

**FIELDWORK PLACEMENT
HANDBOOK
FOR TRAINEES AND SUPERVISORS**

*Master of Science in Genetic Counseling Program
School of Health Professions Baylor College of Medicine*

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Introduction

Our priority is that fieldwork training will serve as an enriching foundation for building successful future genetic counselors. Students and supervisors will meet all American Board of Genetic Counseling (ABGC) expectations regarding conduct as well as HIPAA guidelines. The Genetic Counseling Program (GCP) is an interdisciplinary program housed in the School of Health Professions (SHP). The fieldwork placement handbook serves as a resource and guideline for the expectations of the clinical rotation portion of the students' education for both students and supervisors.

Additional resources include:

SHP Student handbook: <https://www.bcm.edu/education/schools/school-of-health-professions/current-students/handbook/administration>

GCP student manual: <https://media.bcm.edu/documents/2018/07/bcm-gcp-student-manual-2018.pdf>.

Genetic Counseling Program Mission & Vision

Mission: The Baylor College of Medicine Genetic Counseling Program provides students with a transformative education in genomic medicine and the practice of genetic counseling. The outstanding clinical, laboratory, and research faculty will empower graduates to be empathic professionals with effective critical thinking skills.

Vision: As leaders of genomic medicine integration, our graduates will serve as indispensable navigators of genetic service delivery.

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Practice-Based Competencies

Graduates of the Baylor College of Medicine GCP will be prepared to meet the practice-based competencies expected by the American Board of Genetic Counseling (ABGC). The ABGC is the certifying organization for the genetic counseling profession in the United States and Canada. By standardizing competency expectations, the ABGC protects the public and promotes the ongoing growth and development of the genetic counseling profession. The components of a genetic counseling training curriculum must support the development of competencies categorized in the following domains:

Domains

I: Genetic Expertise and Analysis

1. Demonstrate and utilize a depth and breadth of understanding and knowledge of genetics and genomics core concepts and principles
2. Integrated knowledge of psychosocial aspects of conditions with a genetic component to promote client well-being
3. Construct relevant, targeted, and comprehensive personal and family histories and pedigrees
4. Identify, assess, order, facilitate, and integrate genetic/genomic testing in genetic counseling practice (including molecular and non-molecular testing that directly impacts assessment of inherited risk)
5. Assess individuals' and their relatives' probability of conditions with a genetic component or carrier status based on their pedigree, test result(s), and other pertinent information
6. Demonstrate the skills necessary to successfully manage a genetic counseling case
7. Critically assess genetic/genomic, medical, and social science literature and information

II: Interpersonal, Psychosocial and Counseling Skills

1. Establish mutually agreed upon genetic counseling agenda with the client
2. Employ active listening and interviewing skills to identify, assess, and empathically respond to stated and emerging concerns
3. Use a range of genetic counseling skills and models to facilitate informed decision-making and adaptation to genetic risks or conditions
4. Promote client-centered, informed, non-coercive, and value-based decision-making
5. Understand how to adapt genetic counseling skills for varied service delivery models
6. Apply genetic counseling skills in a culturally responsive and respectful manner to all clients

III: Education

1. Effectively educate clients about a wide range of genetics and genomics information based on their needs, their characteristics, and the circumstances of the encounter
2. Write concise and understandable clinical and scientific information for audiences of varying educational backgrounds
3. Effectively give a presentation on genetics, genomics, and genetic counseling issues

IV: Professional Development and Practice

1. Act in accordance with the ethical, legal, and philosophical principles and values of the genetic counseling profession and the policies of one's institution or organization
2. Demonstrate understanding of the research process
3. Advocate for individuals, families, communities, and the genetic counseling profession
4. Demonstrate a self-reflective, evidence-based, and current approach to genetic counseling practice
5. Understand the methods, roles, and responsibilities of the process of clinical supervision of trainees
6. Establish and maintain professional inter-disciplinary relationships in both team and one-on-one settings, and recognize one's role in the larger healthcare system

Fieldwork Expectations

General Expectations:

Each student will rotate through prenatal, pediatric, and adult sites. Cancer cases will be obtained primarily on pediatric and adult rotations. The program will provide students with a schedule of their fieldwork placements. The summer rotation will consist of a five-week elective block. The decision regarding summer placements will be made by the Program in conjunction with the student. It is the students' responsibility to manage their schedules while on rotation, including communication with the rotation supervisor regarding didactic and thesis responsibilities. Students will be responsible for making up any missed rotation time at the discretion of the rotation supervisor and Program Leadership. Participation in cases will vary and will depend upon student and supervisor agreement. In the event a student does not meet the minimum number of cases for a rotation, additional days in clinic during the rotation may be required.

Rotation Schedule

	Clinic Role	Time Commitment	Logbook Case Goals	Sites	Basic Expectations
Clinical Practicum I (Fall)	Observation	½ day per week	N/A	Rotation through prenatal, pediatric, and adult clinics (3 blocks, 5 weeks each)	Observe each clinic setting to better understand the site's nuances. By the end of Clinical Practicum I, students are expected to have taken one full pedigree in clinic. <i>A deidentified copy is due to the rotation supervisor by the</i>

					end of the last block.
Clinical Practicum II (Spring)	Active participation in clinic	1 -1 ½ days per week	10 cases per block	Rotation through prenatal, pediatric, and adult clinics (3 blocks, 5 weeks each)	The first week on a given rotation, students will observe cases. By the third week, students should be taking pedigrees and intakes and beginning to explain basic genetic concepts, with the goal of actively participating in sessions by the end of the rotation. <i>Clinical note assignment due by the end of week 4 on each block</i>
Clinical Practicum III (Summer)	Active participation in clinic – may be at a remote site*	5 days per week for minimum of 5 weeks	25 cases	Rotation in BCM Clinic or at a remote site	The goal of the summer rotation is to allow students to get a sense of practicing as a full-time genetic counselor.
Clinical Practicum IV (Fall) Clinical Practicum V (Spring)	Active participation in clinic, student's desired specialty, remediation (if needed) and/or specialty rotation	2-3 days per week	25 cases per block or as assigned for elective rotations	Rotation through prenatal, pediatric, and adult clinics as well as elective [#] /specialty/and/or remediation (if needed) in 4 blocks over two semesters (7 weeks each for core blocks; 4 weeks for elective)	Students may observe a few cases in the first week on each block. For the remainder of each block (except for the final specialty block), students are expected to be the primary counselor whenever possible. Supervisors may allow students to observe on a case-by-case basis. <i>Results tracking form due at the end of each of the first three blocks</i>

* Student placements are at the discretion of the Program Leadership. Students in good standing may elect to participate in an external summer rotation. In the event a student needs remediation, an external rotation will not be an option. Students should identify a desired external placement and discuss with Program Director and Associate Program Director prior to winter break.

** Students must actively participate in the summer rotation experience. If the student is in a clinical setting, case prep and follow up days would count towards this experience. Students are expected to be proactive in their clinic scheduling to fulfill these requirements. If a clinic day is cancelled, a make-up date may be required, but is at the discretion of the clinic coordinator.

Elective rotations are available at the discretion of Program Leadership to students in good standing. These electives may be to subspecialty clinics or for less traditional rotations focusing on interactions with other members of health care teams (ex. Child Life) or may focus on specialized roles of healthcare providers (ex. Billing & Insurance). Electives may have specific requirements for successful completion.

Lead Rotation Coordinator: Salma Nassef, MS, CGC

Lead Rotation Supervisors:

	1st Year Rotations	2nd Year Rotations
Prenatal	Laura Ellis, MS, CGC	Andrea Moon, MS, CGC
Pediatric	Hannah Helber, MS, CGC	Rachel Franciskovich, MS, CGC
Adult	Jessica Honkomp, MS, CGC	Tanya Eble, MS, CGC

Clinical Documentation:

First year students:

Each student will create and turn in a completed note during each block of Clinical Practicum II in the spring. **Notes are due by the end of week 3 on BlackBoard.** A skeleton template along with the case scenario, pedigree, and rubric can be found on BlackBoard>Clinical Practicum_Year>Specialty>First Year.

Pediatric: developmental delay

Prenatal: abnormal serum screen

Adult: family history colon cancer

Additionally, students may be asked to create disease specific outlines prior to clinic and unique blurbs following clinic. No more than 3 clinic blurbs will be assigned per clinic day.

All student notes, templates, and blurbs must be password protected (password: GCprogram) and sent securely (add [secure] in the subject line) via email. Emails from BCM to BCM or TCH to TCH emails are recommended to avoid delays. Each student will be required to submit their clinic assignment tracking form at the end of each block through Blackboard.

Second year students:

Core Rotations

Students will be given templates for letter and progress note writing. Students are expected to complete progress notes and/or letters within 24-48 hours of seeing a patient (depending on clinic setting). The number of assigned progress notes/letters may vary by site and will be assigned based on the documentation policy of the site. No more than 3 clinic notes/letters will be assigned per day. Students may be asked to create additional blurbs in addition to consult notes/letters. Writing should be the student's own, unique work. **All student notes, templates, blurbs must be password protected (password: GCprogram) and sent securely (add [secure] in the subject line) via email. Emails from BCM to BCM or TCH to TCH emails are recommended to avoid delays.**

Each student is responsible for tracking 6-10 unique results per block of Clinical Practicum IV and V. A completed tracking form (found on BlackBoard>Clinical Practicum_Year>Specialty>Second Year) must be turned into BlackBoard at the end of each block. In addition, each student will be required to submit their clinic assignment tracking form at the end of each block through Blackboard.

Elective Rotations

Students are expected to complete a weekly log while on their elective rotation. The log must be turned into BlackBoard and include the following:

- De-identified summary of the types of patients you saw and/or activities/tasks you participated in
- Psychosocial reflection for the week
- Reflection on how you will incorporate the week's experiences into your future genetic counseling practice

Genetic Counseling Program Expectations:

- All students will have basic genetics knowledge and counseling skills as well as education in foundations of genetic counseling. The particular courses a student has completed will vary depending on the timing of their rotation.
- HIPAA training will be completed by all students prior to beginning their fieldwork placements.
- Formal feedback from each clinical site will be requested annually from students and faculty, but informal feedback to the Program Director or Associate Program Director is encouraged at any time. This feedback will be incorporated into future clinical placements to the best of the Program's ability. Supervisors will not be given cumulative rotation specific feedback of a non-urgent nature until after the student has graduated. The Program will attempt to anonymize student feedback whenever possible.
- Each clinical site will have a site visit from program leadership approximately every three years. This is not necessarily a physical visit and will be mutually decided upon in advance.

By the end of fieldwork placement in the second year, the goal is for students to have achieved the following objectives. Not all objectives apply to every clinical experience, but they serve as a general summary.

- The student will welcome each patient and introduce the patient to the services of the center/clinic.
- The student will elicit patient concerns (both verbally and nonverbally expressed).
- The student will contract with the patient to set expectations for the visit.
- The student will take a medical and social history from the patient and family.
- The student will progress in the formation of psychosocial assessments of patients, with supervisors' guidance.
- The student will elicit family history information and create or draw pedigrees (where/when appropriate).
- The student will obtain informed consent for procedures/research/tests appropriately.
- The student will determine the availability of tests (including cost and logistical concerns) for specific conditions and participate in ordering these tests based on patient election.
- The student should observe appropriate/related medical procedures as often as possible (i.e., ultrasound, amniocentesis, X-rays, blood draws, biopsies, etc.).
- The student will discern and obtain important additional medical records needed for effective counseling for case prep and after meeting with a patient as needed.
- The student will interpret and explain the results of any screening or diagnostic tests (especially prenatal diagnosis procedures) related to the reason for referral.
- The student will describe, interpret, and explain the results of chromosome analyses and other genomic analyses.
- The student will appropriately determine how best to deliver abnormal test results to families based upon the psychosocial assessment that they have observed/performed.
- The student will be familiar with appropriate educational and psychological support resources and referrals for patients.
- The student will be able to identify other recommended management, surveillance, or testing and assist with referrals as appropriate.
- The student will be able to provide short-term, crisis-oriented counseling (when appropriate) with supervisor guidance.
- The student will arrange for follow-up counseling (as appropriate).
- The student will write letters to families/patients/referring physicians and write chart notes for medical records (as appropriate).
- The student will keep detailed logbooks of every patient observed and/or counselled.
- The student will adequately perform other clinical duties/assignments as listed in each practicum syllabus.
- Students will staff/present cases with attending physicians, supervisors, and faculty as needed.

General Supervisor Expectations:

- Have a physical location for the student to work and to access medical records. This does not need to be a dedicated workspace.
- Allow the student to observe prior to taking an active role in genetic counseling sessions at the start of each block and/or at the discretion of the supervisor. This orientation period should include providing pertinent information regarding your clinic such as contact information, procedures/policies, and a review of unique HIPAA guidelines/regulations.
- The active progress of the student is determined individually by the student and supervisor. Students are expected to perform more components of the genetic counseling sessions as the rotation continues with the goal of being able to perform all aspects of a genetic counseling session by the end of their rotations in Clinical Practicum II. This may not be possible in all situations.
- Allow students to observe a variety of cases within your clinic setting even if they are not able to perform all aspects of the session.
 - NOTE: Cases that will be included in the student's final logbook portfolio (required 50 participatory cases) must be supervised by a Certified Genetic Counselor with a minimum of 1 year of experience as a clinical genetic counselor.
- Supervisors may expect students to attend conferences or activities pertinent to their fieldwork placement unless this conflicts with course schedule.
- Supervisors will ideally have least six months of clinical experience prior to supervising genetic counseling students. Those with less than one year of supervision experience will have a designated clinical supervising mentor. If a mentor is not available at your own facility, please contact the Program Director so a mentor can be identified.
- Provide appropriate and constructive feedback on both the counseling sessions and written documentation via the final rotation evaluation.

General Student Expectations:

- Contact the lead rotation supervisor prior to your block start date to schedule an orientation and ask questions to more fully understand the expectations of each clinical site, which may vary, such as dress code, hours of operation, location, etc.
- Contact your supervisor at least 48 hours ahead of your scheduled clinic day (this will vary by supervisor/block, please communicate with lead rotation supervisor about this expectation at the start of each block).
- Actively participate in at least the minimum recommended number of cases per rotation.
- Track your case numbers and update lead rotation supervisors if you are in jeopardy of not meeting your minimum recommended number of cases at least 2 weeks prior to the end of your rotation.
- Research cases in advance when possible, including the indication, testing options, etc. Supervisors may deny participation in cases for which student has not adequately prepared. You may be asked to create a fact sheet or visual aid for use in clinic based on indication.
- Have visual aids available to use in clinic (when appropriate).
- Bring all necessary paperwork (evaluation sheets, patient resources etc.) with you to clinic.
- Discuss plan for the case with the supervisor in advance.

- Provide quality patient care as directed by supervisor.
- Document patient care as appropriate for the clinic site (ex either by progress note or letter).
- Discuss the case with the supervisor afterwards for feedback.
- Schedule an end of rotation feedback session with the lead rotation supervisor.
- Attend journal club, case conference, and multidisciplinary conferences as indicated.
- Prompt response to all communications (phone calls, emails, etc.) from supervisors, faculty, course directors, and program leadership is required. If you receive an email or phone call from any of the aforementioned individuals, you are expected to respond within 24 hours unless it is a Friday (a response within 48-72 hours would be expected).

Mutual Expectations:

- Be respectful, prompt, and prepared.
- Be open-minded and willing to learn.
- Be open and receptive to giving and receiving feedback.

Student Ethical Standards

Students are responsible for understanding and abiding by institutional and professional ethical standards. Please see the following:

1. NSGC Code of Ethics (www.nsgc.org)
2. Baylor College of Medicine student code of conduct: - <https://media.bcm.edu/documents/2015/94/bcm-code-of-conduct>

Student Fair Practice Work Policy

Students are protected from assuming the role of their credentialed supervisor, preceptor, professor, or clinical instructor. Students should be supervised in their field and clinical experiences and should not be serving as a workforce. A student serving in the role of genetic counseling student at a hospital, clinic, or other clinical setting should be supervised, and final clinical decision making/patient care should be the responsibility of the supervisor/preceptor, clinical instructor, or attending physician.

Student Absenteeism/Tardiness Policy

Regular, prompt attendance is required in all didactic, laboratory, and clinical classes. If absence is unavoidable, the student must email the lead clinical rotation supervisor to ask for permission of absence. The Program Director, Associate Program Director, and assigned clinical supervisor should be cc'd on all excused absence requests. Students are responsible for making up missed clinical time to meet clinical requirements. During fieldwork placements, if a student misses more than 6 days during a semester of rotations, the student will be expected to make-up missed dates during a rotation as needed to avoid receiving a failing grade if the number of missed clinic dates exceeds 6 days during a semester.

In the event of an unexpected or uncontrollable event, including but not limited to severe weather events and epidemics, the Program will follow the direction of Baylor College of Medicine as well as local, state, and national regulations regarding clinic closures and excused absences from clinic. In such circumstances, students and supervisors are responsible for individually evaluating whether they can safely travel to clinic. Supervisors should communicate clinic closures or cancellation of appointments to the student as soon as possible. Students should communicate any travel limitations to the assigned clinical supervisor, lead clinical supervisor, Program Director, and Associate Program director in a timely manner.

Student Dress Code

Dress shall be primarily a matter of individual judgment, but within acceptable standards of good taste. Students are expected to be neat and clean. Students not meeting clinical department standards of dress may be denied access to patients. Clinical sites may have varying dress code requirements, be sure to check with your clinical rotation site for details.

Student Confidentiality Policy (Patient Privacy)

Students will receive basic HIPAA training prior to beginning their fieldwork placements. The privacy of all medical records and other individually identifiable health information must be always protected. Information relating to a patient's health care history, diagnosis, condition, treatment, or evaluation will be considered individually identifiable health information. Confidentiality of this health information must be always maintained and may only be disclosed with the express written consent of the patient. Students are required to keep all patient and student information confidential and to abide by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations regarding sensitive patient data within the classroom and clinic. Students who do not abide by this policy may be terminated from the GCP according to the decision of a collective faculty committee and approval of the Program Director and SHP Student Promotions Committee.

Logbooks

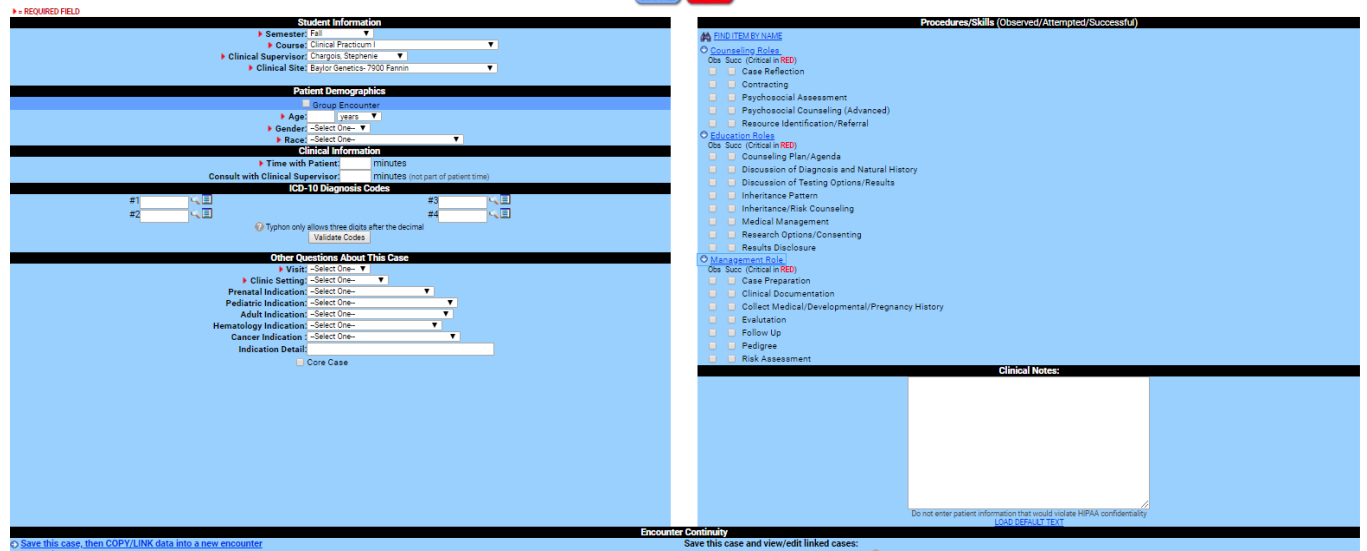
Each student will keep a logbook of ALL patients he/she sees including all observations. This log should include all information needed to satisfy documentation of the student's role(s) in each case as well as detailed notes on the cases and counseling strategies. The logbook should reflect the depth and breadth of the student's clinical experience. The Typhon system will be the electronic logbook tracking system. A hyperlink to the logbook will be sent to the supervisor involved in the case for approval. Additionally, all student logbook cases will be reviewed by Program Leadership prior to graduation.

Patient identifiers (such as patient medical record number) must never be used on the logbook. The Typhon system will auto assign a unique identifier for each case entered.

Each student, over the period of 4 semesters and the summer, will be expected to obtain a minimum of 50 participatory fieldwork cases (core cases) documenting their clinical training. These materials become a permanent part of the student's logbook case records,

maintained in the Typhon management system, and will be collected by the Program prior to the student's graduation. **Core cases must be supervised by a Certified Genetic Counselor with a minimum of 1 year of experience as a clinical genetic counselor.**

Students will be trained on the use of the Typhon logbook system prior to entering clinic. The Genetic Counseling Program account number for the Typhon system is 9360.



- **Case Preparation (PBC Domain I.6)**
 - o Performed chart review, made outlines, reviewed literature, looked up information, etc. [should be able to check on ALL patients seen]
- **Contracting (PBC Domain II.8)**
 - o Elicited concerns, established agenda, developed rapport
- **Pedigree (PBC Domain I.3)**
 - o Took 3 generation pedigree using appropriate nomenclature
- **Risk Assessment (PBC Domain I.5)**
 - o Determined risk of recurrence or occurrence, can incorporate serum screen, age-related risk, software such as IBIS, and/or pedigree assessment
- **Inheritance/Risk Counseling (PBC Domain III.1)**
 - o Counseled about above risk assessment
- **Discussion of Diagnosis and Natural History (PBC Domain III.14)**
 - o Talked about diagnosis, natural history of condition in question, prognosis, treatment, etc.
- **Discussion of Testing Options/Results (PBC Domain III.14)**
 - o Offered and explained any screening or diagnostic testing
- **Psychosocial Assessment (PBC Domain I.2)**
 - o Assessment of patient's psychosocial state [should be able to check "observed" on ALL patients seen and "success" as you take on roles]
- **Psychosocial Support/Counseling (PBC Domain I.2)**
 - o Acted upon information elicited beyond primary skills by taking second step [not just normalizing and validating]
- **Resource Identification/Referral (PBC Domain I.4)**
 - o Gave written literature, support group information, resources in area
- **Follow-up (PBC Domain III.15)**

- Wrote patient or MD letter, documented for EPIC, did database search, reported out test results

Fieldwork Placement Grading

Grading is on an A, B, and F basis. Successful completion of EACH fieldwork placement is required to graduate from the program. Students will receive a mid-point and end-point evaluation for each rotation starting in the spring of the first year. Evaluations will be discussed face to face with the student and available for review by the student and Program Leadership through the Typhon system. Evaluations are mapped to practice-based competencies to ensure that students are advancing throughout their rotations. Specific requirements for fieldwork placements include, but are not limited to, preparing for cases weekly (chart review, literature search on appropriate topics pertaining to each case, obtaining additional information such as lab data and hospital records), and meeting with the clinical supervisor prior to each case at a time agreed upon by the student and the counselor to discuss counseling issues and strategies. In addition, the student may be asked to prepare a pre-case counseling outline and write-up. The pre-case write-up will be the basis for case review and discussion with the supervising clinician. These may be required prior to seeing the patient in order for the student to see the case.

Following each case, clinic notes, letters, post-case write-ups, and other additional information requested must be submitted in a timely manner.

Failure to meet expected deadlines for case write-ups, letters, etc. more than 3 times will result in mandatory remediation and/or a failing grade for the rotation at the discretion of the Program Leadership. A student who does not perform satisfactorily and meet the requirements of the practice-based competencies will not receive a passing grade for the clinical placement. Consistent with the remediation process outlined in the student manual, the Course Director for the clinical practicum will evaluate the student for areas of focused skill deficits, and if a single area of weakness is identified, the Course Director will develop a targeted remediation. If there are multiple deficiencies, the Course Director will report the original failing grade to the Program Director and Associate Program Director to begin a process of comprehensive remediation. Both targeted and comprehensive remediation of clinical skills deficiencies will result in a written remediation plan including required outcomes and a timeline. In the case of a targeted remediation, this plan will be signed by the student and the Course Director. In the case of a comprehensive remediation, the plan will be signed by the student, the Course Director, Program Director, and Associate Program Director. Remediation activities may include, but are not limited to, additional clinical work or use of simulation with faculty and/or standardized patients with a focus on an identified deficiency or deficiencies. In addition, the final fieldwork placement for a given student can be assigned by program leadership in order to address areas of weakness that have been identified through previous fieldwork placements.

Term	Spring I	Summer	Fall II	Spring II
Expected	55 - 81	82 - 101	102 - 116	117 - 130
Actual				
55 - 81	A	B	F	F

82 - 101	A	A	B	F
102 - 116	A	A	A	B
117 - 130	A	A	A	A

Genetic Counseling Faculty/Staff

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Laboratory		
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Evaluation

Student Evaluation of Clinic Sites, Supervisors, and Overall Rotation:

At the end of each rotation, students will be expected to evaluate the clinical site, fieldwork placement and each of their supervisors. All evaluations will be anonymous and completed through Typhon. The faculty will be given feedback once a year from the graduating class. Therefore, the faculty will receive a student's feedback after he or she has graduated. This is intended to allow students to feel comfortable giving honest feedback.

Midpoint and Endpoint Rotation:

Each student will meet with the lead rotation supervisor at the midpoint and end point of each block starting in the spring of their first year. In the fall of the first year, students will be in observation only rotations and will meet with the lead rotation supervisor at the end of each block. Evaluations will be discussed face to face with the student and available for review by the student and Program Leadership through the Typhon system. Evaluations are mapped to practice-based competencies to ensure that students are advancing throughout their rotations.

Student Self-Evaluations (Pre and Post Rotation):

Students will be expected to complete the student self-evaluation forms at the start and end of each rotation and briefly review the pre-rotation form with their next rotation supervisor. In Clinical Practicum I, students should give a copy to the lead supervisor for that specific rotation. In subsequent clinical practicums, self-evaluations will be completed in Typhon. This will help the students and the supervisors' set goals for the upcoming rotation. The lead rotation supervisors will be emailed this form prior to the start of the students' upcoming rotation.

Assignments

First year students:

- Deidentified pedigree** due by last day of fall semester
- Prenatal Note** due by the end of week 3 of block in spring semester
- Pediatric Note** due by the end of week 3 of block in spring semester
- Adult Note** due by the end of week 3 of block in spring semester
- Clinic Assignment Tracking form** due at the end of each block

Second year students:

- Prenatal Results Tracking log** due by the end of block
- Pediatric Results Tracking log** due by the end of block
- Adult Results Tracking log** due by the end of block
- Clinic Assignment Tracking form** due at the end of each block
- Elective Rotation log** due at the end of each week while on elective rotation

Diversity, Equity, and Inclusion (DEI) Supervision Guide

Pre-Rotation DEI training resources: Prior to supervising students, please consider reviewing the following resources.

- [Race and Genetics: Perspectives of Precision Medicine](#) - This BCM Evenings with Genetics webinar discusses the complexity of identity and its importance to health and disease. Specific examples of factors affecting diseases in genetically and

culturally diverse populations will be discussed, and the foundations needed to deliver equitable precision medicine to communities of color. Speakers were Vence L. Bonham Jr. J.D., Fatimah Jackson, Ph.D., and Cherilynn R. Shadding, Ph.D.

- Read through the glossary of DEI related terminology found towards the end of this guide and familiarize yourself with the contents.
- Review the DEI checklist for beginning of rotation prior to your first meeting with a trainee.

Main Rotation Supervisor Checklist: Please use the following checklist during your first encounter with a student and update as needed. We recommend reviewing this checklist with each student individually via email or meeting prior to the start of their rotation.

- Confirm pronouns
- Review accommodations for disabilities
- Ask about specific needs for rotation and how to support
- Review if there are any holidays or observances that the student has previously disclosed via orientation survey
- Offer other people the student can talk to if they feel uncomfortable discussing concerns about the main or individual supervisors.
 - Students are always able to anonymously contact the Integrity Hotline at 855-764-7292 with any concerns.
- Ask about topics outside of the rotation itself that the student would like to receive mentoring on
- Address how they would like DEI issues and microaggressions addressed in clinical setting and be prepared to discuss with supervisors

Individual Supervisor Checklist: Please use the following checklist during your first encounter with a student and update as needed.

- Confirm pronouns with student.
- Review if there are any holidays or observances the student has previous disclosed to the program via orientation survey.
- Discuss patient populations seen in this rotation (clinical) or discuss patient population in the context of this rotation (non-clinical). How can we approach cultural differences and develop our cultural humility?
- Incorporate DEI topics into cases prep and case debriefing.

If time permits, consider engaging in ongoing discussion on DEI-related topics using the prompts below.

- What perception gaps (perspectives you don't need to consider) are you working on?
- How might those gaps impact interactions with the patient populations just discussed?
- How can we employ techniques for working with cultures different than our own without relying on stereotypes and while acknowledging diversity within cultural groups?

End of Rotation Considerations

For main rotation supervisors, trainee should complete the post-rotation self-assessment prior to post-rotation meeting. If the trainee indicated that they were *not* respected or supported during their rotation, follow up with trainee to debrief and assess if further action is needed. Please contact GCP Directors if additional action is needed.

Consider facilitating conversations with trainee regarding diversity, health equity, and inclusion during the post-rotation meeting.

- Example prompts:
 - Have any of your perceptions been challenged during this rotation? How can you integrate these reflections into your future rotations?
 - Did you encounter any “cultural bumps” during this rotation? How did you handle it? What did you learn?

DEI Glossary:

Ableism: The discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior

Agender: Described a person who identifies as having no gender

Ally/Upstander: A person who stands up, speaks out and or/takes action in defence of those who are targeted for harm or injustice

Assigned Male/Female at Birth: This phrase refers to the sex that is assigned to a child at birth, most often based on the child’s external anatomy

Bigender: Describes a person whose gender identity is a combination of two genders

BIPOC: Black and/or Indigenous People of Color

Blind Spot: Unconscious minds (automatic) influence behaviours and beliefs

Bystander Intervention: Recognizing a potentially harmful situation or interaction and choosing to respond in a way that could positively influence the outcome.

Cisgender: A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender)

Cultural Competency: An ability to interact effectively with people across different cultures

Cultural Humility: A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities

Cultural Identity: The definition of groups or individuals (by themselves or others) in terms of cultural or subcultural categories (including ethnicity, nationality, language, religion, and gender)

Disability: A physical, mental, cognitive, or developmental condition that impairs, interferes with, or limits a person's ability to engage in certain tasks or actions or participate in typical daily activities and interactions

Discrimination: The unfair treatment of an individual(s) based on gender, race color, ethnic/national origin, religion, disability, sexual orientation, social class, age, marital status, etc.

Disorders of Sexual Differentiation: Group of rare conditions where the reproductive organs and genitals do not develop as expected; some people prefer the term intersex

Disparity: Lack of similarity or equality; inequality; difference

Equality: The state or quality of being equal; correspondence in quantity, degree, value, rank, or ability

Equity: The quality of being fair or impartial; fairness; impartiality

Explicit Bias: Refers to the attitudes and beliefs we have about a person or group on a conscious level

Gay: A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity but is more commonly used to describe men.

Gender Affirming Hormone Therapy: Medicine prescribed to help a person gain the outward characteristics that match their gender identity

Gender Affirming Surgery: Surgeries used to modify one's body to be more congruent with one's gender identity; also referred to as sex reassignment surgery or gender confirming surgery

Gender Fluid: Describes a person whose gender identity is not fixed; a person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some of the time, and another gender at other times

Gender Non-conforming: Described a gender expression that differs from a given society's norms for males and females

Genderqueer: Describes a person whose gender identity falls outside of the traditional gender binary structure

Implicit Bias: Bias that results from the tendency to process information based on unconscious associations and feelings, even when these are contrary to one's conscious or declared beliefs

Inclusion: Authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power

Intersectionality: The theory that the overlap of various social identities, as race, gender, sexuality, and class, contributes to the specific type of systemic oppression and discrimination experienced by an individual

Justice: The right to be treated fairly and the responsibility to treat others with fairness

Lesbian: A sexual orientation that describes a woman who is emotionally and sexually attracted to other women

Macroaggression: Large-scale or overt aggression toward those of a different race, culture, gender, etc.

Microaggression: A subtle but offensive comment or action directed at a member of a marginalized group, especially a racial minority that is often unintentionally offensive or unconsciously reinforces a stereotype

Micro assaults: Conscious and intentional actions or slurs, such as using racial epithets, displaying swastikas, or deliberately serving a white person before a person of color in a restaurant. (e.g., macroaggression)

Microinsults: Verbal and nonverbal communications that subtly convey rudeness and insensitivity and demean a person's racial heritage or identity. An example is an employee who asks a colleague of color how she got her job, implying she may have landed it through an affirmative action or quota system.

Microinvalidations: Communications that subtly exclude, negate, or nullify the thoughts, feelings, or experiential reality of a person of color. For instance, white people often ask Asian-Americans where they were born, conveying the message that they are perpetual foreigners in their own land.

Minority Stress: Chronic stress faced by members of stigmatized minority groups.

Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes, and/or concealment of one's sexual orientation.

People of Color: Often the preferred collective term for referring to non-White racial groups. While "people of color" can be a politically useful term and describes people with

their own attributes (as opposed to what they are not, e.g., “non-White”), it is also important whenever possible to identify people through their own racial/ethnic group, as each has its own distinct experience and meaning and may be more appropriate.

Prejudice: Preconceived opinion that is not based on reason or actual experience

Race: A social/cultural construct; the idea that the human species is divided into distinct groups based on inherited physical and behavioural differences

Racism: The belief that there is a causal link between inherited physical traits and traits of personality, intellect, morality, and other cultural and behavioural features; and that some races are innately superior to others. The term is also applied to political, economic, or legal institutions and systems that engage in or perpetuate discrimination based on race or otherwise reinforce racial inequalities in wealth and income, education, health care, civil rights, and other areas.

Sexual Orientation: How a person characterizes their emotional and sexual attraction to others

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks

Social Stigma: Negative stereotypes and social status of a person or group based on perceived characteristics that separate that person or group from other members of a society

Structural Stigma: Societal conditions, policies, and institutional practices that restrict the opportunities, resources, and well-being of certain groups of people

Stereotype: A simplified, and standardized conception or image invested with special meaning and held in common by members of a group

Stereotype Threat: Refers to the risk of confirming negative stereotypes about an individual’s racial, ethnic, gender, or cultural group.

Tokenism: The policy or practice of making only a symbolic effort to desegregate power

Two-spirit: Describes a person who embodies both a masculine and a feminine spirit; this is a culture-specific term used among some Native American, American Indian, and First Nations people

White Privilege: Refers to the unquestioned and unearned set of advantages, entitlements, benefits, and choices bestowed on people solely because they are White

Online Glossary: <https://www.racialequitytools.org/glossary>.

Outdated Terms to Avoid:

The following terms may have been used in the past but are now considered outdated and sometimes offensive. We recommend replacing these words with the suggested terms provided.

Should Not Be Used	Should Be Used
Berdache	Two-spirit
Hermaphrodite	Intersex/disorders of sex development
Homosexual	Gay or Lesbian
Sexual preference	Sexual Orientation
Transgendered/A Trans gender/Trany	Transgender
Sex Change	Gender affirmation surgery
Colored	Person of Color
Caucasian	White
Mental retardation	Intellectual disability

Additional Resources: Please check out the resources below for additional resources and education on DEI and supervision related topics.

- Read the following article addressing how to support a trainee if they experience patient bias in clinic.
 - [How Should Organizations Support Trainees in the Face of Patient Bias?](#)
- Learn more about the 5D method of addressing microaggressions as outlined by Dr Kimberly Manning in her talk, [From Bystander to Upstander: Advocacy through Action](#).
 - Display discomfort - facial expressions or body language that show disapproval
 - Direct - addressing the microaggression while it's occurring-Example: Move into clarify if you perceive those assumptions are being made –ask clarifying question of provider or patient
 - Distract - changing the subject so that the microaggression stops occurring- Example: If there is a need to intervene during the session –consider distraction – “let's move on to 'X'”
 - Delegate - asking someone else (i.e., a supervisor/advisor) to handle the situation
 - Delay - speak with the recipient of the microaggression after the interaction has ended

Acknowledgements

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