

This report concerns the five train the Trainers courses offered by staff of Plymouth University as part of WP7 'Quality in genetic counselling'.

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General comments

These courses were designed to address the need for health professional training in clinical skills to accompany genetic testing.

The courses were offered in two different modes: the first four were provided as webinars and could be accessed by anyone who had internet broadband access. These four sessions were also recorded and the link was made available to those who had registered for the sessions. The fifth course was offered in one four day block of face to face teaching.

Overall, both methods of delivery were viewed positively by participants. Those attending the webinars commented on the accessibility, interactive approach and opportunity to share experiences with professionals in other countries. The opportunity to obtain live feedback on counselling and teaching skills and the modelling of appropriate ways to provide training in counselling skills was regarded as important to those attending the live counselling course.

An important aspect of all courses was the use of the programmes to 'model' good teaching practice and provide participants with a toolkit of strategies and resources that they could adapt for use in their own training contexts.

Feedback on specific courses

1. Courses 1-4: webinar series

The four-course webinar programme was focussed on the theme: 'Offering presymptomatic and prenatal genetic testing in a range of clinical contexts'.

The course was advertised widely via professional network and websites and was offered free to any health professional who had a role in mentoring, training or educating others in genetic testing. Participants were asked to register with the organiser, they were then free to attend any of the webinars. Although the programme was aimed at addressing a range of components of genetic testing, it was possible to view each session as a single entity.

Each interactive session lasted 90 minutes, and participants were given tasks and exercises to undertake during the webinar and afterwards (see appendix X). The emphasis was on interactivity. The presenter had a powerpoint presentation prepared that was distributed to all participants before the session. This is very important when some students were following the session in their second or even third language. Having the presentation available before the session allowed the participants to prepare for the session and to print the material so they could make notes during the session if they wished. During the session participants were asked questions, which they responded to using a chat room, and were encouraged to comment using their own experiences and to ask questions. As the courses were aimed at training trainers, rather than simply educating health professionals, input on adult education and suggested group exercises to help the participants to plan and deliver their own courses were included.

After the course, all course attendees were asked to provide some training to colleagues, this could include providing an informal teaching session for clinical colleagues, teaching professionals in formal settings or running a study day or seminar at a conference or other professional meeting.

Table 1. Programme of webinars

Course	Topics
1	Teaching adults Ethical practice in genetic testing Informed consent
2	Presymptomatic testing - objectives and principles Counselling and ethical issues in PST Process issues in offering PST
3	Prenatal diagnosis - objectives and principles Counselling in PND Non-invasive prenatal diagnosis – specific issues

4	Offering counselling training to others – principles and practice
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Profile of attendees

A total of 36 individuals from 17 different countries registered for the programme. Table 2 shows the registered participants by country and professional background. The number of participants who attended each course ranged between 19 and 32.

Table 2. Profile of participants

Country	Profession
1. Bosnia/Hercegovina	Biologist human geneticist
2. Canada	Clinical geneticist
3. Canada	PhD student in genetics
4. Czech Republic	Medical geneticist /trainer
5. EC	Molecular geneticist
6. Ecuador	Obstetrician
7. France	Genetic counsellor
8. France	Genetic counsellor
9. France	Genetic counsellor
10. Hong Kong	Pathologist/MSc genetic course tutor
11. Hong Kong	Obstetrician
12. Iberia	Industry representative
13. India	Asst Professor teaching reproductive genetics
14. India	Preconception and prenatal genetics
15. Ireland	Genetic counsellor
16. Lebanon	Fetal medicine clinician

17. Oman	Genetic counsellor
18. Portugal	Medical genetics trainee
19. Portugal	Medical geneticist
20. Portugal	Genetic counsellor/Msc course tutor
21. Portugal	Clinical geneticist
22. Portugal	Clinical psychologist
23. Russia	Head of lab genetics
24. Russia	Physician assistant
25. Spain	Head of mol genetics/PGD
26. Spain	Laboratory geneticist
27. Spain	Genetic counsellor
28. Spain	Genetic counsellor
29. Spain	Biologist/genetic counsellor in industry
30. Sweden	Prenatal counsellor/lecturer in genetic counselling
31. Sweden	Genetic counsellor
32. Switzerland	Genetic counsellor
33. Turkey	Post-doc researcher (medical genetics)
34. UK	Genetic counsellor course director
35. UK	Diabetes genetics researcher /trainer
36. UK	Genetic counsellor
37. UK	Genetic counsellor

Each course was recorded and a link sent to all who had registered. Almost half (47%) of the 19 people who gave feedback had watched at least one recording.

Feedback

After the four-course programme was completed, participants were sent a link to a survey to complete feedback anonymously. Nineteen people did this.

For most participants these courses were their first experience of using webinars in an educational context. However the use of webinars to deliver the courses was well-regarded by all participants who gave feedback.

One participant noted:

'I had not any [experience of webinars] until now. For me as a participant from country with very limited funding for travel and trainings this is the great way to keep up to date. I would say that webinar is the best alternative for highly specific condensed courses.'

Another typical comment was:

'The way of teaching in the course was good. The interactive nature enables exchange of views between participants in different regions. Participants can ask questions and have immediate feedback from instructor.'

Accessibility to courses not available locally was mentioned as a positive aspect for some participants, others comments on the use of real case examples throughout and the emphasis on the counselling aspects of genetic testing. The majority of participants found each session 'extremely relevant' to their work.

Participants varied in what they had found most helpful: some valued the exercises and hints to improve their teaching sessions, while others felt being challenged to think about ethical and psychological aspects of testing was of greatest benefit.

When asked for suggestions to improve the courses, several participants commented that they would have liked more time to talk with others, therefore in future a discussion blog for participants would be a useful addition.

2. Course 5: Development of counselling skills for genetic counselling

During July 2013 we held a 'Train the Trainers' course in advanced counselling skills as a residential course held over one block of three days. The course was led by Professor Heather Skirton and Professor Aad Tibben. It was modelled on a previous 'Train the Trainers' course in counselling skills offered by the same trainers.

The course was offered free of charge to health professionals who had some background in genetic counselling and who had a role in mentoring, training or educating others in this topic. After the course, all course attendees were asked to provide some training to colleagues, possibly including providing teaching sessions for clinical colleagues, teaching professionals in formal settings or running a study day or seminar at a conference or other professional meeting. The optimal number of people in a counselling training group is 12-15, therefore two people from each of six countries were invited to attend so that they could support each other in providing training after the course. One person was unable to attend due to family illness so 11 people participated from the following countries: Belgium, Germany, Hungary, Malaysia, Sweden and Turkey. All were health professionals involved in training others in genetic healthcare.

Figure 1. Course topics:

1. Objectives of the course, principles and practice in adult learning
2. Teaching core counselling skills and use of tools for counselling practice in genetics
3. Enhancing practice through role-play and effective feedback
4. Relevant theories for counselling practice in genetics
5. Helping practitioners to develop reflective skills and use supervision
6. Offering training to others.

The aim of the course was to enable participants to enhance their own counselling skills and help them with skills that they could use to support colleagues to also develop their counselling expertise for clinical practice.

The course was very clinically based. It included some theory, personal development, and professional reflection and practical exercises with feedback to support skills development.

Figure 2. Course Programme

Day One
Welcome
Introduction to the course
Setting goals
Group contract
Adult learners – what is important in offering courses
Teaching the basics in counselling skills – the core conditions
Working with role play – creating student confidence and rules of feedback
Writing and using scenarios
Strengths and weaknesses as a teacher
Evaluation of the day and check out
Day Two
Group check in
Using Transactional Analysis as a theoretical basis – with suggested personal exercises
Sharing what works – participants share experience of activities/tools that they have used that help others to develop skills.
Family dynamics, transference and counter-transference – helping practitioners to identify what is happening
Practising giving feedback in role play situations
Evaluation of the day and group check out
Sharing and discussion about national genetic services, cultural similarities and differences, impact on implementing course (informal after dinner)
Day Three
Group check in
Grief, loss and mourning – preparing practitioners for grief work in genetic counselling – with example exercises
Sharing what works – participants share experience of activities/tools that they have used that help others to develop skills.
Lunch break
Writing a draft program for your own national context – for adult learners
Final evaluation and close

Feedback

Feedback on the course was extremely positive, with all participants commenting that they had learnt much both personally and as teachers. All participants left the course with a plan to offer training in their own regions or countries. This far we have not collected data on the extent to which this has happened.