p> <p><i>How would we know this goal has been met?</i> <i>List specific criteria that describe meeting this goal</i></p> <ul style="list-style-type: none"><i>- Collect info in an organized way</i><i>- Learn family history questions for this specialty to gather info needed for a risk assessment</i><i>- Communicate in a way that the person trusts me with personal information</i> <p><i>Relevant PBC:</i> <i>2.a. Analyze family history to estimate genetic risk</i></p>



Sample Weekly Rotation Goals

Week 1 SMART Goals Specific - Measurable - Achievable - Relevant - Time-bound	
Pre - Week 1	Goal 1 SMART Goal - <i>- Memorize common specialty family history questions and use them in every case this week</i>
Week 2 SMART Goals Specific - Measurable - Achievable - Relevant - Time-bound	
Pre - Week 2	Goal 1 SMART Goal - <i>- maintain previous progress and</i> <i>- Work on organization and accuracy (check how closely my pedigree matches my supervisor's with goal of completely matching family structure, >75% matching relevant medical information)</i> <i>- Script ways to pause / politely redirect people so I can capture the most important details & use them when needed</i>
Week 3 SMART Goals Specific - Measurable - Achievable - Relevant - Time-bound	
Pre - Week 3	Goal 1 SMART Goal - <i>- maintain previous progress and</i> <i>- Introduce sensitive questions by explaining the reason I'm asking them (every case)</i>



Benefits of clear learning expectations

Trainee

Lessen anxiety

- Can focus on progress toward defined goals
- Consistent awareness of progress → course corrections feel like guidance instead of judgement

Provide greater freedom to develop a personal counseling style

- *My goal is met if I accomplish X, but I can decide how to accomplish that goal.*

Supervisor

Lessen supervisor effort and frustration

- Clear goals require less explanation once they are set
- Assuming a coaching role is easier
- Feedback conversations are easier

Easier to balance the needs of the patient and the student's learning

- *They are on course if they are making progress toward X, and I can focus on the rest of the appointment.*

1

All supervision and all patient interactions are cross-cultural

2

Social identities influence interactions between students, supervisors, and patients

3

Create spaces in which students feel comfortable discussing how their identities impact patient interactions

4

Focus on students' strengths vs. weaknesses

5

Students learn best when they are in their stretch zone

6

Use SMART goals to support student growth

Thank you!