TITLE: A model for peer experiential and reciprocal supervision (PEERS) for genetic counselors: development and preliminary evaluation within clinical practice

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Abstract

A model for practising genetic counselors to obtain clinical supervision via reciprocal peer observation and feedback was developed and trialled. The model was developed in response to a perceived lack of opportunity for immediate observational feedback for practising genetic counselors. The aims reached by consensus were to facilitate learning new approaches and skills, to revitalise current ways of practising, and to enhance supervision skills in a two-way process, where the observer learnt from the counselor, and vice-versa. The genetic counselors agreed on a process of paired reciprocal observation whereby the observer was present in the room during the counseling session, and a reflective feedback discussion was arranged within 24 hours of the session. Four main themes emerged from analysis of the recorded discussions were (i) *"I wasn't sure if I-":* voicing of doubts or internal questions that occurred during session for the counselor conducting the session, (ii) *"I really liked that":* positive feedback and validation from the observer, (iii) *"I wonder whether-":* offering of alternative views, insights and strategies by the observer, and (iv) *"That's a real thing for me to take away and think about":* evidence of learning by both observers and counselors.

This paper describes the development and initial evaluation of a model for peer experiential and reciprocal supervision (PEERS). We also describe counselor's perceptions of the learning outcomes and highlight the unique features of this model as a learning tool, and the adaptability of the model for other genetic counseling teams.

Key words: genetic counseling, professional development, live supervision, peer supervision, feedback

Introduction

In Victoria, Australia, the majority of genetic counseling services are delivered through seven publically funded health institutions. The services include paediatric, general adult, prenatal, and cancer genetics, which are embedded within tertiary hospitals specialising in these areas. There are subspecialty clinics within some of these services such as cardiogenetics and neurogenetics. Services are also offered to rural and regional areas by the major specialty hospitals on a regular basis. There are also a small number of genetic counselors employed in the private healthcare sector, such as in In Vitro Fertilisation services and private ultrasound clinics.

Almost all clinical genetic counselors in Victoria are involved in training and supervision of genetic counseling students enrolled in the Masters of Genetic Counseling program at the University of Melbourne. Completion of the Masters course is the requirement for becoming Board Eligible for Genetic Counseling Certification in Australia/New Zealand. Workplace training continues post-graduation through the Certification process of the Australasian Society of Genetic Counselors, under the governance of the Human Genetics Society of Australasia (HGSA). In Australasia, in order to be eligible for Certification in Genetic Counseling, the candidate must, at a minimum, participate in one hour of counseling supervision on a weekly basis. The HGSA emphasises supervision as a tool for self-awareness and competency in reflective practice, as well as for improving clinical and interview skills. HGSA guidelines recommend a mix of group and individual counseling supervision involving a supervisor with a greater level of experience (HGSA 2011). Ongoing participation in supervision is also encouraged after Certification has been obtained (HGSA, 2011; Sahhar et al. 2005).

Clinical supervision has been defined as regular, protected time for in-depth reflection on clinical practice, which aims to enhance the personal and professional development of the supervisee, and ultimately ensure the best-quality service for clients (Bond and Holland 1998; Carroll and Gilbert 2005; Cleak and Wilson 2007). In the context of genetic counseling, Weil (2000) has described supervision as helping counselors to continue to develop counseling skills, to identify abilities and limitations, to have awareness of ethical issues and ways of resolving those issues, and to identify professional “blind spots.”

Kennedy (2000) has previously described three models of supervision relevant to genetic counseling: individual supervision (one counselor meeting regularly for mentoring with a more senior clinician), peer group supervision (a specific group of colleagues meeting regularly to mentor each other), and leader-led peer group supervision (a peer supervision group with a senior clinician as facilitator). Individual supervision provides an opportunity for one-on-one private and tailored learning with a more senior clinician, while peer group supervision can produce a variety of perspectives and ideas where all members can learn, as well as provide support and validation (Kennedy 2000; Zahm et al. 2007). A potential drawback of individual supervision is that it may become counter-productive when there is conflict or imbalance of power in the working relationship. Similarly peer group supervision may become problematic if there are personality and group conflicts such as differing agendas. The leader-led group supervision model is designed so these problems may be overcome, as there is a "gatekeeper" to oversee and attend to the group's structural needs and group dynamics (Kennedy 2000). Recently Phillips et al. (2012) in the UK developed a dual supervision model combining individual supervision with an external supervisor plus team supervision.

An additional model of supervision which has been described in the genetic counseling setting is live supervision. This involves a "live" observation of a genetic counseling session by a peer or supervisor. Live supervision has evolved as a learning tool from the discipline of family therapy where it commonly involves live observation of a counseling session through a one way glass (Gaff and Bylund 2010). There is limited research investigating the live supervision model in the genetic counseling setting. In the context of training genetic counseling students, live supervision has been acknowledged as an effective method of promoting skill development and professional development for both students and supervisors (Hendrickson et al. 2002). Goldsmith *et al.* (2011) piloted a method of "peer observed interaction and structured evaluation" (POISE) whereby genetic counselors observed, and were observed by each other during patient appointments. Advantages of the POISE model included a reduction in recall bias, and an increased opportunity for concrete feedback regarding patient interactions. The pilot also demonstrated that counselors were comfortable with receiving and processing feedback from their peers.

The live supervision model we describe here was developed in response to feedback from students and practising genetic counselors within our clinical service. Many students commented during clinical placement about the value of observing multiple counselors with

differing styles and techniques. The practising genetic counselors in this service expressed a desire for ongoing opportunities for direct observational feedback as a means to continue life-long learning and development, as these were not formally available after completion of training. They also anticipated that the process of both observing and being observed would enhance reflective learning and preparing written case reports that are required as part of the Australasian Certification process. Genetic counselors also expressed a desire to improve their skills in giving and receiving feedback, as they thought that this learning process would be beneficial when supervising students and other counselors. They also reported that some peer support post-clinic was already occurring informally, with many finding this opportunity to debrief and reflect with a trusted colleague to be beneficial. All of the seven counselors within our team also expressed a keenness to learn from one another.

Here we firstly detail the development process for a live peer supervision model of two-way learning, which we have called the "PEERS" **PE**er **E**xperiential and **R**eciprocal **S**upervision model, and secondly, the results of thematic analysis of our preliminary trial. Supporting data from an anonymous survey of the genetic counselors' experiences of the supervision model is also presented.

While this PEERS model has similarities to the POISE model described by Goldsmith *et al.* (2011), there are some key differences. In the PEERS model described here, the format was intended to create a collaborative, two-way learning model by reducing any power difference between observer and counselor. In this PEERS model, the supervision was (i) conducted in pairs to enable a reciprocal approach, whereas in the POISE model multiple observers were used, (ii) the PEERS focus was on learning through self-awareness and reflective practice rather than assessing the skills of the genetic counselors, whereas POISE used a formal assessment check list, (iii) there was a detailed process of establishing the PEERS model contract which emphasized the mutual peer working relationship. In addition to the non-evaluative two-way learning aspect, another key difference of PEERS was that (iv) the observer was present in the room, to enhance experiential learning, whereas in the POISE model, observers watched from outside the counseling room through one-way glass.

The following sections describe the development (Part I) and preliminary evaluation (Part II) of the PEERS model.

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Part I Development of the peer experiential and reciprocal supervision (PEERS) model

Methods (Part I)

Participating genetic counselors

A Quality Assurance application for this project was approved by The Royal Melbourne Hospital Ethics Committee. The genetic counseling team participating in development of the peer observation model included all seven genetic counselors at The Royal Melbourne Familial Cancer Centre at that time. Six counselors participated in the recorded feedback discussions, and the seventh counselor analysed the de-identified transcripts. The six counselors participating in recorded feedback sessions included five women and one man, with ages ranging from 25-50 years, and genetic counseling experience of one to nine years (with a median of four years of experience). Previous time period as co-workers ranged from one to four years.

Development of the peer supervision model

The aim of this part of the first stage of this project was to develop a model of live (in the room) peer supervision. Participants were invited to attend three planning meetings with the opportunity to withdraw at any stage of the process. This opt-in model was adopted based on evidence that choosing to be at supervision is a critical part of a successful supervision experience (Carroll and Gilbert 2005). All counselors elected to participate in the three stages.

The first planning stage involved developing a peer observation and feedback model into a format which fitted with the purpose of experiential supervision for each genetic counselor and the group. During this stage the group identified gaps in their skills and knowledge which they believed may impact on the learning experience. These gaps were (i) knowledge about developing a supervision contract, and (ii) skills for giving feedback in supervision. To address these gaps, the group sought literature on supervision (with emphasis on learning about effective dialogue and communication), and on giving and receiving feedback (Carroll and Gilbert 2005; McCarthy Veach et al. 2003; Osmond and Darlington 2005). As further preparation the group also participated in an education session on giving feedback, which was

provided by an external supervisor with extensive experience in training genetic counseling students and genetic counselors.

The second planning stage involved setting a supervision contract. The contract involved clarification of the purpose and goals, explanation of the ground rules of the working alliance, the duties and responsibilities of the observer and counselor, and defining procedural and practical issues (Carroll and Gilbert 2005; Clarke et al. 2007; Kennedy 2000). In the second stage, there was also discussion about how the informed consent process would occur for participation in the data collection and analysis phase. The group agreed that the process of setting and agreeing to the contract would satisfy the informed consent requirements for the project. Setting the contract included clarification that the project would not relate to work performance review, and that confidentiality would be maintained between the pairs and by de-identifying the audio-recording transcripts.

This stage also involved identifying potential limitations with the project. These were time constraints, and differing levels of experience within the team. In order to overcome these, the team agreed on an achievable number of observation sessions within their workload (two sessions per pair), and the reciprocal pairs were grouped based on similar years of experience.

The third planning stage involved developing post-observation questions to guide the learning discussion. The questions were intended to be used as a collaborative exploratory process, and focused on five key areas to emphasize critical reflection for both the supervisor and supervisee (in this case, observer and observed counselor) (Carroll and Gilbert 2005; Harms 2007; Osmond and Darlington 2005). These five areas were: (i) immediate impressions of the session, by identifying particular aspect/s of the session which were obvious to either of the pair, (ii) the area of practice to which this aspect/s related to (process, tasks, counseling skills, strategies, emotions), (iii) exploration and reflection on this area of practice, (iv) consideration of alternative strategies, and (v) identification of key learning areas. A list of guided prompts compiled by the group and by drawing on literature was also available as a reference if required by the pair, to facilitate reflection and encourage self-awareness (See Appendix) (Osmond and Darlington 2005). The questions were not designed to be utilised in a linear or systematic way. This is because the group wished for a balance of a focussed discussion without too many sidetracks, but also flexibility such that the post-observation feedback evolved naturally.

Results (Part I)

Group development of the PEERS model

The outcome of group discussions was the **PE**er **E**xperiential and **R**eciprocal **S**upervision (PEERS) model. This was designed so that there was an emphasis on a peer exchange model of reciprocal observation and feedback, and incorporated the key learning goals identified by the counseling team. The resulting contract is summarised in Table 1. According to the group the key features of this model include: being present in the room to experience the session (e.g. emotion), provision of feedback immediately after the session to minimise recall issues, provision of a mutually respectful learning experience for both participants, an opportunity to be able to practice and develop skills for supervising counselors and students in the future, and an opportunity to maintain and develop clinical skills beyond Genetic Counseling Certification. Counselor-observer pairs chose the session on the basis of a mutually convenient time, not on session content or predicted ease or difficulty of the session. Observers were not given any prior background information about the session, to allow them to focus without presupposition on the immediate client-counselor interaction. It was also agreed that client consent to have an observer present would be obtained verbally. This was requested as follows (or similar): "My colleague would like to observe this session today, as a way of learning from each other. They will not be involved in the session in any other way. Would this be ok with you? You are welcome to say if you prefer not."

Table 1. Peer experiential and reciprocal supervision (PEERS) contract

1. *What do we expect from each other during the post-observation reflective discussion process?*
    - Two-way mutual learning and collaboration
    - Honesty and genuineness
    - Openness to being challenged and receiving feedback
    - Being prepared to feel vulnerable or uncomfortable
    - Acknowledge diversity and alternative ways to practice
    - Assist each other to see other possibilities, to challenge firmly held ideas and assumptions

• Provide safe atmosphere and holding environment (genuineness, non-judgemental attitudes, warmth) • Accept accountability
2. *What are the roles and responsibilities of the observer and counselor?* • Client permission • The observer to observe only (no intervention) • The observer to have no prior information about the session • Both responsible for booking observation sessions and post-observation discussion within set timeframe
3. *What are the practical issues?* • Time and availability required • Room set up to optimise learning goals (see Fig. 1) • Each pair will have similar level of experience in years • Feedback reflective discussion up to one hour long to be held within 24 hours and audio-recorded

The outcome of the group discussion and supervision contract was a reciprocal learning model in which the observer could be present within the session, and a reflective discussion would be held as soon as possible after the session (Figure 1).

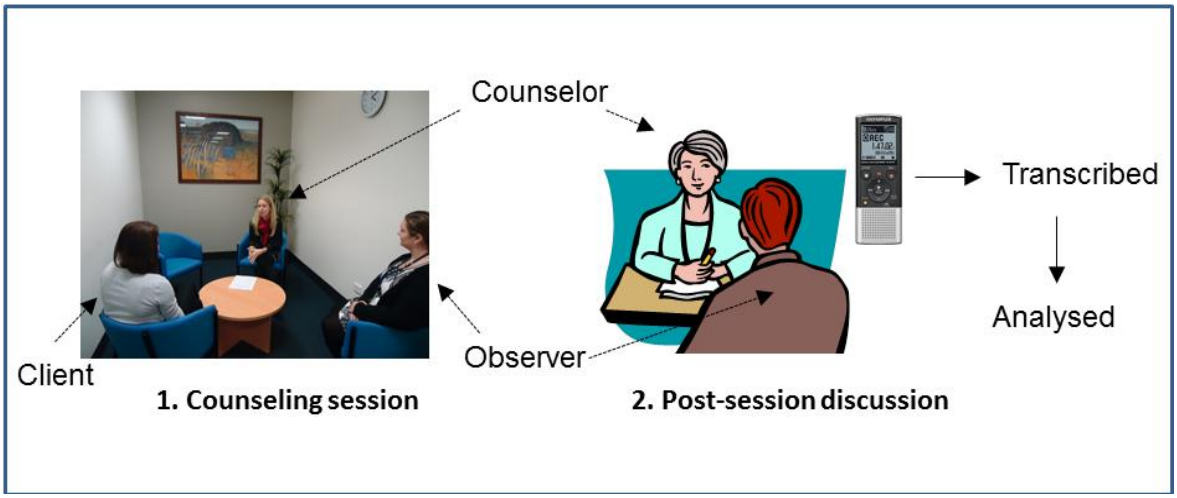

Fig. 1 Outline of the peer experiential and reciprocal supervision (PEERS) model. The observer is present in the room during the counseling session, but does not participate in the session. Within 24 hours of the counseling session, the observer and the counselor who conducted the session meet for a two-way reflective discussion about the session. Then the roles are reversed and the process repeated.

During the preliminary evaluation of the model (see Part II), the discussions were audio-recorded, transcribed by an independent person, de-identified and analysed for recurring themes .

The group discussions also led to development of a list of guide questions and prompts (Table 2), intended to facilitate learning during the post-session discussion. These were not intended to be followed strictly, but to be utilised as a more as a flexible tool if needed.

Table 2. Question guide for reflective discussion after the observed counseling session.

Questions for post-session discussion and feedback
1. Initial and immediate impressions of counselor - What was your general sense of the session? 2. Is there anything in particular which immediately occurs to you? Or resonates with you? Why? Thoughts, feelings, behaviors? 3. What area of practice does this have to do with (e.g. process, tasks, counseling skills/strategies, emotions)? o How do you think this aspect of the session went for the client? Why? Where does this knowledge come from? o How do you think this aspect of the session went for you? Why? Where does this knowledge come from? o What thoughts/emotions/behaviors do you think the client brought to this aspect of the session? Why? What is this

assessment based on?

- What skills/thoughts/emotions/behaviors do you think you brought to the session? Why? What is this based on? Where did you generate this idea from? If you chose particular skill/strategy, what was the intention behind this?
- What thought/feelings are you left with? Where do you think these feelings come from? Why?
- What thoughts/feelings do you think the client was left with? Where do you think these come from? Why?

4. Alternative strategies?
    - Is there anything you would have done differently or try differently next time? Why? Why not?
    - What do you think would have happened if you had done ….?
    - Are there any additional skills / training you feel may be beneficial to you?
5. Initial and immediate impressions of observer - What was your general sense of the session?
    - Is there anything else that immediately occurs to you or resonates with you?
    - Explore as above if not already covered.
6. Summary points for project for both counselor and observer
    - Was there an area of learning? If so, what was this?
    - What went well? Which effective strategies do you want to keep?
    - What do you want to change about your practice?

Part II. Preliminary evaluation of how genetic counselors use and experience a peer observation model of supervision

Research questions,

The specific research questions for the evaluation component of this project are: (i) How do genetic counselors use/experience a peer observation model of supervision? (ii) What are the learning outcomes? (iii) How does this model of supervision fit within reflective genetic counseling practice?

Methods (Part II)

Theoretical framework

We chose social constructivism as the theoretical framework (Vygotsky 1978). Social constructivism has been previously applied to the fields of teaching (see Palincsar (1998) for review) and also to counseling and psychology practice (Cottone 2007; Gergen 1985; Neimeyer and Mahoney 1995). Both the development of the peer observation model, and the preliminary evaluation were conducted with a social constructivism viewpoint, which assumes that meaning is constructed through social interaction and alternative viewpoints, linked with the language and group culture of the setting for the interactions (Gergen 1985); see Cottone (2007) for review). Social constructivism assumes that reality is ever changing, and that knowledge is socially constructed through communities of shared understanding. The aim was for counselors to learn firstly through observing each other and secondly through the interaction of giving and receiving feedback in a socially acceptable way (ie. with interpersonal sensitivity, active empathic listening and a willingness to be challenged). Therefore using a social constructivism framework, we did not seek an objective right or wrong way to conduct a counseling session, but acknowledged subjectiveness for counselor, observer, client, and researchers, and valued the potential for learning from alternative perspectives and social interaction. The findings were co-constructed between participating counselors and researchers.

Data collection and analysis

For the purpose of the preliminary evaluation of the model, there were two data sets: (i) transcripts of the post-session discussions, and (ii) responses to an anonymous online survey eliciting direct opinions about involvement with the PEERS model.

Recordings of post-session feedback discussions were transcribed verbatim and all names replaced with pseudonyms. Pseudonyms do not necessarily reflect gender of participants. Participants were given an opportunity to remove any identifying text from the transcripts. To avoid potential bias, the counselor undertaking the analysis did not include his/her own recorded post-session discussions in the analysis. Transcripts were analysed using a constant comparative method of thematic analysis (Braun and Clarke 2006). The coding procedure involved development of many codes to classify the content of each transcript, and subsequent organisation of these into broader categories. The coding scheme was refined by comparison across transcripts, forming a hierarchical list including information about the frequency that each item was coded and across how many transcripts. The overarching themes were induced from the categories and codes by searching for linking patterns and concepts. The coding scheme was verified by a second researcher reading the transcripts. Verbatim quotes to substantiate each theme are presented, and for ease of reading [..] indicates that text has been removed without altering the original meaning.

In the second part of the evaluation, participating counselors completed an anonymous survey online (using SurveyMonkey (www.surveymonkey.com)) to provide further unbiased insight into their experiences and opinions about the process, one to two months after the post-session discussions. The questions asked were:

- Would you like to repeat the peer supervision observer/counselor experience?
- Is your answer above dependent on any particular factors?
- How many more times would you like to do this (none, only one more time, once-yearly, twice-yearly, quarterly, monthly)?
- What were the benefits and/or drawbacks of the process?
- How did you feel about giving feedback as an observer?
- How did you feel about receiving feedback as a counselor?
- Did you feel able to challenge each other?
- How has this experience impacted on your working relationship or dynamics with your peer supervision partner? Have there been any changes?
- Any further comments on the peer supervision model and your experience of it?

Comments sections were included with each question. The survey was completed by all six participants and each participant answered every question. The survey data were analysed using content analysis (Liamputtong 2009). Data are presented to further support the thematic analysis described above, and to enable direct questioning about participant opinions of the process. Data are presented as selected quotes with counselor numbers C1-C6 that cannot be matched to the pseudonyms used in the post-session discussions because the survey responses were anonymous.

Results (Part II)

Analysis of the counselors' experiences of the peer supervision model: Themes arising from discussion/feedback sessions

The main themes focussed on giving and receiving feedback, as well as the learning outcomes in both the observer and observed roles. We have referred to the observing counselor as the "observer"and the observed counselor conducting the session simply as the "counsellor" throughout. These themes were (i) voicing of doubts or internal questions that occurred during session for the counselor conducting the session, (ii) positive feedback and validation from observer, (iii) offering of alternative views, insights and strategies by observer, and (iv) evidence of learning for both observer and counselor.

Theme (i) "I wasn't sure if I…": voicing of doubts or internal questions arising that occurred during the session for the counselor

The discussions between observer and counselor following the sessions were used as an opportunity to voice doubts or internal questions that had arisen for the counselor conducting the session. It seemed that counselors valued this unique situation of being able to reflect and discuss with someone who was present in the room.

> "I always wonder when we haven't been able to give a very definitive answer and we're still going to do some more follow up and investigation, if what she [the client] was after was [..] met and so I'm left with that feeling, did I meet her needs? Did she get the information that she wanted to get?" (Kelly, Counselor)

> "I think what I struggled with is that the cues were there and [..] ok I've gone straight down the line and it's like boom ok and then it's – it was such a delicate – [..] I felt like going straight down the line and saying, 'How are you coping?', like doing the direct typical counseling [..] wasn't working but I didn't know how to tease it out in a gentle way [..]. Do you know what I mean?" (Alex, Counselor)

Counselors often asked the observer directly for their thoughts or approach to the perceived problem.

> "I don't know – I felt like I needed to give her more than that, I couldn't – she's saying, you know, 'My mum might be still here [..],' so that was really hard for her. I don't know what else I could have given her. Any ideas?" (Kim, Counselor)

Theme (ii) "I really liked that": Positive feedback and validation from the observer

Validation and support was noted in all transcripts.

> "I could see you attending and connecting with her, in fact even just the degree of her emotions and [..] it was really powerful when [..] you said 'What I'm hearing from you is that you dream – children are important to you' and the language and the tone – everything matched, I think, how important it was." (Chris, Observer)

> "One thing on that, I liked how you would say each time you went out of the room why you were doing that and so that she didn't worry, "What have they got me in for, why have they had to go out?" [..] That was quite sensitive and thoughtful." (Leigh, Observer)

Sometimes the positive feedback also described something the observer had learned.

> "You gave him lots of time to [talk]. I actually realized it was a really good approach I thought. There were a couple of times, if it was me I kind of might have filled that gap by saying something. It was quite a good strategy for getting thoughts out of him." (Sam, Observer)

At other times this positive feedback took the form of mutual validation between observer and counselor in comparing their approaches to part of a session.

> "But I would've given the same information, because you've got to go there." (Jamie, Observer)

> "I think the writing down is a good strategy, just to break it up, isn't it? [..] I thought that also shows [..] – things someone might put down [on paper] makes me feel like it's important. I don't know what you think?" (Chris, Observer). "Yes, no I'm the same." (Kim, Counselor)

Theme (iii) "I wonder whether…": offering of alternative views, insights and strategies by observer

Observers offered alternative views or strategies they might have used in an indirect way, often softening the impact by including something that the counselor did well.

> "I could see her [the client] getting a little bit – maybe for the lack of a better word maybe – agitated that you were perhaps prying for a deeper response [..] I think it was very gentle prying, very gentle, yeah, gentle style of trying to get information and just saying that that information's very useful and thanking her for that was a big moment in building rapport as well, so that – I thought that was really quite good." (Shannon, Observer) "Ok, and I probably wouldn't have picked up on that" (Morgan, Counselor)

Another way that seemed to serve to "soften' the impact of feedback and avoid direct criticism was the observer's use of 'we' instead of 'you'.

> "I guess one thing also that when we were talking about the risk assessment and saying that she was in a high risk, I wonder if she still had that percentage figure in her head. And whether we needed to – [..] low/moderate/high usually covers giving people an idea of what their risk is, but I just wondered whether she still had such high percentages in her head that even some of our very, very high risk carriers aren't at that high risk." (Leigh, Observer)

Theme (iv) "That's a real thing for me to take away and think about": evidence of learning by both observer and counselor

Observed counselors reported achieving learning outcomes in the areas of process, client/counselor relationship, skills and strategies and emotions. Alternative approaches in these areas were often contemplated in the post-session discussion. For example, Kelly considered the task of providing risk information to a client and reflected on alternative strategies to maximising the relevance or effectiveness:

> "Perhaps just thinking more about the way I deliver information as well, so, as you said, maybe giving a bit more of [..] a realistic figure of what the actual risk was and – just thinking really about the way that I give information and giving it in more than one way." (Kelly, Counselor)

Learning in regard to the process of the clinic and the session also occurred:

> "It is interesting, now reflecting on it, that that one little thing of the doctors having not made a call on the testing [in the pre-clinic meeting], how much it changed the session and the process of the session." (Shannon, Counselor)

Increased confidence about being observed, and also affirmation of effective use of existing strategies was a learning outcome for most of the counselors:

> "I've learnt that some of my bits that I felt were 'clunky,' to you they didn't appear clunky, so that's nice. [..] it's nice to have it confirmed that I am an attentive listener [..]– and as you say, responding to things that need to be responded to perhaps in the here and now[..] It's good to learn that." (Kim, Counselor)

Observers had the opportunity to learn about their own emotional responses:

> "I think I realised about myself that I – I actually could easily cry when someone does, [..]– I guess that's what I took away from it [..] about genuineness coming through." (Chris, Observer)

Learning for observers was often based on a new awareness of strengths of other counseling strategies and how/when to use these. For example, observers frequently noted new strategies and skills they would like to try in their own sessions:

> "The checking in really was a great highlight for me and the – your use of writing down 'cos I tend not to do that. I just wasn't trained like that but I really could see that was powerful, especially for him." (Jamie, Observer)

Visual learning occurred for both counselor and observer.

> "I think – yeah to pay more attention to the body language. I think I focus a lot on people's faces and not on how they're sitting. [..] maybe that's another area of non-verbal cues that I could take more notice of." (Morgan, Counselor)

> "I noticed – what really jumped out is – [..] I noticed she kept putting her hands down in her boots, trying to hold herself together and it was almost I could see, like the tears were going to come at some stage. I could see – like the anxiety was just, was there and I think it needed to surface for her to be able to move on." (Chris, Observer)

> "I don't know if you know this, I was – it was really interesting to me to see it. So you had the pedigree laid out and – and when you said that, 'Oh let's come full circle,' you actually physically put your file to cover up the rest of the family and just him was showing." (Jamie, Observer). "I didn't know I did that!" (Alex, Counselor)

Experiences and opinions of GCs about the peer supervision model (survey responses)

The responses from the anonymous survey showed that all of the counselors identified benefits related to learning and professional development. All were keen to repeat the supervision process, and unanimously chose twice-yearly as the preferred frequency. All of the participants stated that time commitment was the main drawback. No specific issues with power differences were reported, however one participant reflected on the importance of re-establishing a mutually agreed contract as an important factor if the process is to be repeated.

> "For me, part of the project's success was the fact that we had meetings beforehand and all agreed upon 'the contract'of working together. If this was done with a different group of counselors (or indeed with the same group again), I feel it would be necessary to do some preliminary work together to promote trust and openness so that all involved view the reflective phase as a safe and non-judgemental space." C2

Two of six participants simply said they felt able to challenge each other. Four of six participants thought that, although they felt able to give feedback and challenge the other person, more practice or training might help with how to provide constructive comments more effectively. All participants enjoyed providing positive feedback, but several worried that they may have "softened" or "watered down" negative feedback too much so that it might have become ineffective.

> "I had to think about what feedback to give in advance and it would be good to get more experience to give constructive feedback. I think I will become more comfortable if we do more sessions too. The [discussion] guide definitely helped." C3

> "This was difficult to provide some negative feedback, however I found that both my observer and I found ways to provide some feedback in a constructive way. Perhaps I restrained from providing too much constructive feedback. It was great however to be able to feedback positive comments." C1

Participants were sometimes nervous about receiving both positive and negative feedback from peers, but feedback was appreciated in terms of increasing learning.

> "I really valued receiving feedback that was so immediate and from someone 'in the room': it felt more relevant, more believable almost. I appreciated being challenged in ways to think and work differently. Interestingly, I was less comfortable in receiving positive feedback." C2

> "I was nervous about what my peer had to say. In the end it wasn't that scary to hear what my peer thought and questions or alternative views they had." C6

> "I even feel embarrassed sometimes when receiving complements! The criticism I received did give me ideas about how to improve my practice, but was delivered very carefully, and so it was not difficult to hear" C4

None of the participants reported any negative changes in co-worker relationships, and four of six participants saw benefits in workplace relationships.

> "I haven't noticed any changes in the dynamic with my colleague. If anything it has made me appreciate different counseling styles and that it really is ok not to do a perfect session and be comfortable with acknowledging improvements." C3

> “I feel closer to my peer as we went through this nerve-wracking process together and then so relieved together at the end of it. So doing it together meant we shared another part of ourselves and I think helped our working relationship.” C6

Participants reported learning from each other, and commented that the opportunity to discuss the finer details of a session with an observer who had been present in the room provided benefits that were not achieved through other models of supervision.

> "I learned things that I haven't learned through a leader-led group or one on one counseling or informal peer supervision. These were to do with the process of the session and all the little/subtle things that were happening in the room for the client and for me." C6

> “Benefits of the project were 1) learning from each other, 2) enhancing team cohesiveness, 3) gained appreciation and respect for other counselor’s strengths and skills, 4) shining a light on my own competencies, 5) shining a light on ways I can enhance and/or improve my patient care.” C2

Discussion

In Victoria, most counselors participate in regular leader-led group supervision, multidisciplinary genetics supervision, and individual supervision with a more senior (fully certified) counselor. The PEERS model outlined in this paper utilises direct observation as a learning tool and combines aspects of individual supervision, leader-led and peer group supervision which have been described previously in the context of genetic counseling (Clarke et al. 2007; Kennedy 2000; Phillips et al. 2012). The PEERS model was intentionally designed to enhance the positive features of these traditional three models, while overcoming some of the potential challenges described in the literature (Clarke et al. 2007; Kennedy 2000; Middleton et al. 2007). Kennedy (2000) previously proposed a leader-led model most suitable for the genetic counseling setting, because of the presence of a facilitator or gatekeeper. In the PEERS model developed here, the process of contract setting and the guided questionnaire were designed so that the gatekeeping functions would be attended to, ensuring that the supervision session remained focussed. The detailed process of setting the supervision contract was designed to overcome potential drawbacks of peer group supervision such as: group conflict, unequal opportunity/comfort with speaking in the group setting, and lack of containment (Clarke et al. 2007; Counselman and Gumpert 1993; Kennedy 2000). The resulting transcripts and themes suggested that the question guide (Table 2) helped focus the feedback/supervision experience whilst maintaining flexibility in discussion topics between counselor and observer. Similarly, evaluation of a dual model of team and individual supervision found that trust, flexibility and learning from colleagues were perceived as important factors (Phillips et al. 2012).

The PEERS model, informed by theoretical literature and current genetic counseling practice, involves a reciprocal reflective process rather than an evaluative format. Participants involvement in the planning stages, especially development of the contract and the opt-in method, is congruent with the principle of choosing to be at supervision- the first and most fundamental component for the supervisees (Carroll and Gilbert 2005). This model of supervision fits within reflective genetic counseling practice by allowing dedicated time for mutual discussion, and by facilitating learning outcomes that enhance self-awareness in both the observer and counselor (Carroll and Gilbert 2005; McCarthy Veach et al. 2003; Runyon et al. 2010). It is consistent with theoretical supervision frameworks, as reviewed by the UK working group (Clarke et al. 2007), such as the three-part model of Proctor (1986). Proctor's model involves (i) learning and skills development, (ii) managing emotions and stress, and

(iii) maintaining accountability and standards of practice, which can all be attended to through the PEERS model.

One of the unique aspects of the PEERS model compared with other models is the presence of an observer in the room, thereby allowing the counselor to learn in a format not biased toward their own recall and interpretation (such as when reporting back to an external supervisor). Counselors learn through their own reflective process but also from the equally valid perspective of the observer. The short time interval between the session and the feedback/supervision meeting was seen by participants as important in avoiding loss of important details. This concurs with findings from other studies (Goldsmith et al. 2011). This minimises the biases with time as individuals' inner narratives interpret and re-interpret the experience of the session (Kessler 2007). This format provides the opportunity to reflect on macro and micro skills used in the session with the benefits of immediate discussion allowing highly detailed recall and analysis. Finally, another novel aspect is that the *observing* counselors as well as the *observed* counselors reported various learning outcomes, resulting from experiential and visual learning during the session. Overall, counselors appreciated the opportunity for detailed and immediate discussion of a session - to voice questions or doubts about their own strategies or responses, discuss alternative viewpoints or approaches, and to learn visually and experientially. They also reported increased team cohesiveness due to the peer interaction process.

Analysis of the post session discussions and the anonymous survey responses demonstrate the potential value of the PEERS model in professional development. The Experiential Learning Cycle (Kolb 1984) is a theoretical explanation of the way in which learning was achieved. The Experiential Learning Cycle involves four steps: Activity, Reflection, Learning, and Application. It views learning as a process whereby ideas are constantly formed and reformed through transforming experience into knowledge (Kolb 1984). In the PEERS model described here, the cycle is followed through the activity of conducting/observing a session, then by reflective discussion, and specific learning for observers and counselors. Counselors often mentioned how they thought they would apply what they had learnt to their future work. Whether the final step of applying the learning to their work occurs, over what period of time, and how much they perceive it to improve their skills, is a topic for further investigation. The cycle becomes more complex as the reflection and learning steps are two-way processes between observer and counselor. Therefore the effectiveness of the social interaction becomes integral, including the issue of discomfort giving and receiving feedback.

Positive feedback was noted in all interactions. This may have contributed to the observed counselors' willingness to accept and learn from alternative views or challenging questions from the observer. Immediate positive feedback and validation of effective techniques may be something that does not happen as often in other one-to-one models of supervision, as counselors may tend towards self-reflection focussed on searching for aspects that could be improved. Positive feedback appeared to lead to counselors feeling a sense of affirmation about effective counseling interventions and increased confidence in their abilities, although it was interesting to note that some counselors felt uncomfortable responding to positive feedback. Some of the feedback issues can be understood using Politeness Theory (Brown and Levinson 1987). Politeness Theory is a model for explaining social interactions in terms of face-saving or face-threatening speech patterns or acts, and has previously been discussed for counselor-client interactions in genetic counseling (Benkendorf et al. 2001). There are two aspects to this – "positive face," referring to maintaining a positive self-image and wanting acceptance by the other person, and "negative face," referring to a freedom to act that is unencumbered by impositions or directives from others [see Watts (2003) for further discussion of politeness and limitations/variations on these theories]. Potentially "face-threatening acts" to speaker or hearer are inherent in giving/receiving feedback, and include giving advice, suggestions, criticism, disagreement or challenges, or any conversation where one person acquiesces to the opinions of the other (especially where the is a power imbalance). Interestingly, compliments may also be seen as threats to face because the hearer may feel pressured to respond or accept the compliments (Brown and Levinson 1987). In the transcripts here, counselors used a variety of politeness strategies to avoid threats to face. Examples include showing attention and interest in the other person, including their own practice in the suggested approach/criticism (eg. Using "we" instead of "you" in suggesting a different approach), minimising, indirectness, and presenting corrective feedback as a question rather than a directive (Benkendorf et al. 2001).

The results indicated a developing awareness and competence around giving feedback which is an important skill for both supervisors and peers. While there was some discomfort evident in providing constructive or challenging feedback to peers, this was not reported to cause any negative impacts on co-worker relationships, and this is similar to previous findings (Goldsmith et al. 2011). Several participants stated increased team cohesiveness as an outcome. While genetic counselors' training and skills may facilitate giving feedback in a sensitive way, several participants expressed concerns about their feedback being too indirect

to be useful, and this is also consistent with Politeness Theory (Brown and Levinson 1987). Some additional training could be offered, particularly for those becoming supervisors, regarding the nuances of feedback interactions in cultural and social contexts that may help or hinder effective feedback, and perhaps training in how to employ strategies to overcome these sociocultural reservations. Cushing *et al.* (2011) analysed a feedback model with medical and nursing students and found that training in peer feedback was considered important, and students felt that specific directives to give constructive feedback would overcome reluctance by giving direct permission to constructively criticise. This idea was also reported in a Canadian genetic counseling study, where an evaluative format seemed to "give permission" for corrective feedback, but on the other hand may have increased anxiety about the process (Goldsmith et al. 2011).

The supervisory relationship is central to successful feedback and supervision (Carroll and Gilbert 2005; Kennedy 2000; Zahm et al. 2007). A strained relationship can result in decreased confidence and increased anxiety (Hendrickson et al. 2002). This PEERS model emphasised joint exploration and mutual sharing to encourage a successful supervision experience that enabled rich learning. Kennedy (2000) points out that "good supervision requires an atmosphere of safety, created by respect, trust, and acceptance on the part of supervisor and supervisee" (p.381). Similarly, Hendrickson *et al.* (2002) in their analysis of focus group data from genetic counseling students and supervisors regarding live supervision concluded that the supervisory relationship was important in determining positive or negative emotional impacts on genetic counseling students of receiving feedback. The PEERS phase of contract development actively involved the members in choosing and defining the values and atmosphere in which they wished to work. This may have encouraged responsibility and accountability to the agreed values. In turn, this may have facilitated the outcome of increased collegiality that some participants noted.

Limitations

This study is preliminary only, and was limited to one setting with a small team of genetic counselors. A limitation of the analysis is that there was potential for non-random sampling of sessions. Although the session choice was mainly based on finding a mutually convenient time for counselor and observer, it is possible that counselors may have avoided having an observer present in sessions they thought might be very difficult. Repeating the process with

a variety of counseling sessions will be important. Enthusiasm of participating genetic counselors regarding the model may have also influenced the positive outcomes, and this is could be a potential limitation when considering its use in other teams.

Further investigations would be beneficial, such as trialling the PEERS model in other genetic counseling teams, rotating peer observation partnerships within teams, and assessing whether learning outcomes are applied in practice. Evaluation of the model in a similar method to that of Phillips et al. (2012) using a questionnaire to look at change as a result of the supervision and specific aspects contributing to change or learning outcomes could be applied. The potential drawbacks of this model include the time commitment, receiving feedback from one viewpoint only, the potential for increased anxiety/fear of negative feedback, or reluctance to provide constructive feedback leading to collusion or an ineffective learning environment (Carroll and Gilbert 2005). Some of these drawbacks can be managed through pre-training about giving/receiving feedback, and by careful mutual agreement on a contract for the peer roles and relationship.

Conclusion

The views of participating counselors regarding this peer experiential and reciprocal feedback supervision (PEERS) model suggested that it was a successful way to meet the definition of supervision as outlined by Kennedy (2000) in creating "a safe, respectful, trusting and accepting space in which to reduce anxiety, ask questions, experiment with ideas, increase self-awareness, and gain new perspectives on one's counseling style and technique" (Kennedy 2000, p. 382). Participating in a variety of supervision formats overcomes the limitations of any one model (Middleton et al. 2007; Phillips et al. 2012). This PEERS model of "live" supervision provided benefits through experiential learning and immediate two-way reflection in a non-judgemental setting, as well as increased awareness of giving and receiving feedback. The model also allows counselors to build on diversity and individuality in counseling style. In her paper, Kennedy (2000) proposes re-defining supervision in line with the mental health model of mentoring or facilitating rather than as one's work being directed by a person in authority. From this perspective, counselors are the supervisors "acting as consultants, facilitators, and mentors to their peers" (Kennedy 2000, p.381) – this is the aim of this peer live supervision project.

The model has general applicability and adaptability for other genetic counseling teams, as a modified contract could be mutually agreed at the outset, depending on the needs and cohesiveness of each team. Setting a contract of trust and confidentiality and establishing the goal of a reflective two-way learning process (rather than an evaluative purpose) will be important. Some pre-training or discussion around the potential issues in giving and receiving feedback could be beneficial in reducing discomfort. For example, principles of good feedback described by various authors (Carroll and Gilbert 2005; Nichol and Macfarlane-Dick 2006; Osmond and Darlington 2005) could be reviewed. Awareness of learning styles, such as activist, reflector, theorist, and pragmatist styles would also reduce potential discomfort (Honey and Mumford 2007).

Future research such as a discourse analysis of post-session discussions would shed further light on interactions where counselors give and receive feedback from their peers. This would enable a more detailed analysis of for example, how compliments and suggestions for practice are effectively given and received, how to deal with self-criticism and respond to emotional cues from peers. Identifying points of discomfort, and evaluating the overall stressfulness and usefulness of this type of peer observation will highlight areas where improved skills may facilitate more effective peer supervision and could enhance reflective practice and improve learning outcomes.

Acknowledgments

The authors are very grateful to Flora Pearce (Genetic Health Services Victoria) for helpful discussions, ideas and advice. We also thank Prof. Geoff Lindeman and Prof. Ingrid Winship for their support and advice.

Appendix

Examples of prompts for critical reflection and feedback session
Ask - Why? Where does this knowledge/feeling come from? What is the evidence?

Consider both counselor and client's perspective.

Use descriptive words / 'Name' appropriately (e.g. cohesive, flowing, mismatch, client-centered)

Process / Working relationship

- How would you describe the working relationship between client and counselor?
- How did co-counseling go?
- How did the process of the session flow?
- What do you think was the impact of genetic information provided?
- What do you think was happening between you and your client when…?

Strategies / Skills

- What counseling interventions were used? Why did you use those?
- What skills / strategies did you use? Why?
- What was the impact on the client? – on yourself? Did you think it was successful? How do you know this?

Emotions

- How do you think the client felt?
- How did you feel? Why did you feel this way? Where is this feeling coming from? Whose feeling is it?
- What feelings did you think your client/you brought to the session?
- Where did you feel most or least uncomfortable?
- What were you thinking/feeling at the point in the session when …..?

Tasks

- How was rapport built?

- How was client agenda established? Were client expectations ascertained?
- Was the client agenda met? Were client expectations met?
- Was the appropriate information provided? – at the appropriate level?
- Were psychosocial enquiries addressed?
- Were psychosocial issues explored adequately?
- What psychosocial aspects were not addressed?
- Was consent informed? Explain how you enabled informed consent.
- How did the appointment unfold?
- Did you advocate for the client? What made you think this was necessary?
- Were there any set-backs to achieve tasks?

Alternatives

- Explore together, "What if?" questions
- What if you had used this word rather than …?
- What if you had explored this client response ….. at that time?
- If something didn't go how you intended, what had you wished would have happened?
- Is there anything you would have done differently? Why?
- What do you think would have happened if you had done this….?
- Was there anything that surprised you? Why?

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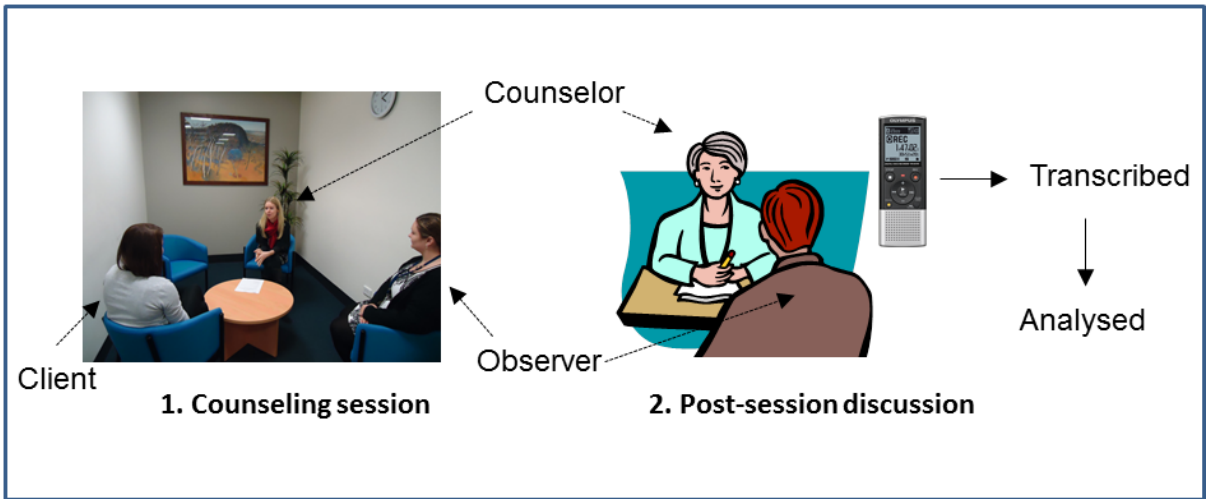
Counselor
Client
Observer
Transcribed
Analysed
1. Counseling session
2. Post-session discussion

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Sexton, A; Hodgkin, L; Bogwitz, M; Bylstra, Y; Mann, K; Taylor, J; Hodgson, J; Sahhar, M; Kentwell, M

Title:
A Model for Peer Experiential and Reciprocal Supervision (PEERS) for Genetic Counselors: Development and Preliminary Evaluation Within Clinical Practice

Date:
2013-04-01

Citation:
Sexton, A; Hodgkin, L; Bogwitz, M; Bylstra, Y; Mann, K; Taylor, J; Hodgson, J; Sahhar, M; Kentwell, M, A Model for Peer Experiential and Reciprocal Supervision (PEERS) for Genetic Counselors: Development and Preliminary Evaluation Within Clinical Practice, JOURNAL OF GENETIC COUNSELING, 2013, 22 (2), pp. 175 - 187