SUPERVISORY STYLES AND SATISFACTION: GENETIC COUNSELING
STUDENT AND GRADUATE VIEWS

BY

CHRISTINE MARIE SHUSS

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Thesis Advisor:
Anne Matthews, RN, PhD

Committee Members:
Leslie Cohen, MS, PhDc, CGC
Duane Culler, MS, PhD, CGC
Aditi Parikh, MD

Genetic Counseling
Department of Genetics
CASE WESTERN RESERVE UNIVERSITY

August, 2012
We hereby approve the thesis/dissertation of

Christine Marie Shuss

candidate for the Master of Science degree*.  

(signed) Anne Matthews, RN, PhD
(chair of committee)

Leslie Cohen, MS, PhDc, CGC

Duane Culler, MS, PhD, CGC

Aditi Parikh, MD

(date) July 6, 2012

* We also certify that written approval has been obtained for any proprietary material contained therein.
# TABLE OF CONTENTS

Title Page .................................................................................................................. 1

Table of Contents ....................................................................................................... 3

List of Tables .............................................................................................................. 6

List of Figures ............................................................................................................ 7

Abstract ..................................................................................................................... 8

**Chapter 1: Introduction** ....................................................................................... 9

**Chapter 2: Purpose and Specific Aims** ............................................................... 12

**Chapter 3: Background** ..................................................................................... 13

Supervision ............................................................................................................... 13

Supervisor Styles ..................................................................................................... 15

Satisfaction with Supervision .................................................................................. 19

Supervision in Genetic Counseling ......................................................................... 22

Significance for Genetic Counseling ....................................................................... 26

**Chapter 4: Project Design and Methods** ............................................................ 28

Study Design ........................................................................................................... 28

Participants .............................................................................................................. 29

Questionnaire Design ............................................................................................ 30

Data Analysis .......................................................................................................... 32

**Chapter 5: Results** ............................................................................................ 35

Response Rate ........................................................................................................ 35

Demographic Information ....................................................................................... 35

Supervisory Styles Characteristics ......................................................................... 39
Appendix 6: Relationship between Supervisory Styles and Participant Satisfaction

(Table 7)........................................................................................................................................89

Appendix 7: Participant Responses to Open-Ended Questions..................................................90

References......................................................................................................................................137
**LIST OF TABLES**

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1a</td>
<td>SSI Mean Score Comparisons for Experience as a Supervisee</td>
<td>42</td>
</tr>
<tr>
<td>Table 1b</td>
<td>SSI Mean Score Comparisons for Experience Being a Supervisor</td>
<td>42</td>
</tr>
<tr>
<td>Table 2</td>
<td>Supervision Satisfaction Scores for Current Students vs. Graduates</td>
<td>46</td>
</tr>
<tr>
<td>Table 3</td>
<td>Respondent Views on the Supervisory Experience</td>
<td>48</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

Figure 1  Most Beneficial Supervisory Style Compared to Participant Exposure…37
Figure 2  Comparisons of Supervisory Styles for Participants’ Most and Least Favorable Experiences………………………………………………...38
Figure 3  Supervisory Styles Inventory (SSI) Scores........................................41
Figure 4  Satisfaction Scores by Participant Cohort.................................45
Supervisory Styles and Satisfaction: Genetic Counseling Student and Graduate Views

Abstract

By

CHRISTINE M. SHUSS

The purpose of this study was to evaluate student perceptions of genetic counselors’ supervisory styles and determine what impact those styles have on student satisfaction. An online survey was distributed to current second year students (n=71) and 2010/2011 graduates (n=122). Participants were asked to answer the Supervisory Styles Inventory and Supervision Satisfaction Questionnaire for both a most and least favorable experience. Scores tabulated for the two scales were compared to determine if there was a relationship between supervisory styles and student satisfaction. These experiences were also analyzed for reoccurring themes. Study results showed that the attractive and interpersonally-sensitive supervisory styles were associated with higher satisfaction scores whereas the task-oriented style was related to negative supervisory experiences. However, while the attractive and interpersonally-sensitive styles were associated with more positive supervisory experiences, respondents stated that goal-setting, a task-oriented quality, was beneficial suggesting that a mixed-style approach would be most advantageous for students.
CHAPTER 1: INTRODUCTION

Genetic counselors are healthcare professionals who provide patients and families with information about genetic conditions and facilitate informed decision-making about reproductive options and genetic testing. Genetic counselors are trained in master-level programs typically lasting a minimum of 21 months, involving both a didactic and hands-on approach to prepare trainees to work in the field. Students learn genetic concepts and psychosocial material in order to counsel patients appropriately and by the end of their second year, ideally, are expected to manage full cases on their own. Supervision is an essential component of the genetic counseling training process since it allows students to counsel patients while still receiving guidance from an experienced genetic counselor. Similar to training for other healthcare professionals, supervision provides students with opportunities to expand their knowledge and gain experience working with patients (Bernard & Goodyear, 2009). While the process of supervision can vary between medical healthcare programs, the overall goal of preparing students to be successful in their field is the same for any profession.

Clinical supervision consists of a variety of intervention and evaluation approaches to support trainee learning and skill development (Severinsson, 1998). During supervision, supervisors use various styles of teaching when interacting with and evaluating students. Previous studies in the field of psychology involving supervision have found that supervisory styles can impact students’ views on their clinical learning environment and their professional development (Lazar & Eisikovits, 1997; Steward, Breland, & Neil, 2001). Studies analyzing student satisfaction have found that counterproductive events, such as supervisor dismissal of a trainee’s thoughts and
feelings, are associated with decreased student satisfaction; whereas the supervisory working alliance, actions used by both the supervisor and supervisee to facilitate the trainee learning experience, lead to increased satisfaction levels. (Gray et al., 2001; Ramos-Sánchez et al., 2002; Cheon et al., 2009). While student satisfaction with supervision is based on a number of different factors, certain supervisor styles (attractive and interpersonally-sensitive) are related to higher reports of satisfaction (Worthington Jr. & Roehlke, 1979; Fernando & Hulse-Killacky, 2005).

While supervision is a well-studied topic in psychology, nursing, and social work, limited research has been conducted regarding clinical supervision in genetic counseling. To the researcher’s knowledge, there are only 13 studies focusing on supervision in the genetic counseling field and only two of these have focused on students as the primary subjects. Moreover, there are no studies that have examined how supervisory styles impact genetic counseling students’ satisfaction with the supervision process. Topics that have been explored include the importance of using live supervision in the genetic counseling field and the thought processes behind a supervisor’s decision to help train students (Hendrickson, McCarthy Veach, & LeRoy, 2002; Lindh, Veach, Cikanek, & Leroy, 2003). Other studies have presented novel approaches to train the current generation of genetic counseling students and ways to avoid the conflict of multiple relationships, which are relationships outside of the professional work environment (Venne & Coleman, 2010; Gu, McCarthy Veach, Eubanks, LeRoy & Callahan, 2011). As the genetic counseling field continues to expand, knowledge about supervision in the field will be beneficial to those who are involved in clinical training.
In order to add to the limited literature regarding supervision in genetic counseling, this study examined genetic counseling trainees’ views on what supervisory styles are generally used and their satisfaction with supervision. Furthermore, this study determined if a relationship existed between trainee perceptions of supervisory styles and their satisfaction with supervision.
CHAPTER 2: PURPOSE AND SPECIFIC AIMS

Purpose:

The purpose of this study was to explore student perceptions of clinical supervisors’ styles and student satisfaction regarding the supervision process within genetic counseling training programs.

Aims:

1. Elicit genetic counseling students’ perceptions of clinical supervisor styles.
2. Evaluate genetic counseling students’ satisfaction regarding clinical supervision.
3. Explore the relationship between supervisor style and genetic counseling students’ satisfaction with clinical supervision.
CHAPTER 3: BACKGROUND

Supervision

Supervision has been defined as an intervention made by a senior member of a profession to a new member, for the purpose of the enhancement of junior members’ abilities over time and evaluating their progress over time (Bernard & Goodyear, 2009). Bernard and Goodyear (2009) suggest that supervision plays two roles, 1) to aid in the development of the supervisee and 2) to ensure the welfare of the client, with the end goal being to prepare the supervisee to function independently in the field. In order to prepare students to be successful in their field, various interventions are used for individual supervision of students including, videotaping or audiotaping of the supervisee during counseling sessions, live supervision, and trainee self-report. The general functions of these methods are to assess the learning needs of students; to change, shape or support behaviors; and to evaluate student performance (Bernard & Goodyear, 2009).

Another component of supervision is the way in which students are evaluated during their clinical rotations. During the evaluation process, supervisors typically assess students based on what the supervisor believes are the necessary capabilities the student will need to possess for the field in which they are entering. Bernard and Goodyear (2009) discussed the importance of a supervision-evaluation contract in which a set of goals is provided to the supervisee before the supervision process begins. This allows students to know what expectations should be met by the end of their rotation. Lehrman-Waterman and Ladany (2001) found that goal setting with trainees was highly correlated with a positive supervisory working alliance and overall satisfaction with the supervision process.
Severinsson (1998) suggest that the primary purpose and goal of education in clinical settings is to train students to develop logical reasoning and moral thinking. During this time, students are able to incorporate what they have learned in the classroom into clinical practice. The importance of the supervision process from the students’ perspective has been evaluated in both the nursing and psychology fields. A study by Severinsson (1998) assessed nursing students’ views of their supervision program through an open-ended questionnaire. Twenty-eight students were interviewed and their responses indicated that there were two primary goals of supervision: to enhance personal growth and to allow for the integration of knowledge learned in class. Student perceptions of improvements in personal growth included increased sensitivity to patient needs, taking on more responsibilities in clinical settings, and developing more insight into how to manage challenging situations. Severinsson (1998) found that a student’s process of creating knowledge includes four stages: awareness of concepts, increased psychosocial skills, development of a model of communication and reflection of what was learned and how the student applied those theories in practice. Students ranked improvement of interpersonal skills, professional skills and communication skills as being the most important aspects of supervision (Severinsson, 1998).

Insights into supervisors’ experiences of mentoring nursing students were analyzed using interviews in a qualitative study by Atkins and Williams (1995). Six roles were identified as important to 12 nurse supervisors: supporting students, facilitating learning, learning through student experiences, managing conflicting roles, being supported by colleagues, and working in partnership. Participants in the study emphasized the importance of supporting students during supervision and believed they
were able to reduce students’ anxiety by providing positive reinforcement and encouragement. The mentors reported that promoting learning through reflection was an important aspect of supervision for students. The researchers found that all the participants reported working in partnership with students, which allowed both supervisor and supervisee to learn through each other. This study suggests that supervision not only provides an environment for students to develop, but also allows supervisors to learn from students.

Supervision is a complex process which requires selecting an intervention method and providing students with adequate information on how they will be evaluated. Supervision can provide students an opportunity to learn from their mistakes, acquire skills and obtain advice from a senior member in their profession to ensure quality client care. While the impact of supervision has been explored in the fields of nursing and psychology, the topic has largely been overlooked in the field of genetic counseling. Acquiring additional knowledge about supervision in genetic counseling will allow for improvements to the supervisory process and create the optimal learning environment for trainees.

**Supervisor Styles**

Supervisory styles refer to the behavior patterns used by the supervisor for approaching and responding to trainees. Researchers have reported that supervisors use various supervisory styles and roles when working with students (Bernard & Goodyear, 2001; Fernando & Hulse-Killacky, 2005). The type of style used by supervisors impacts the learning experience, the type of feedback students will receive, and supervisees’
satisfaction with the supervisory process. Supervisory styles can be categorized in multiple ways. Friedlander and Wade (1984) described three styles of supervision, 1) attractive style (trusting, supportive, warm, and friendly), 2) interpersonally-sensitive style (personally-invested, committed to the student and perceptive), or 3) task-oriented style (structured, goal-focused, and practical). The approach supervisors use depends on what they view as their primary role, such as teacher or advisor. Supervisors typically have predominantly one type of supervisory style but may change depending on the student’s personality or expertise (Bernard & Goodyear, 2001). Most supervisors choose their own supervisory style based on their personal preference or past experiences.

Supervisory styles can impact the clinical learning environment for trainees in various ways. For instance, it has been reported that when the type of supervisory style being utilized is explained to students, there is a decrease in supervisee resistance and anxiety regarding the expectations for the rotation and the criteria for evaluations (Lazar & Eisikovits, 1997). It has also been suggested that supervisory styles do influence students overall supervision experience, including their satisfaction and perceived self-efficacy, which is an individual’s belief in his/her own competency (Fernando & Hulse Killacky, 2005). Therefore, several studies have recommended that a flexible approach to supervisory styles be used to enhance effectiveness in meeting each student’s needs (Dublin, 1989).

Research on the effects of supervisory styles on trainees has been studied in the psychology and social work fields. Steward, Breland, and Neil (2001) used two validated questionnaires to assess 36 counseling students’ perceptions of their supervisors’ supervisory styles and how styles impacted students’ self-evaluations of counseling
competency. The authors’ data suggested that when students rated their supervisors as attractive, trainees’ reported less positive self-evaluations and viewed themselves as less efficient counselors compared to students who viewed their supervisor as having an interpersonally-sensitive or task-oriented style. Other studies however, have found the attractive style is associated with a supervisor who is trusting and supportive to the student and therefore, this style would have been expected to foster students’ views of their competency (Heppner & Handley, 1981; Ladany, Walker, & Melincoff, 2001). Alternatively, supervisors who are only viewed as friendly and supportive, may result in trainees who are not effectively challenged, leading to feelings of decreased self-confidence (Steward et al., 2001).

In contrast to Steward et al. (2001), Heppner and Handley (1981) found that the primary supervisor characteristics reported by graduate-level psychology and counseling students’ (n=33) were expertness, attractiveness, and trustworthiness. In addition, both supervisor attractiveness and trustworthiness were positively associated with student satisfaction with supervision (p<0.01). The researchers’ concluded that students who reported supervisors as exhibiting attractive or trustworthy qualities were more likely to be satisfied with the supervisory experience compared to students who reported expert (task-oriented) characteristics.

Conversely, Lazar and Eisikovits (1997) assessed 137 social work students’ views on how supervisory styles affected their field placement and found that students preferred a structured and task-oriented style over a more spontaneous and process-oriented approach. Students favored an equal balance of control and autonomy, which allowed for problem solving and discussions of cases. Students who were provided an environment
that allowed for the development of competency and adequate direction on how to manage cases were more likely to view their supervisors as helpful compared to students whose supervisors emphasized feelings and had an unclear focus (Lazar & Eisikovits, 1997).

Other studies have explored the effects of supervisory styles on the supervisor-supervisee relationship. A quantitative study by Ladany, Walker, and Melincoff (2001) examined the relationship between 137 supervisors’ perceptions of their supervisory styles and the supervisory relationship. The researchers found that supervisors who viewed themselves as attractive or interpersonally sensitive were more likely to believe they had a mutually trusting relationship with students compared to task-oriented supervisors. Task-oriented supervisors reported a higher agreement on tasks with students, which are aspects the supervisor expects the trainee to be responsible for during the counseling session. The researchers concluded that a flexible approach to supervisory styles may encourage a stronger supervisory relationship. Thus, while many supervisors primarily use one type of style when interacting with students, the use of a variety of approaches may be beneficial for students.

A study by Worthington Jr. and Roehlke (1979), assessed the views between students and supervisors regarding what supervisory styles are most effective. A list of 42 supervisor behaviors were provided to both counseling students (n=42) and supervisors (n=16), and students rated these behaviors according to satisfaction of supervision. “Giving appropriate feedback to supervisees about positive counseling behaviors” received the highest mean rating by supervisors. “Encourages supervisee to find their own style of counseling” had the highest significant correlation to supervisee...
satisfaction compared to any of the other possible supervisor behavior descriptions. This was also rated as highly important by supervisors. The major finding of the study was that behaviors believed to be important to supervisors were not the same as the behaviors that had a significant correlation with students’ satisfaction and improved counseling skills (Worthington & Roehlke, 1979).

The above studies suggest that supervisory styles can have a significant impact on trainees’ views of supervision, in turn, influencing how students view their professional development. This study was designed to assess genetic counseling students’ views on supervision styles and which styles students reported to be most beneficial to their training.

**Satisfaction with Supervision**

Satisfaction has been defined as the “desired outcome of a task or job that enhances a person’s self-esteem” (Athiyaman, 1997). In the educational system, satisfaction plays a major role in student development. It has been shown that an environment facilitating learning and growth will result in a more motivated student (Athiyaman, 1997). Therefore, the more satisfied students are with their educational experience, the more likely they are to put forth the necessary effort to succeed.

Student satisfaction with supervision has been found to be influenced by various aspects of the supervision process. Negative outcomes that occur during supervision are counterproductive to the supervision and learning processes. Ramos-Sánchez et al. (2002) explored what effect negative interactions between supervisor and supervisee had on students’ satisfaction with supervision. The researchers found that 21.4% (n=27/126) of students reported experiencing a negative event in supervision. Negative experiences
included differing attitudes, communications problems, and personality conflicts between supervisor and supervisee. Those students who reported negative events during supervision were more likely to report lower levels of satisfaction with their supervisor compared to students who did not experience negative events. The researchers concluded that student dissatisfaction with supervision was a likely outcome when a negative event occurred.

Similarly, Gray, Ladany, Walker, and Ancis (2001) interviewed 13 psychotherapy students to determine the impact of counterproductive events, which were defined as any experience that was hindering, unhelpful, or harmful to a student’s growth. An event such as a supervisor not acknowledging a trainee’s opinions regarding patients was reported as counterproductive. The researchers found that trainees attributed the reported negative experiences to supervisors not acknowledging students’ thoughts and feelings. In more than 50% of cases, the relationship recovered over time and was found to be strengthened when the event was discussed between supervisor and supervisee. The researchers concluded that a negative event and the interactions that followed contributed to trainees’ dissatisfaction with their supervisors (Gray, Ladany, Walker, & Ancis, 2001).

The relationship between supervisory styles and satisfaction has not been well-researched in the healthcare field. One of the few studies exploring this topic was done by Fernando and Hulse-Killacky (2005) who examined whether supervisor styles were related to student satisfaction and perceived self-efficacy, an individual’s belief in his or her own competency. Questionnaires were administered to 82 counseling students to evaluate supervisor styles (attractive, interpersonally-sensitive, and task-oriented) and student satisfaction. The interpersonally-sensitive supervisor style (invested and
intuitive) was the only variable that was statistically significant (p<0.009) in predicting satisfaction with supervision, while the task-oriented style (goal-oriented) was the primary predictor of students’ perceived self-efficacy. The authors found the interpersonally sensitive style had the strongest correlation (p<.01) with satisfaction compared to the attractive or task-oriented styles. Fernando and Hulse-Killacky (2005) concluded that supervisor styles influence student satisfaction and self-efficacy and recommended that supervisors incorporate varied styles in their manner of supervision in order to provide the greatest benefit to students. A limitation of the study was that the researchers did not compare how supervisors perceive their supervisory styles and therefore, the results may be biased to how the participants’ viewed their supervisors.

In contrast to the previous study, Ostergren (2011) found that supervisory styles were not significantly correlated with supervisee satisfaction in a study evaluating the views of 122 speech-language pathologists on supervisory styles, supervisory working alliance (goals and tasks that are mutually agreed upon by the supervisor and supervisee), and satisfaction. Based on the results of the questionnaire, participants (47%) felt the predominant supervisory role used by their supervisor was a collaborative style, in which the supervisee assumes more responsibilities in decision making, followed by a consultative style (36%), where the supervisee is independent and assumes the dominant role. In regard to satisfaction, 86% of participants were satisfied with their supervision experience and would recommend their supervisor to someone while 13% were dissatisfied or very dissatisfied. Unfortunately, the authors did not explore what factors may have influenced student dissatisfaction with their supervisor (Ostergren, 2011).
In summary, these studies show that trainee satisfaction with supervision can be influenced by numerous factors. For instance, counterproductive or negative events and supervisory styles can potentially have a negative impact on the training experience. Knowledge about ways to enhance student satisfaction may help genetic counseling supervisors improve the training experience.

**Supervision in Genetic Counseling**

Supervision in the genetic counseling field has been described as being essential to the education of students and serves three main purposes: 1) to promote the development of supervisees, 2) to ensure quality patient services, and 3) to serve as a gate keeping function (McCarthy Veach & LeRoy, 2009). The ultimate goal, as in any other clinical profession, is to teach students to become fully competent professionals in the genetic counseling field.

Unlike supervision in other fields such as psychology where supervisees generally have one supervisor throughout the entire clinical training period, supervisees in the field of genetic counseling work with multiple supervisors during their training. This allows students to have the ability to rotate through several institutions and be exposed to a range of different genetic conditions (ABGC, 2010). The American Board of Genetic Counseling “Required Criteria for Graduate Programs in Genetic Counseling Seeking Accreditation by the American Board of Genetic Counseling” report encourages programs to use a variety of training opportunities during the clinical experience to enhance the variety and depth of cases students see and counsel (ABGC, 2010). These experiences provide students with the opportunities of working in different clinical settings as well as being exposed to diverse patient populations.
Another unique feature of genetic counseling programs is that unlike other counseling programs, the genetic counseling field primarily uses live supervision as the main method of clinical supervision. During live supervision, the supervisor is present for most or all of the student’s genetic counseling sessions. Supervisors typically assist students with counseling within the session, consult with the student outside the session, and discuss the strengths and weaknesses of the counseling session at its conclusion.

Similar to the psychology training programs, the genetic counseling field uses a variety of approaches to evaluate students based on their performance during live supervision. These methods include formal case presentations, surveying patients, formative (day to day) evaluations, and summative evaluations at the end of the rotation. To be most valuable, McCarthy Veach and LeRoy (2009) state that evaluations should be employed frequently so program directors, supervisors, and trainees are aware of what progress is being made during the rotation. In order for an effective supervisory relationship to occur, students need to be made aware of the evaluation methods used and the expectations for each rotation (McCarthy Veach and LeRoy, 2009). This helps students understand what their responsibilities and goals are for the clinical rotation.

While there is limited research conducted on supervision in genetic counseling, the results of these few studies do have implications for the field. A study by Hendrickson, McCarthy Veach and LeRoy (2002) examined the nature and impact of live supervision in genetic counseling training programs. Both second year students (n=15) and supervisors (n=11) were recruited for the study and were asked to answer questions in a focus group setting. Students and supervisors provided similar descriptions of supervisor roles during counseling including: taking notes, supplementing student
information and co-counseling. When supervisors were asked about what types of preparation for supervision they received, in vivo learning, which pertains to learning through trial and error, was brought up the most. When both students and supervisors were asked why live supervision was used, 38.4% stated that enhancing student skills and ensuring quality client care were the main reasons. In regard to the impact of live supervision on students, the researchers found that students felt supervisors were open to different supervision methods and reported positive effects; however, feelings such as increased anxiety were reported by students when the supervisory relationship was strained. The study by Hendrickson, McCarthy Veach and LeRoy (2002) provides insight into how both supervisors and students view the use of live supervision; however, the study did not address student satisfaction with supervision.

Depending on the institution in which they work, most genetic counselors are expected to be supervisors for trainees. In a descriptive study by Lindh, McCarthy Veach, Cikanek, and LeRoy (2003), genetic counselors were asked to report how much experience they had being a supervisor and why they chose to supervise or not. The researchers found that 66.7% of respondents had 5 years or less of supervision experience and 55% had supervised 10 or fewer students. When asked why they became supervisors, the majority of participants reported that they enjoyed teaching and making a contribution to the profession. In regard to how genetic counselors learned how to be a supervisor, 98% said by “trial and error” since no formal training existed. All participants reported they provided one-on-one feedback with their supervisees and 47.3% stated they always provide feedback immediately after the counseling session. The researchers concluded that the majority of supervisors are primarily self-taught and
most indicated the desire for a supervision workshop to learn what strategies and practices are most effective when working with students. Examining how students are impacted by the supervisory experience was one goal of this current study.

Other studies have looked into ways to enhance the training of genetic counseling students. Using a novel approach, Venne and Coleman (2010) summarized traits they felt characterized the “Millennial” generation of genetic counseling students in order to provide supervisors with knowledge to enhance teaching methods. The “Millenials” are defined as students who were born between 1980 and 2000. Venne and Coleman (2010) proposed that supervisors use an experiential evolutionary scaffolding method to teach this generation of students. In this teaching model, supervisors would initially allow students adequate time to finish a straightforward assignment. Then, as the student progressed in abilities, the supervisor would begin implementing restraints on the student, such as time limitations, to provide a more “real world” case example for the student. This would be accomplished in a stepwise manner with the supervisor initially providing guidance to the student and eventually expecting the student to do this task on her/his own. Venne and Coleman (2010) believed experiential evolutionary scaffolding helps supervisors to develop independent thinking by the “Millennial” student and enhances critical thinking by providing complex learning experiences.

As in any supervision program, boundary issues and multiple relationships between supervisors and students outside the professional work environment can cause ethical concerns. This topic was studied by Gu, McCarthy Veach, Eubanks, LeRoy, and Callanan (2011) who surveyed 126 genetic counseling supervisors, 72 non-supervisors and 129 students to determine each groups’ knowledge regarding these issues. The
researchers found that all three groups believed that such activities as attending the same church as a student, being a student’s teacher for a course, and using the same exercise club were all appropriate for the supervisory relationship; whereas having a romantic relationship with a student was rated the most inappropriate. To resolve the potential problems of boundary issues and multiple relationships, the most common strategies the three groups described included compartmentalization (clarifying roles), discussion of the problem, and compliance. Since only 28% of genetic counselors and 19% of students were able to describe examples of challenging situations, the results from the study may not be generalizable to all genetic counselors and students.

The above mentioned studies have examined different aspects of supervision in genetic counseling including live supervision, the Millennial generation, why supervisors choose to supervise and multiple relationship issues. In general, however, none of these articles on supervision in genetic counseling have focused on how students’ view the supervision process or supervisory styles.

Significance of this study

Previous studies in the psychology and other health care fields have identified factors which influence supervisees’ views on supervisory styles and their satisfaction with supervision. Moreover, significant correlations have also been found between the various styles utilized by supervisors and student satisfaction (Fernando and Hulse-Killacky, 2005). However, these topics have not been addressed in the field of genetic counseling and further research could provide insight and guidance for genetic counseling supervisors. The purpose of this study was to determine what supervisory styles students perceived genetic counseling supervisors to use and what impact those
styles had on student satisfaction. To date, only two scholarly articles have included students as participants. It was hoped that this study would provide additional knowledge to both genetic counselors and students regarding what impact supervision has on student satisfaction and will improve the supervisory experience for both the clinical supervisor and the student. In addition, genetic counseling supervisors do not receive any formal training on supervision before becoming a supervisor. Therefore, this study will add to the genetic counseling literature and increase awareness of supervisory issues that may provide insight on what students feel is most effective in regards to supervision.
CHAPTER 4: METHODS

Study Design

The purpose of this mixed-methods study was to explore student perceptions of clinical supervisors’ styles and student satisfaction in regard to the supervision experience. The study aimed to identify what supervisory styles are most often utilized in the genetic counseling field and how supervisory styles correlated with overall student satisfaction with supervision. The study consisted of three cohorts: current 2nd year genetic counseling students, 2010 graduates and 2011 graduates. Graduates were included in the study to examine whether there were differences between current students’ and past graduates’ views on supervision and to make the study more robust.

Questionnaires were distributed to potential participants in one of two ways. For current 2nd year genetic counseling students, an email message was sent to the program directors of the American Board of Genetic Counseling (ABGC) accredited genetic counseling programs. The message explained the purpose of the study and requested the directors to forward the email message to each of their second year students. For 2010 and 2011 recent graduates, an E-Blast email message was sent to every member of the National Society of Genetic Counselors (NSGC) as means to reach potential participants. The E-Blast is an advertising opportunity provided by the NSGC to all current members.

Each message provided a brief overview of the purpose of the study along with a URL link to the online questionnaire, which was created through SurveyMonkey. When the participant selected the URL link, they were automatically taken to the letter of invitation (Appendix 2) which provided a more detailed overview of the purpose of the study and described its confidential nature. Potential participants were informed that
participation in the study was voluntary and no identifying information was required so questionnaires returned were anonymous. If the participant elected to continue on to the questionnaires and complete the online survey, consent to participate was implied. To increase response rate, a follow-up email was sent to program directors approximately two weeks after the initial email asking them to forward the reminder email message to their 2\textsuperscript{nd} year students. For graduates, a reminder E-Blast was sent out by the NSGC one month after the initial E-Blast.

**Participant Population**

In order to be included in the study, the individual must have been a minimum of 18 years old, and were either a current 2\textsuperscript{nd} year student enrolled in an accredited ABGC program or had graduated between January 1, 2010 to December 31, 2011 from an ABGC accredited program. Individuals who graduated outside of this time frame were not asked to participate in this study.

The American Board of Genetic Counseling currently has 31 accredited genetic counseling programs in the United States and three in Canada (ABGC, 2011). One of these programs has not yet enrolled students and therefore was excluded from participation in the study. Approximately 230 students were accepted to ABGC accredited genetic counseling programs in the United States and Canada in 2009 and 2010. Assuming that all accepted students are still currently enrolled or have graduated, a potential sample size of approximately 690 participants consisting of 2\textsuperscript{nd} year students and 2010/2011 graduates was anticipated.
Questionnaire Design

The questionnaire utilized for this study consisted of three sections including two validated inventories and one demographic section (Appendix 3). The first and second portions of the questionnaire consisted of the Supervisory Styles Inventory, which utilizes a Likert-scale to determine student perceptions of their supervisors’ styles and the Supervisory Satisfaction Questionnaire which utilizes a Likert-scale to explore student satisfaction with the supervision experience. While both the SSI and SSQ were formulated for psychology students, who typically only have one supervisor during their training, students in genetic counseling programs have multiple supervisors during their clinical rotations. In order to compensate for this discrepancy, participants were asked to answer the SSI and SSQ twice, once for a supervisor with whom the participant had the most favorable experience with and once for a supervisor with whom they had the least favorable experience with (Sections 1 and 2). Participants were asked to complete the SSI first so that they were blinded to the published definitions of the three supervisory styles (attractive, interpersonally-sensitive, and task-oriented). Following the completion of the SSI and SSQ, participants were asked to answer a series of demographic and open-ended questions (Section 3) in which the definitions of the three supervisory styles were included. More specifically, this section consisted of multiple choice questions pertaining to demographic data including sex, age, race, study cohort; along with questions pertaining to supervision such as whether the participant had experience as a supervisee or being a supervisor prior to entering their genetic counseling program, the total number of supervisors the participant had, what percent of their supervisors fit into each of the three categories of supervisory styles, what styles the participant found most
beneficial and whether they had a negative experience with a specific style of supervision or a particular supervisor.

**Aim #1: Elicit genetic counseling students’ perceptions of clinical supervisor styles.**

The Supervisory Styles Inventory (SSI) developed by Friedlander and Ward (1984) was used to accomplish aim #1. The SSI is a 33-item self-report instrument that analyzes supervisee’s perceptions of their supervisors’ styles. The inventory includes three subscales: the Attractive subscale contains 7 items such as “trusting” and “supportive” (items # 15, 16, 22, 23, 29, 30, 33); the Interpersonally Sensitive subscale contains 8 items such as “reflective” and “intuitive” (items #2, 5, 11, 21, 25, 26, 28); the Task-Oriented subscale contains 10 items such as “goal-oriented” (items #1, 3, 4, 7, 13, 14, 17-20). Eight additional items are included as fillers. Participants were asked to rate each item listed using a 7 point Likert-type scale ranging from 1 (not characteristic) to 7 (very characteristic). Scores for each of the three styles are calculated by adding the scores for each of the items included in that subscale and then dividing by the total number of items in each subscale. The SSI has high internal consistency estimates ranging from 0.76 to 0.93 and a test-retest reliability of r = 0.92 (Fernando & Hulse-Killacky, 2005).

**Aim #2: Evaluate genetic counseling students’ satisfaction regarding clinical supervision.**

The Supervisory Satisfaction Questionnaire (SSQ), developed by Ladany, Hill and Nutt (1996), was used to explore student satisfaction. The SSQ is a modified version of the Client Satisfaction Questionnaire (CSQ) with the difference being the word “supervision” replaced “counseling” and “services” from the CSQ (Fernando & Hulse-
There are two formats of the CSQ, an 8-item questionnaire and an 18-item questionnaire. The SSQ is based off of the 8-item CSQ. The SSQ consists of a 4-point Likert scale ranging from 1 (low) to 4 (high). The questionnaire contains eight items such as “How would you rate the quality of the supervision you have received?” and “In an overall, general sense, how satisfied are you with the supervision you have received?” with possible overall scores ranging from 8 to 32. Higher scores on the SSQ indicate greater student satisfaction with the supervision experience. The SSQ does not ask about multiple clinical rotations. Studies have found the internal consistency of the SSQ instrument to range from 0.96 to 0.97 (Ladany & Lehrman-Waterman, 1999; Ladany et al., 1999). While reliability has not been reported for the SSQ, a test-retest reliability of 0.83 has been reported for the 18-item CSQ, but the reliability is unknown for the 8-item CSQ.

**Aim #3: Explore the relationship between supervisor style and genetic counseling students’ satisfaction with clinical supervision.**

Data from the SSI and SSQ were compared to determine whether a relationship existed between type of supervisory style (as measured by the SSI) and student satisfaction with supervision (as measured by the SSQ). This aim attempted to answer what supervisory style utilized in genetic counseling supervision is correlated with higher student satisfaction.

**Data Analysis**

Descriptive statistics including means, standard deviations, frequencies and percentages were used to describe the study population demographics. Descriptive statistics were also used for the three participant groups’ responses pertaining to
supervisory styles and satisfaction with supervision. To answer Aims #1 and #2, mean value analysis was used for the results of the SSI and SSQ. Confidence intervals were used to determine if there were statistical differences between all three supervisory styles.

For both the SSI and SSQ, comparisons were also made between the respective results and data from the demographics section of the questionnaire. For Aim #1, an independent two-sample t test was used to analyze for significant differences between the demographic questions of whether the participant had experience as a supervisee or being a supervisor prior to entering a genetic counseling program and to determine if statistically significant differences existed for the supervisory style scores from the SSI. An ANOVA was used to compare the demographic variable of current genetic counseling student status to determine if statistically significant differences existed for SSI scores. A significance level of p <0.05 was used. In addition, SSI scores were compared for current students versus the combined graduate groups using an independent t-test.

For aim #2, an ANOVA compared the demographic variable of current genetic counseling student status to satisfaction scores using a significance level of p < 0.05. To determine if a relationship existed between total number of supervisors and SSQ scores, a multiple regression analysis was used. The demographic variables of gender, age, and race were not included because of the homogeneity of the genetic counseling profession. According to the “2010 Professional Status Survey” published by the NSGC, the genetic counseling field is comprised of 95% women and 92% of genetic counselors are Caucasian.

To answer Aim #3, a multiple regression procedure was used to determine if a relationship existed between supervisory style and student satisfaction. Data from both
the SSI and SSQ was used in the multiple regression analysis to examine how the predictor variables: attractive, interpersonally sensitive and task-oriented supervisory styles (SSI), contributed to the criterion variable of student satisfaction with supervision (SSQ). Data analysis was performed using SPSS for Windows version.

Four open ended questions in the demographics section of the questionnaire were qualitatively assessed. These questions gave participants the opportunity to provide their opinions on their supervisors and supervision experience. Participants were asked to explain both negative and positive experiences they encountered during their supervision rotations. This provided richness to the study and responses may provide further insight into the study’s results. The responses provided were analyzed and common themes were identified.

This study was approved by the Institutional Review Board (IRB) at University Hospitals Case Medical Center (Appendix 1).
CHAPTER 5: RESULTS

Response Rate

The invitation to participants was sent by email to a potential sample of 690 current second year genetic counseling students and 2010/2011 graduates. There was direct access to the 230 second year students via ABGC accredited program directors, but it was not possible to determine how many of the 460 2010/2011 graduates received the E-blast message sent out through NSGC since not all graduates may be members of the organization. Given these limitations, a theoretical response rate was calculated. A total of 217 current 2nd year students and graduates participated in the study, representing a response rate of 31.4%. Due to the survey design, multiple questions required an answer in order for the participant to proceed to the next item in the questionnaire. Participants were therefore provided the option to exit the survey at any point. As a result, the total n’s do not equal 217 as some respondents did not complete the entire survey.

Demographic Information

Of the 193 participants that answered the demographic questions, 36.8% (71/193) were current second year genetic counseling students, 34.2% (66/193) were 2011 graduates and 29.0% (56/193) were 2010 graduates. Demographic data were consistent with data reported in the NSGC 2010 Professional Status Survey. Females comprised the majority of participants (96.4%, 186/193), the mean age of participants was 26.6 years (SD=4.193, range=23-54 years), and the majority of participants were Caucasian (88.1%).

Following the completion of the Supervisory Styles Inventory (SSI) participants were provided definitions of the three supervisory styles and asked to answer a series of
questions, including 1) what percent of their supervisors fit into each of the three styles categories (attractive, interpersonally-sensitive, and task-oriented) and 2) which of these three styles the participant found most beneficial to their training. Respondents reported encountering approximately equal distribution of each supervisory styles, with 35.01% task-oriented, 32.54% attractive, and 32.45% interpersonally-sensitive. The majority of participants reported the attractive style (41.9%, 80/191) and interpersonally-sensitive (39.8%, 76/191) as being most beneficial to their training. Interestingly however, while participants reported encountering a slightly higher number of supervisors’ utilizing a task-oriented supervisory style (35% vs. 32% for other styles), only 18.3% (35/191) of participants chose this style as being most beneficial to their training.

Moreover, respondents who categorized the majority of their supervisors as utilizing an attractive, interpersonally-sensitive, or task-oriented supervisory style, chose the corresponding supervisory style as most beneficial to their training (Figure 1). Specifically, those who chose the attractive style as most beneficial, reported that 38.5% of their supervisors used an attractive style, 30.5% used the interpersonally-sensitive style, and 32% were task-oriented. Similarly, those who selected interpersonally-sensitive as most beneficial reported that, 37% of their supervisors utilized an interpersonal style, while 30.5% and 31.5% used an attractive or task-oriented style, respectively. While only a minority of participants (18.3%) chose task-oriented as most beneficial, these respondents also reported having the most exposure to the task-oriented style (42.2%) during their training and encountered the attractive and interpersonally-sensitive styles less frequently (28.5%, 29.3%, respectively). These results suggest that the supervisory style participants encountered the most during training impacted which
style they reported as most beneficial. Therefore, based on these results, it appears that exposure plays a role in students’ preference of supervisory styles.

Figure 1: Most Beneficial Supervisory Style Compared to Participant Exposure to All Supervisory Styles*

![Bar chart showing the rate of supervisor style encountered based on participant exposure.]

*Definitions of the 3 styles were provided to participants for these questions

Participants were asked to describe both a negative and a positive supervision experience (open-ended response) and were again provided definitions of the supervisor styles in order to select which style was associated with each experience (Figure 2). The interpersonally-sensitive style was the style most often selected in relation to participants’ most favorable experience with a supervisor (47.6%, 89/187) while the task-oriented style was selected the least (11.8%, 22/187). On the contrary, the overwhelming majority of participants reported their negative experience was with a supervisor who utilized a task-oriented supervisory style (85.3%, 116/136). These results suggest that the task-oriented style is more frequently associated with negative supervisory experiences.
Participants were asked about their background experience with supervision prior to entering a genetic counseling program and how many supervisors they had during their clinical rotations. Both of these demographic data were used in the analyses of supervisory styles and participant satisfaction with the supervisory process. In terms of supervision experience, 85.9% (165/192) of respondents indicated they had experience as a supervisee preceding their entrance into their genetic counseling program, and approximately 37% (71/192) reported having prior experience being a supervisor (Appendix 4, Table 4). No statistically significant differences were found between participant status (2nd year students, 2011 graduate, 2010 graduate) and “experience as a supervisee” (p=0.193) or participant status and “experience being a supervisor” (p=0.429). In other words, all three participant groups were equally likely to have had
prior experience as a supervisee and/or being a supervisor upon entering their genetic
counseling program. For number of supervisors during their clinical training,
approximately half of participants (57.8%, 111/192) reported having between 7-9
supervisors during their clinical rotations, with 1-3 total number of supervisors being the
least chosen category (1%, 2/192). The mean for those participants (52/192) who
selected “Other” was approximately 15 supervisors (range=10-40).

Supervisory Styles Characteristics

Supervisory styles were measured using the Supervisory Styles Inventory (SSI)
which contains a 33 item, 7-point Likert scale with 1 indicating “Not very” and 7
indicating “Very” based on specific traits participants’ ascribed to their supervisors such
as “friendly” or “goal-oriented.” Higher mean score ratings indicate greater endorsement
for that particular style of supervision. Participants were asked to answer the SSI twice
both for the most favorable and least favorable experience with a supervisor. This scale
was the first section of the questionnaire so that respondents were blinded to the
definitions of the three supervisory styles.

For the most favorable experience, the overall frequency distribution of
respondents’ means scores for each of the three supervisory styles (attractive,
interpersonally-sensitive, and task-oriented) were calculated. For the attractive style, the
mean was 6.07 (SD=0.844) with scores ranging from a low of 3 to a high of 7. The
calculated mean for the interpersonally-sensitive style was 5.58 (SD=0.797) ranging from
a low of 3 to a high of 7. The participant mean score for the task-oriented supervisory
was 5.36 (SD=0.786) with scores ranging from a low of 4 to a high of 7. Mean scores
for the least favorable experience with a supervisor were 3.02 (SD=1.328) for the
attractive style, 3.47 (SD=1.083) for interpersonally-sensitive, and 4.27 (SD=1.147) for task-oriented. The scores for all three supervisory styles ranged from a minimum of 1 to a maximum of 7.

Confidence intervals were used to determine whether statistical differences existed for all three styles in each experience (Figure 3). For the most favorable experience, the attractive style was statistically different from both the interpersonally-sensitive and task-oriented styles, and all three styles were statistically different for the least favorable experience. Thus, while all three supervisory styles had relatively similar mean scores for the most favorable experience, the attractive style was the only one that was statistically different. For the least favorable experience, the task-oriented style had the highest mean score on the SSI and was statistically different from the other two supervisor styles. These results indicate that participants viewed positive experiences as those with supervisors who primarily used an attractive supervisory style whereas negative experiences were associated with task-oriented supervisors.
Figure 3: Supervisory Styles Inventory (SSI) Scores*

Supervisory Styles Comparisons between Groups

To determine whether prior supervision experience had an impact on the scores from the SSI, the demographic variables of “experience as a supervisee” (Table 1a) and “experience being a supervisor” (Table 1b) were compared to the mean scores from both SSI questionnaires (most and least favorable experience) using an independent two-sample t-test.

The independent t-test analyses from both SSI questionnaires did not show a significant difference for those participants having or not having experience with a supervisor prior to entering their genetic counseling program. Similarly, no significant differences were found for all but one of the variables tested using the independent variable of “experience being a supervisor” and the dependent variable of SSI scores for
both the respondents’ most and least favorable experiences. The only variable to reach statistical significance was for the most favorable experience “interpersonally-sensitive” SSI score and experience being a supervisor (p=0.005, t=2.832, df=182). Thus, prior experience as a supervisee or as a supervisor did not influence how participants rated their supervisors for each of the three supervisory styles.

Table 1a: SSI Mean Score Comparisons for Participant Experience as a Supervisee Prior to GC Training

<table>
<thead>
<tr>
<th>Experience as a Supervisee</th>
<th>“Yes” (n=165)</th>
<th>“No” (n=27)</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Favorable Experience (SSI Scores)</td>
<td>Attractive</td>
<td>6.11</td>
<td>6.22</td>
<td>-.436-.229</td>
</tr>
<tr>
<td></td>
<td>IPS</td>
<td>5.68</td>
<td>5.41</td>
<td>-.061-.585</td>
</tr>
<tr>
<td></td>
<td>Task-Oriented</td>
<td>5.43</td>
<td>5.33</td>
<td>-.288-.428</td>
</tr>
<tr>
<td>Least Favorable Experience (SSI Scores)</td>
<td>Attractive</td>
<td>2.99</td>
<td>3.02</td>
<td>-.715-.666</td>
</tr>
<tr>
<td></td>
<td>IPS</td>
<td>3.47</td>
<td>3.38</td>
<td>-.357-.547</td>
</tr>
<tr>
<td></td>
<td>Task-Oriented</td>
<td>4.26</td>
<td>4.17</td>
<td>-.396-.668</td>
</tr>
</tbody>
</table>

IPS=Interpersonally-Sensitive

Table 1b: SSI Mean Score Comparisons for Participant Experience Being a Supervisor Prior to GC Training

<table>
<thead>
<tr>
<th>Experience Being a Supervisor</th>
<th>“Yes” (n=71)</th>
<th>“No” (n=121)</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Favorable Experience (SSI Scores)</td>
<td>Attractive</td>
<td>6.20</td>
<td>6.09</td>
<td>-.131-.353</td>
</tr>
<tr>
<td></td>
<td>IPS</td>
<td>5.85</td>
<td>5.52</td>
<td>.100-.561</td>
</tr>
<tr>
<td></td>
<td>Task-Oriented</td>
<td>5.36</td>
<td>5.45</td>
<td>-.327-.149</td>
</tr>
<tr>
<td>Least Favorable Experience (SSI Scores)</td>
<td>Attractive</td>
<td>2.97</td>
<td>3.01</td>
<td>-.435-.355</td>
</tr>
<tr>
<td></td>
<td>IPS</td>
<td>3.54</td>
<td>3.42</td>
<td>-.209-.445</td>
</tr>
<tr>
<td></td>
<td>Task-Oriented</td>
<td>4.37</td>
<td>4.17</td>
<td>-.141-.546</td>
</tr>
</tbody>
</table>

IPS=Interpersonally-Sensitive
Supervisory style scores between the three participant cohorts (2nd year student, 2011 graduates, and 2010 graduates) were generated using a one-way analysis of variance, ANOVA (Appendix 5, Tables 5 and 6). No statistically significant differences were found between the three cohorts for either the most favorable experience styles of attractive, interpersonally-sensitive and task-oriented (p=0.949, 0.502, and 0.264, respectively) or for the least favorable experience style scores (p=0.159, 0.986, and 0.660, respectively).

An independent sample t-test was performed to determine if there was a significant difference between current students versus the graduate groups combined. While second year students had a slightly higher score for the attractive style (mean=3.21) compared to graduates (mean=2.85) for their least favorable experience, no statistically significant differences were found between 2nd year students and graduates mean SSI scores for both positive and negative experiences. Therefore, participant status did not influence how respondents characterized their supervisors’ styles for the most and least favorable experiences.

Graduate participant scores were also compared to determine if there were differences between those graduates who were currently supervising genetic counseling students (37/145) and those that were not (108/145). No statistically significant differences were found between the two groups for either the most favorable experience styles of attractive, interpersonally-sensitive, and task-oriented (p=0.624, 0.830, and 0.819, respectively) or for the least favorable experience scores (p=0.877, 0.874, and 0.514, respectively). Based on these data, having personal experience supervising genetic counseling students did not influence how the graduate cohorts
assessed the styles of their supervisors during their clinical training. Statistical significance may not have been reached, however, since those graduates who are currently supervising were the minority in this study.

**Satisfaction with Supervision**

Participants’ satisfaction with their supervision experience was rated using the 8-item Supervisory Satisfaction Questionnaire (SSQ). The SSQ followed each of the two SSI questionnaires, requiring participants to answer the scale twice for both a most favorable and a least favorable experience. For the most favorable experience, participants reported high levels of satisfaction (mean=28.48, SD=3.340; range=14-32). Not surprisingly, the satisfaction score for respondents’ least favorable experience was lower than the most favorable experience with a mean of 15.92 (SD=4.659; range=8-28). A statistically significant difference (p=0.001) was found between the most favorable and least favorable experience satisfaction scores.

The scores from both SSQ scores were also separated by participant status (Figure 4). For both the 2nd year students and 2011 graduates, the mean supervision satisfaction scores for the most favorable experience were 28.61. The mean satisfaction score for 2010 graduates was 28.46. For the least favorable experience, mean supervision satisfaction scores were 16.82 (SD=5.049) for 2nd year students, 15.44 (SD=4.486) for 2011 graduates, and 15.18 (SD=4.252) for 2010 graduates.
Supervision Satisfaction Comparisons between Groups

To determine whether there was a relationship between number of supervisors a participant had and satisfaction scores from the SSQ, the demographic variable of “total number of supervisors” was compared to the mean scores from the both SSQ questionnaires using a multiple regression analysis.

While increasing the number of supervisors participants had during their clinical rotations was found to result in a decrease in satisfaction scores for the most favorable experience, no statistical significance was found ($p=0.654$). This same trend was found for the least favorable experience, however statistical significance was reached ($p=0.047$). Thus, respondents with fewer supervisors had higher satisfaction scores than those with greater numbers of supervisors in regard to a negative supervisory experience.

In order to compare whether differences existed between the three participant cohorts (2nd year student, 2011/2010 graduate) for the SSQ scores for the most favorable and least favorable experiences, a one-way ANOVA was conducted. No statistically
significant differences of participant status on SSQ scores were found for the most favorable experience \((p=0.964)\) or least favorable experience \((p=0.095)\). These results indicate that being a second year student, 2011 graduate, or 2010 graduate did not influence how respondents rated their satisfaction with their supervision experiences.

The two graduate groups were combined to determine whether there was a difference in satisfaction scores for current students compared to graduates (Table 2). A statistically significant difference was found between the mean satisfaction scores for the least favorable experience \((p=0.031)\), but not for the most favorable experience \((p=0.895)\). Thus, current students were more likely to report higher satisfaction scores for their least favorable experience than graduates, but not for the most favorable experience.

**Table 2: Supervision Satisfaction Score for Current Students vs. Graduates**

<table>
<thead>
<tr>
<th></th>
<th>Most Favorable Experience</th>
<th></th>
<th>Least Favorable Experience</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2\textsuperscript{nd} Yr. Students Mean ((n=71))</td>
<td>Graduates Mean ((n=122))</td>
<td>P-value</td>
<td>2\textsuperscript{nd} Yr. Students Mean ((n=68))</td>
</tr>
<tr>
<td>SSQ</td>
<td>28.61</td>
<td>28.54</td>
<td>0.895</td>
<td>SSQ</td>
</tr>
</tbody>
</table>

An independent samples t-test was also performed to determine if statistically significant differences for those graduates currently supervising and those graduates who were not supervising genetic counseling students. No statistically significant differences
were found between the two groups’ satisfactions scores for the most favorable and least favorable experience (p=0.213 and 0.644, respectively). These results suggest that personal experience supervising genetic counseling students did not influence how satisfied graduates were with their supervisory experience; however, only 25% (37/145) were currently supervising so these results may not be generalizable.

**Supervisory Styles and Supervision Satisfaction Comparisons**

In order to examine the contribution of the predictor variables of attractive, interpersonally-sensitive, and task-oriented styles to the criterion variable of satisfaction with supervision, a multiple regression analysis was used (Appendix 6, Table 7).

For the most favorable experience, approximately 13% (R square=.131) of the variance of participants’ satisfaction with supervision was explained by the three supervisory styles. In terms of the contribution of each style, the attractive style had a statistically significant contribution (p =0.007), along with the interpersonally-sensitive style (p =0.049) in predicting satisfaction. The task-oriented style was not statistically significant (p =0.883) meaning if a supervisor used a task-oriented style, it cannot be predicted whether this style would increase or decrease students’ satisfaction.

For the least favorable experience, the three supervisory styles accounted for approximately 38% (R square=.381) of the variance of participants’ satisfaction with supervision. In terms of the contribution of each supervisory style, the attractive style and interpersonally-sensitive style had a statistically significant contribution (p=<0.001 for both). Again, the task-oriented style was not a significant predictor of satisfaction (p = 0.438).
Qualitative Analyses

At the conclusion of the questionnaire, participants were asked to discuss their perceptions of both negative and positive experiences, and whether they would or would not change aspects of their clinical rotations. From these three perspectives, four major themes arose: feedback/communication, expectations/goals, professionalism/personal qualities, and counseling style development/growth. There were multiple descriptive adjectives encompassed in each of these four themes (Table 3). Responses are listed in Appendix 7.

Table 3: Respondent Views on the Supervisory Experience

<table>
<thead>
<tr>
<th>PERSPECTIVES</th>
<th>THEMES</th>
<th>Negative</th>
<th>Positive</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feedback/Communication</td>
<td>- Always Negative</td>
<td>- Balanced</td>
<td>- Continuity Between Supervisors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Lack of Feedback</td>
<td>- Timely</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- “Switching”</td>
<td>- Constructive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expectations/Goals</td>
<td>- Unclear</td>
<td>- Clear</td>
<td>- Uniformity Across Sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Inconsistent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professionalism/Personal Qualities</td>
<td>- Controlling</td>
<td>- Trusting</td>
<td>- Ability to Not Utilize Supervisors with Consistently Poor Reviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Lack of Respect (To student/patient)</td>
<td>- Approachable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Disinterest in supervising</td>
<td>- Interested</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counseling Style Development/Growth</td>
<td>- Inflexible/Only One Way</td>
<td>- Flexible</td>
<td>- Increase Mentoring/Collegial Relationship</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Challenged/Encouraged to grow</td>
<td>- No Supervising by 1st Year Graduates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Independence</td>
<td>- NO CHANGE: (Valuable knowledge both positive and negative experiences)</td>
</tr>
</tbody>
</table>

48
Feedback/Communication

For the first theme, feedback/communication, negative experiences included situations where students only received negative or minimal feedback from their supervisors. Additionally, multiple participants reported a negative experience that was a result of inconsistent (“switching”) feedback from a supervisor. For example, one participant stated:

“[During a final evaluation] I was confronted with many things I had done wrong/things the supervisor was dissatisfied with but she had never told me about previously. Up until then I had received fairly balanced feedback…so I thought that the rotation was going well. I would have much preferred the supervisor to let me know about the things she was dissatisfied with as they happened that way I could try to work on them.

In contrast, positive experiences were reported by respondents as those where students were provided feedback from their supervisors in a timely manner which allowed adequate time to incorporate the feedback into their counseling approach and/or when students were given constructive criticism along with suggestions by the supervisor on how to make improvements. Balanced feedback was another commonly mentioned descriptor in this category with one participant stating that what was most beneficial were:

“Supervisors who would reflect both on skills that I did well as well as skills in which I needed improvement, and who then went on to discuss concrete methods of improvement for both areas or weaknesses or strengths.”

The inconsistency between supervisors in regard to feedback was noted as something participants would change about their rotations. Participants felt that contradictory feedback between supervisors resulted in a less efficient learning environment. One participant noted:
“Sometimes I had multiple supervisors (2+) per rotation that had very different styles and ideas, this made for very unnecessarily complicated rotations because feedback was often contradictory.”

**Expectations/Goals**

Expectations and goals was another commonly emerging theme throughout the open-ended responses. This theme seemed to impact how well students felt they could excel in a given rotation. Negative experiences were related to unclear or inconsistent expectations, as noted by a respondent who stated:

“I had a couple of supervisors who employed the task-oriented supervision style, but failed to tell me what their expectations were of me (what the tasks to complete were) until the end of the rotation when they told me that I didn’t live up to their expectations.”

Respondents identified clear expectations/goals as relating to a positive supervision experience. Based on participants responses, having set expectations and goals led to an understanding of what the student’s role was going to be for that rotation. As one respondent replied:

“For my cancer rotation, the counselors took time to meet before the start to talk about my goals and what I wanted to get out of the experience…I found that since I was allowed to participate in the process of goal-setting, my education was better served.”

The need for uniformity across rotation sites was commonly noted as an aspect that participants would change which was evident in this response:

“There were some inconsistencies between some of the rotation sites in the program and level of expectation. This made transitioning from site to site very difficult at times…”

**Professionalism/Personal Qualities**

A third theme that emerged was professionalism/personal qualities. Respondents noted that negative experiences were often a result of a controlling or disinterested
supervisor. Other respondents discussed concerns with the lack of respect their supervisor had with students or patients as noted by one participant who stated their negative experience was with:

“…A counselor with very bad interpersonal skills, would roll her eyes inappropriately or insult patients back at the office among coworkers.”

Conversely, rotations where supervisors demonstrated trust and encouragement with their students led to positive supervisory experiences. In addition, many participants reported their most favorable experiences being with a supervisor who was approachable and was interested/invested in the success of their students which is evident in this response:

“A supervisor I previously had felt confident in my abilities and would let me counsel on my own without supervision. That built my confidence and made it realistic that I would soon become a genetic counselor.”

The option to not be supervised by supervisors who consistently received poor reviews by students was discussed as something participants would have liked to see changed. For example, one participant stated:

“…Supervisors who are consistently difficult to work with should be subject to critique by the directors of the program or not allowed to supervise.”

Counseling Style Development/Growth

The development of counseling styles and student growth was the fourth theme that emerged from open-ended responses. Respondents repeatedly noted frustrations with supervisors who were inflexible in allowing students to develop their own style of counseling and felt there was “only one way” of counseling. As one participant noted:

“Some of my supervisors were very structured, and whenever I participated in a session with them, I felt obligated to lead the session in the order they wanted to
do things. I think the lack of flexibility on their part limited my ability to find my own personal “counseling style” because I felt pressured to just imitate them.”

In contrast, positive experiences were reported as those where the participant had a supervisor who was flexible and allowed the student to develop their own style of counseling. Also, many participants noted their most favorable experiences were with supervisors who gave their students the independence to counsel patients on their own. Positive experiences were also defined, in part, by supervisors who would challenge their students to try new or more difficult cases during the rotation. One participant wrote:

“My supervisor encouraged me to take on challenging cases even when I was nervous. She pushed me to try new things even when I didn’t feel 100% ready. I felt much greater confidence once I achieved those goals and saw that I could handle the challenge.”

In terms of what to change in order to strengthen student development, some respondents suggested not having first year graduates supervise because they felt they did not have the experience necessary to supervise students appropriately. Other participants indicated they would change the lack of a collegial relationship with their supervisors and wanted a more mentoring relationship during their clinical rotations. A participant noted they would change:

“The lack of respect I felt I received from people who in one short year would be my colleague…”

Other participants stated they would not change anything about their supervision experience. For example, one participant stated:

“I think even the less positive experiences I had with supervisors were still good learning experiences, and if nothing else improved my ability to work well with people whose style was very different from my own.”
In summary, the quantitative data suggest that supervisory styles do influence students’ the supervisory experience. More specifically, task-oriented supervisors are associated with respondents’ negative supervision experiences, whereas both attractive and interpersonally-sensitive styles predict higher student satisfaction. In addition, no statistical differences were found between the three participant cohorts in terms of how respondents rated their supervisors’ styles and satisfaction with the supervisory process. The data also suggest that experience as a supervisee or being a supervisor prior to entering a genetic counseling training program did not influence supervisory style scores. Also, having multiple supervisors led to lower satisfaction scores.

For the qualitative data, participants’ responses revealed that there are four primary elements supervisors can incorporate to enhance the supervision experience for genetic counseling students. These consist of providing feedback to students in an effective manner, defining clear expectations and goals, having personal qualities that lead to a successful relationship with the student, and allowing students to develop their own counseling styles and being invested in students’ professional growth. If genetic counselors integrated these concepts into their supervision methodology, this could result in a more beneficial learning environment for students.
CHAPTER 6: DISCUSSION

Supervision is an essential component of the genetic counseling training process since it allows students to expand their knowledge base and gain experience working with patients while under the guidance of an experienced genetic counselor. Research on the topic of supervision in the genetic counseling field is limited, particularly studies using students as the primary participants. As the genetic counseling field continues to expand, knowledge about supervision in the field will be beneficial to those who are involved in training future genetic counselors. In order to add to the limited literature regarding supervision in genetic counseling, this study examined current genetic counseling students and recent graduates’ views on what supervisory styles were generally used by their supervisors and how satisfied participants were with their supervision experience. This study also examined whether a relationship existed between trainee perceptions of supervisory styles and their satisfaction with supervision.

Supervisory Styles

Describing what qualities supervisors use during supervision and which of these students find most beneficial to their training has not been assessed in the genetic counseling field. Friedlander and Wade (1984) described three different styles supervisors utilize when working with students. For instance, the attractive style is comprised of adjectives such as warm, open, flexible, and trusting and is related to the collegial aspect of supervision. The interpersonally-sensitive style reflects a relationship-oriented approach to supervising students and consists of descriptors such as committed, invested, therapeutic, and reflective. The last supervisory style, task-oriented, relates to a
content-focused and evaluative style of supervision and contains descriptors such as goal-oriented, practical, and structured.

Studies have shown that supervisory styles influence the supervisory experience for the trainee (Heppner & Handley, 1981; Lazar & Eisikovits, 1997; Steward, Brelan, & Neil, 2001). More specifically, a study by Heppner and Handley (1981) found that students preferred a supervisor who possessed characteristics such as attractiveness and trustworthiness; while a study by Lazar and Eiskikovits (1997) concluded that students preferred a more structured and task-oriented style. In this study, while all three supervisory styles had high ratings for participants most favorable experience (means=6.07, 5.58, 5.36, respectively), the attractive style was rated higher than the other two indicating that this style was most associated with positive experiences. On the other hand, negative experiences were associated with supervisors who were more task-oriented in their supervising approach. Results of this study support the conclusion that supervisors who are primarily structured and goal-focused are associated with less favorable supervision experiences and supervisors who are open and trusting are associated with more favorable experiences.

Study findings also supported this idea when participants were asked to select which of the three styles they felt embodied a supervisor they had a negative and positive experience with during their training. Similar to the results of the SSI, the majority (85.3%) of participants reported that unfavorable supervisors were more likely to use a task-oriented supervision style. While the attractive style had a slightly higher mean score for the SSI for most favorable experience compared to the other two styles, a higher percentage of participants selected the interpersonally-sensitive style as relating to their
most favorable experience (47.6% vs. 40.6%). This finding is consistent with results from other studies that have reported positive supervising experiences as those where supervisors incorporated reflection and facilitation into their supervising, which are both aspects of the interpersonally-sensitive style (Hutt et al. 1983; Orchowski et al. 2010). These data may suggest that both attractive and interpersonally-sensitive styles result in a beneficial learning environment for students; a conclusion described in previous research in other healthcare profession fields (Fernando & Hulse-Killacky, 2005; Glassi & Trent, 1987).

**Satisfaction with Supervision**

The general satisfaction of students in regard to their supervision experience has not been assessed in the field of genetic counseling. When participants were asked to answer the Supervisory Satisfaction Questionnaire (SSQ) for their most and least favorable experience with a supervisor, not surprisingly, the positive experience had a higher mean score compared to the least favorable experience score (28.48 vs. 15.92) out of a possible total score of 32. This finding is similar to those in previous studies which found that negative events, and the interactions that followed between the supervisor and supervisee, contributed to trainee dissatisfaction with their supervisors (Gray et al. 2001; Ramos-Sánchez et al. 2002). As these authors noted, the communications following a negative experience are critical to how a student will view the supervision experience. For instance in this study, respondents were to describe a negative event with a supervisor and state whether the relationship ever became positive. Some respondents
noted that even if a negative event occurred, speaking to the supervisor to resolve the issue could result in a positive outcome. As one respondent explained:

“The relationship between me and the counselor did become more positive and happened as a result of us having an open discussion about the concerns noted above. The conversation allowed us both the chance to share our concerns and perceptions, and become more aware of how our actions were being perceived by the other.”

However, some participants stated the relationship with this supervisor never became positive, either due to the student not feeling comfortable discussing the issue with the supervisor or because contact with this supervisor was limited after the negative experience. One respondent stated:

“No the relationship never became a positive one – I was too intimated to “be myself” or openly discuss counselling cases or other issues. Therefore, we couldn’t explore areas of improvement and I couldn’t grow as a counsellor.”

Reasons for not addressing the issue with a supervisor were also discussed by Gray et al. (2001) who reported that psychotherapy trainees did not feel confident openly discussing their feelings with the supervisor or were uncomfortable asserting themselves to discuss the issue. These results highlight the importance of supervisors being aware of how a negative experience influences genetic counseling students’ views on their clinical rotation and that discussing the issue with the supervisee can have a positive effect on the remainder of the clinical rotation. In addition, student satisfaction is important for the clinical learning environment because it has been shown that the more satisfied students are, the more motivated they will be to put forth the effort that is necessary to succeed (Athiyaman, 1997).
Impact of Supervisory Styles on Participant Satisfaction

Previous studies in other health-care professions have shown that supervisory styles influence student satisfaction. To determine if such a relationship exists in genetic counseling, scores from the Supervisory Styles Inventory were compared to the scores from the Supervision Satisfaction Questionnaire.

For participants’ most favorable experience, both the attractive and interpersonally-sensitive styles were statistically significant in predicting satisfaction with supervision (p=0.007 and 0.049, respectively) whereas task-oriented was not (p=0.883). Similar results were found in regard to the least favorable experience, with attractive and interpersonally-sensitive styles predicting greater satisfaction with supervision (p=<0.001 for both) while task-oriented was again not a significant predictor (p=0.438).

These are somewhat consistent findings to those reported in the literature. This current study was modeled from a study by Fernando and Hulse-Killacky (2005) who evaluated the relationship between supervisory styles and satisfaction for psychology counseling students. The interpersonally-sensitive style was found to predict satisfaction, while in this study both the attractive and interpersonally-sensitive styles were related to satisfaction. Similar to the design of this study where participants were asked to answer the SSI and SSQ for a most and least favorable experience, a study by Hess et al. (2008) compared two groups of predoctoral psychology counseling interns based on whether they had a good supervision experience or a problematic experience. The researchers found that those in the “good supervision” group were significantly more satisfied with their supervision and rated their supervisors significantly higher on the attractive and
interpersonally-sensitive styles. The results from this study along with previous research demonstrate that incorporating qualities of the attractive and interpersonally-sensitive styles of supervision results in greater trainee satisfaction for both positive and negative experiences, compared to those who utilize a more task-oriented style.

**Influence of other Factors on Perceived Supervisory Styles and Satisfaction**

Certain demographic variables were found to impact participants’ perceptions of their supervisors’ styles as well as their satisfaction with the supervisory process. For instance, the effect of supervisory style exposure appeared to influence participant perceptions of which style was most favorable. Interestingly, the results showed that respondents who categorized the majority of their supervisors as being attractive, also selected the attractive style as being most beneficial. Similarly, those participants who were mainly exposed to supervisors utilizing either an interpersonally-sensitive or task-oriented style, reported the same style to be most beneficial to their training. To the researcher’s knowledge, student exposure to supervisory styles and its influence on students’ preferences of which style they feel is most beneficial to their training has not been previously addressed. These results indicate that the style students encounter the most, influences what type of qualities they want in their supervisors to promote the best learning environment.

The study also assessed whether experience as a supervisee or being a supervisor prior to entering a genetic counseling program influenced how participants characterized their supervisors’ styles. The data indicated that previous experience as a supervisee did not influence how participants rated their supervisors for each of the three supervisory
styles for the most and least favorable experiences. In regard to participant experience being a supervisor, participants who had experience were more likely to rate the interpersonally-sensitive style higher for the most favorable experience (p=0.005) on the SSI compared to those respondents who did not have previous experience as a supervisor. The reason for this discrepancy may be due to the respondents’ background as a supervisor. For instance, in the mental health and public service fields, the interpersonally-sensitive style tends to be the most utilized style by supervisors. Hart and Nance (2003) found that psychology supervisors preferred using a counselor-type role when working with students, which is similar to the interpersonally-sensitive style with a focus on thoughts and feelings and forming a relationship with the student. Since this study did not ask participants where or what type of supervision they did before entering the genetic counseling program, speculations can be made. For instance, a requirement of most genetic counseling programs is for an applicant to have experience working in advocacy programs such as crisis hotlines, Planned Parenthood, or religious/community camps. Since the emphasis of these programs is on exploring feelings and forming relationships, participants who had prior experience as supervisors in these settings most likely were trained to use an interpersonally-sensitive style when interacting with people. This background may have influenced respondents with prior supervising experience to rate their most favorable supervisors higher on the interpersonally-sensitive style ratings compared to those without experience. To determine why this difference exists, researchers could explore how genetic counseling trainee backgrounds influence their views of the supervisory experience.
An interesting finding in regard to satisfaction was with the comparison of participant SSQ scores to the number of supervisors with whom participants interacted. It was hypothesized that having more supervisors would increase respondent satisfaction with supervision since participants would be exposed to a variety of supervisory styles. Interestingly, this study found that increasing the number of supervisors participants had during their clinical rotations resulted in a decrease in satisfaction scores for both the most and least favorable experiences. Statistical significance for this trend however, was only reached for the least favorable experience group (p=0.047). While the impact of multiple supervisors has not been addressed to the researcher’s knowledge in the healthcare profession, it is a topic that has been analyzed in the teaching field. Teaching by multiple instructors has been found to facilitate learning and allows students to acquire skills to handle differences in teaching methodology (LaFauci & Richter, 1970). In relation to the results of this study however, Bakken et al. (1998) discussed that a major disadvantage of team teaching reported by students was the discrepancy between teachers’ explanations of assignments which resulted in a more confusing learning environment. This relationship of greater numbers of supervisors to decreased satisfaction was expressed by participants in this study. For instance, one participant stated that an aspect they would change about their clinical rotations would be:

“Fewer supervisors to work with. It’s difficult to get to know each counselor and how to work with them if you only have 1 or 2 sessions.”

Additionally, two other participants expressed similar concerns:

“We had too many supervisors, even at the same center. When you have to please so many supervisors, all with strikingly different personalities and ways of counseling, it becomes incredibly difficult. Consistency is important for supervisors.”
“Having multiple supervisors in one rotation – it can be confusing and stressful.” Continuity between supervisors was discussed multiple times when participants were asked what they would change about their supervision. This suggests that if students are going to be supervised by multiple genetic counselors, they would benefit from more consistency between supervisors.

Impact of Participant Status on Style and Satisfaction Scores

This study took a unique approach in analyzing supervisory styles and satisfaction. The studies that have been conducted to examine these topics have used current students as their study sample to determine what styles are commonly used by supervisors in that field and how satisfied students are with the supervision they received. No studies to the researcher’s knowledge have recruited both current students and graduates to participate.

One finding relating to this topic was that participant status did not influence scores for the SSI, even though it was originally hypothesized that participants who were current students would rate their supervisors differently than those who have been out in the field longer and possibly were now supervisors themselves. It was thought that if graduates were currently supervising students, this may have influenced how they rated their supervisors on the SSI scales. One can speculate that a difference was not found between the current students and graduates because the graduate groups that were included in this study had completed their training only one or two years prior to this study and therefore there was no recall bias. Additionally, of those participants that had
graduated, only 25% (n=37/145) were currently supervising students and no significant differences were found between those graduates who were supervising and those that were not in regard to SSI and SSQ scores. While differing opinions from current students versus graduates has not been addressed in the literature, a study by Worthington Jr. and Roehlke (1979) found that supervisor and student views differed in regard to what supervisory styles were thought to be most effective for trainee learning. Since no significant differences were found between the participant groups, it may be beneficial to recruit genetic counselors who are not recent graduates to see if that influences SSI score ratings.

In addition, the SSQ scales for the positive and negative supervision experiences were analyzed to determine whether differences existed in satisfaction scores between participants groups. Similar to the supervisory styles, no significant differences were seen between the three groups (2nd year students, 2011 graduates, and 2010 graduates). A significant difference was seen however, when current student SSQ scores were compared to the combined graduate groups for the least favorable experience and indicated that current 2nd year students were more likely to have slightly higher satisfaction scores for their negative experience compared to graduates. This may be a result of how the respondents viewed the negative experience. When participants were asked whether they would change anything about their clinical rotations, some respondents replied they would not because they still learned from the experience. Two current second year students noted:

“In the end I feel like I learned a lot from all of my rotations, even from supervisors who were not ideal.”
“While my least favorable experience was extremely challenging, I do still feel like I learned a great deal from the rotation.”

Therefore, it appears that even if participants had a negative experience with a supervisor, students can still be satisfied overall with the supervisory experience if they feel they have gained valuable knowledge from that supervisor.

Qualities Resulting in an Optimal Supervisory Experience

Through a series of open-ended questions, participants were able to discuss what supervisor qualities resulted in a positive as opposed to a negative supervision experience and what they would change about the clinical rotations. This idea of identifying factors that result in an effective supervisor has been explored in other fields. Carifio and Hess (1987) described an “ideal supervisor” as empathetic, genuine, supportive, flexible, invested in the supervision process, and noncritical. In addition, setting clear goals and providing feedback to trainees were reported to facilitate an effective supervision experience. Similar characteristics were defined by Hutt et al. (1983) who also included the importance of balanced feedback when evaluating students. Also, being willing to put in the time, trusting students, and being approachable has been found to result in a positive supervision experience (Henderson, Cawyer, & Watkins, 1999).

All of these qualities were mentioned by participants in this study. As in the previously mentioned studies, feedback was a term repeatedly brought up by respondents and was an aspect of the supervisory process that both current students and graduates felt was crucial to their growth as a genetic counselor. As one participant stated:
“Feedback (good or bad) and reflecting on cases individually. Two of my three rotations really took the time to discuss each consult with me and the pros and cons of my counseling…that was the most helpful experience I think.”

Another interesting finding of the qualitative analyses was that the qualities used to describe respondents most favorable supervision experiences were similar to traits used in the SSI. For instance, adjectives such as trusting, supportive, open, and approachable were commonly discussed by participants. All of these descriptive terms embody the attractive style of supervision, which was the most predictive of participant satisfaction.

“Those that were approachable made it easier to ask questions, and in turn get more out of those rotations. Likewise, those that were supportive made it easier to take more difficult cases and challenge myself as a student…Those supervisors helped me gain confidence and skills that I otherwise may not have had.”

Similarly another participant stated:

“My most favorable experience with a supervisor was one who was very approachable and understood what it was like to be a student…She was very warm, friendly, and understanding.”

Participants also mentioned the importance of flexibility when supervisors are working with students, which is another component of the attractive supervisory style. The significance of this quality was emphasized by the following two participants:

“…the supervisor took into consideration the differences in counseling styles and did not use personal biases and styles to influence the student, but realized that as long as it is benefiting the patient, the style does not matter.”

“She let me form my own counseling style but guided me along the way. She gave suggestions and helpful tips but never demanded I do something a certain way.”

Interestingly however, while the task-oriented style had the highest score for respondents’ least favorable experience and was not associated with predicting satisfaction with supervision, many respondents discussed the importance of stating goals and expectations
during the supervisory process which is one aspect of the task-oriented style. For instance, one participant noted:

“I had a number of supervisors who were amazing at helping me to set my goals and grow as a genetic counselor. They challenged me…but they always made me feel safe enough to have the confidence I needed to reach my goals.”

Two other participants described their most favorable experiences as being with supervisors who used a more task-oriented approach:

“One supervisor would determine a goal with me for that day – one of my weakest skills and encourage me to strengthen that particular skill that day….At the end of the day we would evaluate how I had progressed on that skill.”

“…She had clear expectations and was goal-oriented, although she was willing to adjust her expectations and her agenda to accommodate me as an individual.”

Therefore, while a task-oriented style was associated with negative supervisory experiences, respondents listed certain qualities of this style as being beneficial to their training.

**Study Limitations**

This study has several limitations which warrant consideration. First, the questionnaires utilized to assess supervisory styles (SSI) and participant satisfaction (SSQ) with supervision were altered from their original form. The SSI and SSQ were originally designed to assess supervisor styles and satisfaction in the psychology field where a student typically has only one supervisor throughout their clinical training. Since genetic counseling students have multiple supervisors during their clinical rotations, these questionnaires were altered so that each participant had to answer both scales twice, once for a most favorable and again for a least favorable experience with a supervisor. The
mean scores for all three supervisory styles were lower for the least favorable experience than for the lowest scores of the most favorable experience. While this may be due to that category of supervisors not exhibiting many of the characteristics in the SSI, this may also be a result of participants’ viewing that specific supervisor in a negative light, thereby giving them low scores on all the traits. Therefore, results from the SSI are subject to participant biases and judgments regarding their supervisors.

Another limitation was the recruitment of participants. While 71 out of a potential 230 current second year students participated in the study, a larger sample may have been obtained if the study was sent out at an earlier date in the academic year. Since the initial survey was not sent out to participants until April, when many students are ending the academic year and completing exams, theses, and are job hunting, this may have affected the number of second year students willing to participate. Also, due to this time restraint, the reminder email was sent-out to current students approximately two weeks after the initial send-out whereas the E-blast for the graduates had a month’s span in between send-outs. This may have also affected the number of potential 2nd year student respondents. On the other hand, as many programs start clinical rotations in their 2nd year, earlier recruitment may have resulted in less supervision experiences for students to be able to assess.

The study was also limited by its means to reach graduate students. While many genetic counselors and students are members of the National Society of Genetic Counselors (NSGC), not all participate in the organization. While a potential sample of 460 graduates from 2011/2010 was proposed based on the number of students that graduated from genetic counseling programs those years, a 26% response rate was
achieved. While this is a fairly typical response rate, graduates may have been missed if they were not members of NSGC during the time this study was conducted.

Finally, while statistical significance was reached for some of the data, other statistical analyses did not reach significance. This may be due to the two previously mentioned limitations in obtaining a larger sample size. Moreover, the study did not reach the originally calculated n of 210 needed to achieve a power of 0.80 for the data that were analyzed using an ANOVA.

Directions for Future Research

Future research could add to the limited data on the subject of clinical supervision and provide additional insight and guidance for genetic counseling supervisors and students. While this current study recruited fairly new graduates to participate in the study, future studies may find it beneficial to utilize genetic counselors that are further out from their graduation date. It would be interesting to assess genetic counselors who have been in practice for four or five years and compare these data to new graduates’ perceptions. This current study did not find any statistical differences between 2011 and 2010 graduates in terms of their perspectives on supervisory styles and satisfaction, but it may be interesting to examine whether more time in clinical practice alters graduates’ views on their supervision experiences. In addition, a minority (25%) of graduates in this study were currently supervising and while the majority reported using an attractive style of supervising students it would be interesting to determine what supervisory styles graduates who have been out in the field longer use.
Determining whether supervisory styles has an impact on other factors, such as students’ perceived self-confidence (self-efficacy), may be informative to genetic counseling supervisors as well. Studies in the psychology field have found that certain supervisory styles, such as the task-oriented style, influence supervisee’s self-efficacy (Fernando & Hulse-Killacky, 2005; Steward, Breland, & Neil, 2001). Other studies in the psychology field have analyzed the effect of the supervisory working alliance (actions used by both the supervisor and supervisee to facilitate the learning experience) on supervisee satisfaction (Gray et al., 2001; Ramos-Sánchez et al., 2002; Cheon et al., 2009). Both of these topics might also provide rich data for informing the genetic counseling profession as neither has been studied in the genetic counseling field.

In addition, future studies could replicate the current study using both current students and genetic counseling supervisors. The Supervisory Styles Inventory is designed so that it can be answered by both supervisors and students by changing the instructions. Although the current study found useful data as to the types of styles students perceive their supervisors to utilize, it would be interesting to determine whether supervisors view themselves as using the same style as their students since participant responses may be biased. This would provide further insight into the types of styles used by supervisors in the genetic counseling field.
CHAPTER 7: CONCLUSIONS

Supervision is an essential component in the training of genetic counselors and yet, there is limited research on this topic in the genetic counseling field. The purpose of this study was to explore student perceptions of clinical supervisors’ styles and student satisfaction regarding the supervisory process for the genetic counseling profession. The results from this study have several useful implications for genetic counseling supervisors.

The results of this study found that the majority of participants described supervisors as having an attractive or interpersonally-sensitive supervisory style when they considered their most positive supervision experiences. In addition, both styles were found to predict higher supervisee satisfaction with the supervisory process. From these responses it would seem that supervisors should utilize a more attractive and interpersonally-sensitive approach with limited task-oriented qualities. However, participant responses to the open-ended questions suggest differently; many respondents to this study emphasized the importance of setting and achieving goals during their clinical training. Being goal-oriented is one component of the task-oriented style, which in this study and others, is associated with students’ negative supervisory experiences. Based on participant responses however, it would appear that using aspects of all three supervisory styles would be advantageous for trainees. For instance, if a supervisor’s preferred style appears to not result in an optimal learning environment for students, then it might be advantageous to incorporate qualities of the other supervisory styles into the supervision process (Friedlander & Hulse-Killacky, 2005). The concept of using a mixed-style approach to supervising students has been suggested in previous literature as
being the most beneficial to supervisees. Therefore, while the data from this study
suggest that students prefer genetic counseling supervisors to be primarily attractive and
interpersonally-sensitive in their supervision style, utilizing certain aspects of the task-
oriented style such as goals, may be beneficial to students as well.

In addition, study results found that having multiple supervisors is associated with
a decrease in student satisfaction. This may be due to the inconsistencies in feedback,
expectations, and goals which participants described as aspects they would change about
their clinical rotations. However, some participants also reported that having multiple
supervisors allowed them to have exposure to a variety of supervisory styles and methods
of counseling. Therefore, while being supervised by a number of different individuals
can be beneficial to supervisees, supervisors may need to work together to provide some
consistency regarding students’ strengths and weaknesses. Moreover, consistency about
supervisors’ expectations and student goals may improve student satisfaction and/or
performance.

While this study presents useful information to genetic counseling supervisors,
进一步研究在这一领域是需要的。与一些
healthcare professions in which supervisors are specifically trained in supervision,
genetic counselors typically supervise based on their own personal experiences.
Therefore, additional studies to explore which supervisor qualities are most advantageous
for students would be important in improving the supervisory process for genetic
counseling students. Nevertheless, this study does provide recommendations regarding
supervisory styles which current and former students perceive as resulting in optimal
clinical experiences.
Appendix 1: University Hospitals Case Medical Center IRB Approval

The University Hospitals Institutional Review Board (IRB) has reviewed the following submission:

Principal Investigator: Dr. Anne - Matthews, PhD

Protocol Title: Current and Recent Graduate Genetic Counseling Students’ Views on Supervisory Styles and Satisfaction with Supervision

UHCMC IRB number: 02-12-33

Submission Type: New Study

Review Type: Expedite

Expedited Review Category: Expedited Approval per: 45 CFR 46.110 (b) (1)/ 21 CFR 56.110

As such, the UHCMC IRB has determined that with respect to the rights and welfare of the individuals, the appropriateness of the methods used to obtain informed consent and the risks and potential medical benefits of the investigation, the current submission is acceptable under Federal Human Subject Protection regulations promulgated under 45 CFR 46 and 21 CFR 50 and 56.

Date of Approval: 04/15/2012

The current expiration date for this study is: 04/14/2013

(The expiration date is the last day that a protocol has IRB approval)

- Per Federal regulation, changes MAY NOT be made to any element of the current research without prior IRB approval, except to eliminate an immediate and apparent hazard to subjects enrolled in the trial.
- Per Federal regulation, the research may not continue without IRB approval. You must submit a request for continuation at least 6-8 weeks prior to the expiration date noted above. Once the study is complete the IRB requires prompt notification of study closure.
- Failure to retain current IRB approval may result in archiving of the current study and human subjects non-compliance allegations.

Documents reviewed and/or approved as part of this submission:

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<td>Application</td>
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<td>Appendix III-Letter of Invitation to participants</td>
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The UHCMC IRB operates under the HHS Federal Wide Assurance of Compliance number 00003937 and IRB registration numbers 00000684, 00001691 and 00008660

p. 1 of 2 for Dr. Anne - Matthews, PhD IRIS Reference # 012851
Human Risk: Adults Not Greater Than Minimal Risk

Vulnerable populations approved for inclusion:

NONE

Funding Source: Department

Other information: Waiver of Signed Consent (45 CFR 46.117) and HIPAA Exempt

Approval Signature:

[Signature]

UHCMC IRB Chairperson
(Signature was applied by the IRB Administration Office)
Appendix 2: Letter of Invitation to Participants

Invitation to Current 2nd year Students and 2010/2011 Genetic Counseling Graduates

Dear current genetic counseling student or graduate of an ABGC training program,

We are writing to ask for your participation in a study about genetic counseling supervisor styles and student satisfaction with the supervision experience. There is limited research on the topic of supervision in genetic counseling. Therefore, additional knowledge in this area will help genetic counselors gain insight into student’s views of the supervision experience, thereby improving the clinical learning environment. This study will be carried out in the Department of Genetics at Case Western Reserve University as part of a graduate student master’s thesis. The Institutional Review Board of the University Hospitals Case Medical Center has reviewed and approved this study.

This anonymous survey should take no more than 20 minutes to complete and answering this survey is completely voluntary. Your answers to the survey are anonymous and the responses will be kept confidential. Your answers will not be shared with anyone and will be reported only as summary statistics.

There are no known benefits to you for participating in the study. Some questions may make you feel uncomfortable and may bring about difficult memories; however, you may choose to answer all, some, or none of the questions in the survey. There will be questions that require an answer in order to continue, but you may choose to exit the survey at any time. There is no cost to you for participating in this study.

At the end of the survey, you will have the opportunity to provide your email address if you would like to be entered into a drawing to win one of three $25 gift certificates to amazon.com. Your email address will NOT be linked to your survey responses and will be kept completely confidential.

If you have any questions or concerns about this study, please email Christine Shuss at cms215@case.edu or call her at (440) 413-5931. You may also contact Dr. Matthews at alm14@case.edu or at (216) 368-1821. If you would like to talk to someone other than the researcher(s) about concerns regarding the study; research participant’s rights; research-related injury; or other human subject issues, please contact or write to University Hospitals Case Medical Center’s Chief Medical Officer at (216) 844-3695 or write to: The Chief Medical Officer, The Center for Clinical Research, University Hospitals Case Medical Center, 11100 Euclid Avenue, Lakeside 1400, Cleveland, Ohio, 44106-7061.

Thank you for your time,

Christine Shuss, BS  Anne Matthews, RN, Ph.D
Graduate Student  Associate Professor of Genetics
Genetic Counseling Training Program  Director, Genetic Counseling Program
Case Western Reserve University  Case Western Reserve University
Appendix 3: Online Survey for Participants

**Section 1A: Supervisory Styles Inventory**

*1. Instructions: Please think about your MOST favorable experience during your clinical rotations and indicate your perception of the characteristics that supervisor demonstrated for each of the following descriptions. Select the number on the scale, from 1 to 7, which best reflects your views of that supervisor.*

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## Section 1B: Supervisory Satisfaction Questionnaire

Instructions: Please think about your the supervisor you had the MOST favorable experience with. Select the number that best describes your level of satisfaction for each of the following items.

### 2. How would you rate the quality of the supervision you have received?
- [ ] Poor
- [ ] Fair
- [ ] Good
- [ ] Excellent

### 3. Did you get the kind of supervision you wanted?
- [ ] No, definitely not
- [ ] No, not really
- [ ] Yes, generally
- [ ] Yes, definitely

### 4. To what extent has your supervision experience fit your needs?
- [ ] None of my needs have been met
- [ ] Only a few of my needs have been met
- [ ] Most of my needs have been met
- [ ] Almost all my needs have been met

### 5. If a friend were in need of supervision, would you recommend your supervisors to him or her?
- [ ] No, definitely not
- [ ] No, I don’t think so
- [ ] Yes, I think so
- [ ] Yes, definitely

### 6. How satisfied are you with the amount of supervision you have received?
- [ ] Quite dissatisfied
- [ ] Indifferent or mildly dissatisfied
- [ ] Mostly satisfied
- [ ] Very satisfied

### 7. Has the supervision you received helped you to deal more effectively in your role as a genetic counselor?
- [ ] No, definitely not
- [ ] No, not really
- [ ] Yes, generally
- [ ] Yes, definitely

### 8. In an overall, general sense, how satisfied are you with the supervision you have received?
- [ ] Quite dissatisfied
- [ ] Indifferent or mildly dissatisfied
- [ ] Mostly satisfied
- [ ] Very satisfied

### 9. If you were to seek supervision again, would you come back to these supervisors?
- [ ] No, definitely not
- [ ] No, I don’t think so
- [ ] Yes, I think so
- [ ] Yes, definitely
10. Instructions: Please think about your LEAST favorable experience during your clinical rotations and indicate your perception of the characteristics that supervisor demonstrated for each of the following descriptions. Select the number on the scale, from 1 to 7, which best reflects your views of that supervisor.

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<th>Not Very (1)</th>
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Section 2B: Supervisory Satisfaction Questionnaire

Instructions: Please think about your the supervisor you had the LEAST favorable experience with. Select the number that best describes your level of satisfaction for each of the following items.

*11. How would you rate the quality of the supervision you have received?
   - Poor
   - Fair
   - Good
   - Excellent

*12. Did you get the kind of supervision you wanted?
   - No, definitely not
   - No, not really
   - Yes, generally
   - Yes, definitely

*13. To what extent has your supervision experience fit your needs?
   - None of my needs have been met
   - Only a few of my needs have been met
   - Most of my needs have been met
   - Almost all my needs have been met

*14. If a friend were in need of supervision, would you recommend your supervisors to him or her?
   - No, definitely not
   - No, I don’t think so
   - Yes, I think so
   - Yes, definitely

*15. How satisfied are you with the amount of supervision you have received?
   - Quite dissatisfied
   - Indifferent or mildly dissatisfied
   - Mostly satisfied
   - Very satisfied

*16. Has the supervision you received helped you to deal more effectively in your role as a genetic counselor?
   - No, definitely not
   - No, not really
   - Yes, generally
   - Yes, definitely

*17. In an overall, general sense, how satisfied are you with the supervision you have received?
   - Quite dissatisfied
   - Indifferent or mildly dissatisfied
   - Mostly satisfied
   - Very satisfied

*18. If you were to seek supervision again, would you come back to these supervisors?
   - No, definitely not
   - No, I don’t think so
   - Yes, I think so
   - Yes, definitely
### Section 3: Demographics

Instructions: Select the box or fill in the blank to indicate your answer to each question.

**19. What is your gender?**
- [ ] Female
- [ ] Male

**20. What is your age?**

**21. What is your race? (Check all that apply)**
- [ ] Caucasian/White
- [ ] African American/Black
- [ ] Asian
- [ ] Hispanic
- [ ] Native American
- [ ] Other (please specify)

**22. What is your current status as a genetic counseling student (select one)**
- [ ] Current 2nd year genetic counseling student
- [ ] 2011 Graduate
- [ ] 2016 Graduate
Supervision Questions

The following questions pertain specifically to supervision. Select an answer or fill in the blank for each question. Please follow any instructions next to the selected box.

*23. Before entering your genetic counseling program, did you ever have experience with HAVING a supervisor?
○ Yes
○ No

*24. Before entering your genetic counseling program, did you ever have experience BEING supervisor?
○ Yes
○ No

*25. How many total supervisors do/did you have during your genetic counseling program?
○ 1-3
○ 4-8
○ 9-9

If more please specify
For the following 4 questions please consider these definitions:

Attractive style – trusting, supportive, friendly, and warm

Interpersonally-sensitive – invested, committed, intuitive and reflective

Task-Oriented – structured, goal-oriented, focused, and practical

**26. Please indicate what percent of your supervisors fall into these 3 categories of supervision styles (Total percent equals 100)**

Attractive Style

Interpersonally-sensitive style

Task-Oriented Style

**27. Of these 3 supervision styles, which style did you find most beneficial for your training?**

☐ Attractive style

☐ Interpersonally-sensitive style

☐ Task-Oriented style
For the following question, please consider this definition of a negative experience in supervision. Negative experiences with a supervisor may include circumstances such as receiving limited constructive criticism from a supervisor (only told what you did wrong) or a supervisor who made you doubt your skills/abilities as a genetic counselor. Other experiences may apply as well.

*28. Did you experience any negative events with the type of style a supervisor utilized during your clinical rotation or a negative experience that impacted your satisfaction with the supervision experience?

- No
- Yes
29. Please provide a brief description of the experience including:
   - What the circumstances were of the negative experience.
   - Whether the experience had an impact on your counseling skills.
   - Whether the type of style the supervisor used was part of the negative experience.
   - Whether the negative experience impacted your satisfaction with the supervision experience.
   - Did the relationship between you and this counselor ever become a positive one and if yes, how did this happen?
   - Any other issues you wish to include

30. Based on the descriptions previously provided, how would you characterize this supervisor's style?
   - Attractive (trustful, supportive, friendly)
   - Interpersonally-Sensitive (invested, committed, intuitive)
   - Task-Oriented (structured, goal-oriented, practical)
31. Please provide a description of your MOST favorable experience with a supervisor during your clinical rotations (ex: a supervisor who had clear expectations or was approachable to discuss counseling issues with). Answer the questions to include similar aspects as in question the previous question, but now thinking about a favorable experience.

32. Based on the descriptions previously provided, how would you characterize this supervisor's style?

- Attractive
- Interpersonally-Sensitive
- Task-Oriented
<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<td>*33. What aspects of your supervision experience did you find most beneficial?</td>
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<td>*34. Is there anything you would have changed about your supervision experience?</td>
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</table>
35. If you have graduated, are you currently a supervisor in a genetic counseling program?

☐ Yes
☐ No

36. If yes, how would you rate your style of supervision?

☐ Attractive (trusting, supportive, friendly)
☐ Interpersonally-Sensitive (invested, committed, intuitive)
☐ Task-Oriented (structured, goal-oriented, practical)
## Appendix 4

### Table 4: Participant Supervision Backgrounds Prior to Entering Genetic Counseling Program

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<th>Experience as a Supervisee</th>
<th>ALL Participants</th>
<th>2nd Year Students</th>
<th>2011 Graduates</th>
<th>2010 Graduates</th>
<th>P-value</th>
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<td>Yes</td>
<td>165 85.9%</td>
<td>57 80.3%</td>
<td>60 90.9%</td>
<td>48 87.3%</td>
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<tr>
<td>No</td>
<td>27 14.1%</td>
<td>14 19.7%</td>
<td>6 9.1%</td>
<td>7 12.7%</td>
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<td><em>Total</em></td>
<td>192</td>
<td>71</td>
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<th>Experience BEING a Supervisor</th>
<th>ALL Participants</th>
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<th>2011 Graduates</th>
<th>2010 Graduates</th>
<th>P-value</th>
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<tbody>
<tr>
<td>Yes</td>
<td>71 37.0%</td>
<td>26 36.6%</td>
<td>28 42.4%</td>
<td>17 30.9%</td>
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<tr>
<td>No</td>
<td>121 63.0%</td>
<td>45 63.4%</td>
<td>38 57.6%</td>
<td>38 69.1%</td>
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<tr>
<td><em>Total</em></td>
<td>192</td>
<td>71</td>
<td>66</td>
<td>55</td>
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Appendix 5

Table 5: Supervisory Style Score Comparisons between Participant Cohort for the Most Favorable Experience

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<td>Attractive</td>
<td>Between Groups 2</td>
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<td>Within Groups 186</td>
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<tr>
<td>Interpersonally-Sensitive</td>
<td>Between Groups 2</td>
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<td>Within Groups 182</td>
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Table 6: Supervisory Style Score Comparisons between Participant Cohort for the Least Favorable Experience

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Appendix 6

Table 7: Correlations between Supervisory Styles and Satisfaction with Supervision

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<th>R²</th>
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Appendix 7: Open-Ended Responses

Question 1: Describe a negative experience

The start of the rotation felt very intimidating, as though I had to prove myself but the supervisors wouldn't say what I supposed to be proving about myself. The supervisor(s) often made comments about things I "should" which were impractical for me have known as they were specific to the hospital (logistical things such as what forms to fill out for example). Once I passed the "imaginary test" that they had, they became warmer and more accepting of me and I was able to end the rotation in a positive light although I do not fully understand what I was able to prove. This made me doubt myself as a counselor.

Many supervisors, including Drs, were instructed to give feedback midway through the rotation to a "point person" who reviewed the feedback with us. One of my supervisors told the point person that I "didn't care about my patients" (obviously not true), but offered no feedback on what I was doing that made it seem like I didn't care. The point person would not tell me who offered that criticism, which did not even give me the chance to ask that supervisor privately what I could do better. Six weeks later, at the end of the rotation, I found out that a sentence in one of my patient letters is what prompted that criticism. That letter was not returned to me until the end of the rotation, 10 weeks after I wrote it, which did not give me the chance to improve on other patient letters I wrote during the rotation.

My negative experiences with supervision involved supervisors who focused entirely on things I did wrong. They tended to make notes during a session, noting the things I said that were wrong. We'd then discuss this list after the session. I know they tried to also mention some positive things, but the list of negatives tended to disrupt my confidence.

Received very little feedback, and when feedback was received, was mostly only when negative/corrective feedback needed to be given. Because feedback given was only of the negative, had a hard time figuring out how I was actually doing in the rotation. The experience made me feel unsettled and doubt my skills/abilities. The style of the supervisor had an impact in the sense that the supervisor did not feel approachable, making it feel like I got less out of the rotation than I could have if the supervisor took a more collaborative and invested approach. The negative experience did impact my satisfaction with the supervision experience. The relationship between me and the counselor did become more positive and happened as a result of us having an open discussion about the concerns noted above. The conversation allowed us both the chance to share our concerns and perceptions, and become more aware of how our actions were being perceived by the other.

Overall I just felt judged and dismissed. I felt somewhat like an outcast in my field. I was a student and felt like when I made a mistake, the supervisors did not help teach me or work with me. I felt like the approach they took was judgmental. The whole atmosphere was negative. It got worse as the rotation came to an end. I ended up feeling so terrified in the end of making a mistake that my nerves and self doubt would then reinforce their judgments. It honestly made me question whether I should continue in this field. The rest of my rotations were really good and I felt I got along well with the supervisors in all of my other rotations.

Supervisor had just completed her own training, and was in a new job. I took what I learned to do the opposite. I have run into her, I'd say it's positive because I understand she wasn't ready to supervise. She may not have been a good counselor back then, but she may be now. Another experience: a counselor with very bad interpersonal skills, would roll her eyes inappropriately or insult pts back at the office among coworkers. That was in multiple counselor situation, I could avoid her. Did not become positive.

In my first rotation at a prenatal clinic, one of the supervisors was very hard to work with. She only had negative things to tell me, from the way I talked, sat, and interacted with the patient. She was only pleased when I mimicked her exact movements, style, and writing. I was not given an opportunity to develop my own style and techniques. It torn me down and made me question whether I was in the right career. She was very cold and never offered any positive directive help. Upon my review, mistakes that I made from my FIRST DAY were listed in detail. It was as if I was expected to be perfect on day one on my first rotation as a genetic counselor. I felt as if she didn't believe in me and felt I was not qualified to be a genetic counselor. Thankfully I went on to my other rotations, and never had a similar experience. My other supervisors were supportive and helpful. They encouraged me and help me develop my skills.

The supervisor's style was similar to the "attractive" style (trusting, supportive, friendly) for the entirety of the clinical rotation. This was until the very last day or two when she switched to something similar to the "task-oriented" style, and became highly critical of my skills and knowledge exhibited throughout the rotation and also directly questioned my
desire to become a genetic counselor. What I took away from that rotation is to try have recurring discussions/reviews of student expectations with my subsequent supervisors.

-busy pediatric clinic -little supervision with much negative criticism -felt that I was simply working for them and was not taught much

very angry, rude, didn't care about patients became positive after student assertion none of the below describe this experience

I had one supervisor who frequently gave me tasks to complete but would give little or no instruction. When I asked for more information, she acted annoyed by my questions and made me feel stupid and incompetent for not already knowing. There were numerous experiences such as this throughout the rotation, and it definitely impacted my satisfaction with the supervision experience. I also received minimal feedback on my counseling skills.

The supervisors were very rude, disrespectful, and dismissive

-Supervisor not strongly invested in my training in a prenatal institution outside of my primary training center. Communication was lacking, I felt the rotation could have been much stronger had the supervisor had an invested interest in teaching, improving my skills.

One of the supervisors at the program I attended was not organized. She would show up late for appointments, would provide incorrect information, and would gossip about other students in the program as well as her coworkers. I found it difficult to work with this supervisor because I did not see her as a trust-worthy person. Her lack of judgement in knowing what was appropriate to say to a student she was supervising made me question her assessment of my skills as a genetic counselor. For the most part, I disregarded her advise and constructive criticism because I did not find her to be the type of person whom I would be able to trust or would want to be like. My relationship with this counselor did not ever become a positive one - I tried to minimize contact with her whenever possible. I would also like to note that she was the exception to the supervisors I had. Also, it was not necessarily her skills as a supervisor, but rather the type of person she was as a whole, that made her a poor supervisor and a poor example of a professional and a genetic counselor.

I would often prepare for a case, but the supervisor ignored me/would not review with me, then blame me for being "unprepared". I was told throughout the rotation that I was doing well, then "slammed" with multiple negative comments during my final review stemming from one particular case, instead of an overall assessment of my skill. I was accused of being "overconfident" and "disrespectful", when I had certainly never intended that and was never given any feedback to indicate this. The experience certainly lowered my confidence in my developing counselling skills. The experience has not since become a positive one, as (I believe) it has prevented me from securing employment in that particular clinic. I was left feeling very hurt and bitter due to the experience.

The supervisor struggled to let me do the counseling on my own without interrupting the session to take over. She recognized that this was an issue and it did not have anything to do with my counseling skills, but over time it undermined my confidence. I felt that she did not trust me to talk to the patient or that she didn't think I was a good counselor. The other tasks she was having me work on outside of the sessions made me feel like I was there to do the grunt work in her research study rather than learn more counseling skills.

During my mid-rotation review with one of my supervisors it was entirely negative focused and in the end they said they questioned whether genetic counseling was the right field for me. It had an impact in the respect that it entirely questioned my ability and skills. The style was not part of the negative experience. The relationship never improved and I never trusted that supervisor again.

very negative with too much information. Felt very overwhelmed with criticism. I felt very inadequate.

I had negative experiences with counselors that were rule-bound and felt they wanted me to do the session "their way." They were in general, not completely invested in being a supervisor, and were thus less attentive to my concerns and goals. My skills did not improve, and it hindered my rapport with the patient. In general, I had a positive relationship because I understood they were less interested in being a supervisor and just maintained professional friendliness.
There was one supervisor who was not clear with their expectations of the students, frequently changed their mind about the expectations, and would challenge the students' styles and skills' in front of the patients. The usual scenario was that I would enter the room with the supervisor, begin talking to the patient and family, contracting, getting a family history and a medical history, etc. The supervisor would talk for a little while then ask me to explain about one genetics concept or another, such as what an array entailed or autosomal recessive inheritance. Then the supervisor would quiz the patient and make snide, off hand, and occasionally direct comments about what I did wrong or what I should have said. Prior to when I started my rotation with this physician, I observed with one of the 2nd year counseling students. The physician, student and I decided on a plan for the patient in the conference room and then went to talk to the patient with the student taking the lead. He did a great job re-iterating the discussion we had in the conference room, but mid-way through the supervisor stopped him, said they had no idea why he was talking about this topic, he was completely wrong, and told the family a very different story than had been discussed. It made me very uncomfortable and I wasn't the one being supervised per say. The experiences with this supervisor initially made me more timid and unsure of myself. I dreaded going to clinic and never felt prepared. Eventually I learned to rely more on my own skills and not their initial feedback. I also had another great supervisor during this period who helped tremendously.

The supervisor would give very little feedback and only comment on things that I did wrong. She also would try and read too much into my own feelings and personal life with out good intuition. She made me doubt myself and brought my confidence down. The relationship probably was positive from her point of view as I think she felt she was just trying to teach me, but she was just not very supportive or encouraging.

Attacks on personality saying that I was awkward and that couldn't be changed.

Some of my supervisors were very structured, and whenever I participated in a session with them, I felt obligated to lead the session in the order they wanted to do things. I think that the lack of flexibility on their part limited my ability to find my own personal "counseling style" because I felt pressured to just imitate them.

The supervisor did not provide any feedback during my rotation. In fact she did not watch me counsel patients at all. I felt like she used the students to slack off on the job. I had to go to rotatations to help her move offices on days that patients were not scheduled. She did not have an interest in whether her students learned anything. Her style was disinterest. Our relationship never became a positive one.

The supervisor told me throughout the rotation that I was doing a great job, but when it came time for the evaluation, she gave me an overwhelming amount of criticism. It hasn't impacted my counseling skills, but it certainly impacted the supervision experience. The supervisor's style wasn't the main issue. Our relationship never became positive.

The supervisor basically would just send me into sessions by myself, never having even watched me counsel once. I watched her style, and I didn't like it. She mostly didn't care about her patients, and didn't care about my progress as a counselor.

the supervisor was disheartened by the field and was very vocal about it

I had a supervisor that was constantly jumping in while I was speaking to a patient which was very frustrating for me. It did not allow me to learn how to do a session independently and made me feel like I was always doing something wrong. This supervisor was very controlling and wanted the session done her own way. She was not very open to other styles. She told me that she jumped in a lot not because I was doing something wrong but because she wanted to have a reason for her to be in the room. This supervisor's style does not fit in the least bit into any of the categories you list in the next question. I chose randomly because there was not other option.

I had a supervisor who only have one year of experience but spoke to me like she had been in the field for decades instead of acknowledging we were more alike than different.

One supervisor during my first clinical rotation was unclear about expectations, gave out critical feedback freely, but withheld positive feedback until the final review. It did affect my satisfaction with the supervision experience, and it was a stressful time. I was able to take away some opinions about how I want my own supervisory style to be when I am a supervisor. I think that the experience did impact my counseling skills in that I will try hard to be a different type of counselor and supervisor than this particular supervisor. The relationship did not become positive.
I had very little feedback and the supervisor was very cold and brief.

The negative experience was a lack of any feedback whatsoever. Additionally, the supervisor made blatant non-ethical actions.

I had a supervisor who was not board certified yet, so she technically should not have been supervising anyway. Her feedback was not helpful, and often was demeaning and incorrect. After one particular session, she scolded me because she did not think that I expressed appropriate empathy when a patient disclosed that her grandfather had passed away (some 20 odd years ago), meanwhile, all of my other supervisors had given me very positive feedback regarding my empathic ability with patients. This supervisor also always found something to criticize, and I got the impression that she was looking for things to make herself seem like an adequate supervisor, since she was only one year ahead of me, which was not helpful to our relationship. We never established a good working-relationship because I got tired of her criticizing little things, when my other supervisors (who were more experienced) were giving good feedback.

Supervisor was intimidating. She was judgmental. I felt like a burden. She always focused on what I did wrong. This supervisor made me lose confidence and doubt myself. I didn't want to try new techniques, try new parts of a session or take any risks for fear of being judged/doing something wrong. Supervisor was very task-oriented and I felt the lack of an attractive style was difficult for me. No the relationship never became a positive one - I was too intimidated to "be myself" or openly discuss counseling cases or other issues. Therefore, we couldn't explore areas of improvement and I couldn't grow as a counselor.

Was given "needs to improve" feedback late in the rotation without enough time to act upon this. Resulted in a need to extend a rotation.

The instructor was not using good clinical judgement and it was embarrassing that as a student I knew better.

I was 3 weeks into a 5 week cancer rotation (2nd to last of my grad program) and my supervisor would still jump in and interrupt me fairly early in the counseling session, without returning the reins to me to continue. She did not trust that I would eventually cover all of the necessary information, since it was in a different order from how she usually presented it. During one session I ended up sitting quietly for 25 minutes of the 30 minute visit! I finally spoke with her after the appointment and let her know how frustrated I was. After that we agreed to sit down and role play the upcoming sessions prior to meeting with the patient so she would be comfortable letting me counsel using my own style. This supervisor was non-confrontational and didn't generally provide me with helpful feedback. This relationship never really became a positive one but it did get better after I told her how frustrated I was. I don't believe she actually fits into any of the 3 categories in question 30.

Did not feel that the supervisor behaved professionally. Put a lot of pressure on their students, seemed like they wanted their student to feel overwhelmed with cases and tasks because the supervisor felt that way sometimes.

I ended up writing and rewriting chart notes for one supervisor while also taking classes. By the end of the rotation I barely had time to sleep and I asked for help because I wasn't able to keep up with the compounding work. The reaction of my supervisor was cold and uncaring and in the end I just didn't sleep and had a horrible, horrible experience. I felt useless, unsupported, and a failure. I lucky bounced back by going far away for my next rotation and doing a type of counseling I love. I still to this day have nightmares about being a Peds counselor (my bad rotation). I have a cordial relationship with the supervisor now, but I am still wary of her and wonder how it went so wrong. I think the relationship just got better with time and space and after others voiced similar concerns so the supervisor realized she was asking too much of us.

I had a supervisor who consistently spoke to me in a patronizing, condescending tone. Her actions made me feel as if she did not have time to talk to me or even be bothered by me. Everytime we would meet to discuss cases before or after a session, her vocabulary was demeaning and hurtful. Her feedback was not constructive nor was it ever positive. During a session with a patient, she had a very difficult time allowing me to counsel the patients. I would then receive feedback from her indicating all of the things I failed to do in the session. Because of how she treated me, I was always scared and nervous, which negatively impacted my counseling. This relationship never improved. My program disregarded my feedback. This counselor has a reputation of this type of behavior and it not reprimanded or pulled from supervising. I vowed never to be a supervisor like her. I do not think genetic counselors she behave under and "eat your own" type mentality. Very disappointing all together.
Following a session in my first clinical rotation, a supervisor pulled me aside to question why I had not memorized the right risk numbers, why I sounded unsure about the numbers I had quoted, and then proceeded to ask me why I was even interested in genetic counseling. The experience made me extremely discouraged about my abilities and future as a genetic counselor. I did resolve to memorize the right numbers and correct this impression that the supervisor had of me, but there was no further discussion of this negative experience. My relationship with this counselor did not ever become a positive one. I believe the negative experience was due more to some personal difficulties the supervisor was experiencing, rather than her supervision style. I felt ashamed and discouraged about the entire supervision experience.

During evaluations, supervisor focused solely on the negative aspects of the session, and would negatively critique styles other counselors had suggested we use. Also, counselor would be condescending in front of other professionals. She was a great counselor to her patients, but a negative supervisor for her students. I would receive very positive comments from all other supervisors, including that I was ahead of where I was expected to be, and this supervisor would state that I was not where I needed to be.

Supervisor demanded that I consent a spanish speaking patient to an amniocentesis, without using a translator phone. Neither of us spoke spanish and the consent form was in english. I tried to avoid all direct supervision from this supervisor.

I wouldn't say this supervisor fell into those specific categories. The reason the experience was negative was due to her almost non-involvement in my rotation. She gave me little feedback, had no real goals for me during the rotation, did not try to help me achieve my personal goals for the rotation, and gave me the impression that her counseling style and way of presenting information to patients was the only way to do it. (The survey is forcing me to choose a supervision style but again, none of these styles apply to her)

I had a supervisor who did not give much feedback, good or bad. I knew from classmates who had gone through the clinic that she is someone that has opinions, but you really have to be proactive in asking what those opinions are. This was difficult at first because I either felt I knew what I had done wrong, or I didn't feel confident enough to ask for help. I became frustrated with a specific case about half-way through my rotation because I wasn't sure if I was providing the right kind of information and support to the patient and I asked for suggestions. I was given lots of helpful feedback and wondered why that wasn't given to me without my asking for help. I eventually learned the style of this supervisor and learned how I could get the feedback from her that would benefit me. I now consider her a great friend because we learned how to communicate effectively over the rotation.

The supervision experiences which I found most difficult were the ones when I was given only negative feedback or the positive feedback that I would be given was broadly generalized or seemed insincere. (For example, when the supervisor would always give me the same generalized piece of positive feedback which started to seem like a formality rather than useful or genuine feedback). This would be frustrating and shake my confidence in my abilities.

This particular supervisor had a tendancy to give very little feedback. When she did give feedback, or ask a question about a case, it was generally, "Why didn't you do X yet?" and that was usually the first time I'd heard that I should do X. In one instance, I had previously suggested X, and she had rejected the idea. I don't think she ever actually observed about a case, it was generally, "Why didn't you do X yet?" and that was usually the first time I'd heard that I should do X. In one instance, I had previously suggested X, and she had rejected the idea. I don't think she ever actually observed me doing a session. She just looked over my notes several days afterward.

I had a very poor 12 week rotation. I was dealing with an illness early on and fell behind. I was never able to fully catch up and I felt as if I had been left behind. There was very poor communication between all parties. I failed half of the rotation. We attempted extending the length of the rotation so I could make it up but the damage to the relationships had already been done. I ended up needing to make up 6 weeks of the rotation in a different state. This was my last rotation before graduating and I almost dropped out because it was so negative. It made me doubt my abilities as a genetic counselor. I did not find my supervisor very "attractive." They were mostly "task-oriented." My relationship with my supervisor never became positive. This was regrettable because they had been one of my favorite instructors before my rotation with them.

The group of supervisors i worked with was friendly and warm, but the diversity in their counseling styles made it difficult to grow let alone to develop my own. i was disappointed in my lack of growth and lack of confidence, and this experience really took a toll of me as i began to doubt my own training as a genetic counselor. i did not feel like i was being supported as an intern, and felt stuck in the awkward position of having to "play" the role of the counselor when not given the proper tools to. eventually, after several evaluations and conversations between my program director and the supervisors, i was given more freedom to explore my own style. the relationship has never gone sour, but i still cringe when i think back to that experience.
I had a supervisor who didn't seem to be friendly and didn't seem to like me. She only gave me negative feedback, never any praise. Her criticism wasn't always constructive and she often applied in such a way as to purposefully make me feel incapable. She made me cry a few times in clinic, and I had been given excellent markings from ALL of my other supervisors. I finally confronted her about it and it turns out she perceived my preference for reflective evaluation to be an exercise in debate or something. After she realized I was a verbally reflective person and wanted her in put in my evaluation process, we ended up having a relationship. In fact, I have house sat for her since.

One of my supervisors tended to be too overbearing. The supervisor only gave me negative feedback, even during counseling sessions that I believed went well. As I went through my rotation with this person, the things that were available for the supervisor to "pick on me" for became limited as I improved, but I didn't get much along the lines of positive feedback.

I once counseled a patient who did not speak English as her first language. The patient could understand mostly about the information discussed in the session, but she was not fluent in English. I had talked too fast in the session. After the session, my supervisor bluntly said to me, "I don't think your patient understood anything you said. It was clear that English was not her first language, so why did you speak so fast?". I felt terrible—guilty and accused (though rightly so). I felt I had done my patient a disservice. I didn't mean to talk so fast, but I was nervous, and I talk fast when I get nervous. I left my supervisor's room crying, feeling that my patient would have been much better off, had she been counseled by someone else. This experience made me so much more aware of my speaking speed in a session, so it does NOT happen again. My supervisor is definitely a very task-oriented person. It had been a somewhat challenging experience to work with her and to meet her high expectations for students. However, I did learn a lot from her, and her commitment to her work was also inspiring to me.

I had a very busy week with thesis and clinic and came only about 75% prepared for clinic. My supervisor chewed me out for not being prepared at all, said she could not trust me to do what was expected to do, and didn't speak to me for the rest of the clinic. While I knew I should have been more prepared, my supervisor made me feel as if I was completely reckless with my patient care.

Overall, generally negative responses to the session (which was perceived my myself to have went average or fairly well). The criticisms that were discussed far outweighed the positive points of the session. The supervisor was also difficult to talk/relate to on a reflective level.

One of my supervisors gave me much more independence, which was helpful, but I also felt that I did not get a lot of feedback on my performance. She did not provide concrete suggestions on how I could improve. This wasn't negative per se, but I felt that I had to make more of an effort to seek out her feedback since she did not give it to me automatically.

One supervisor felt it necessary to spend over an hour reviewing a 45 minute session with mostly negative feedback, and many of the critics of skill were more based on their personal preferences. This experience helped to form what I do not do as a supervisor in my current practice. Other classmates had similar issues with the supervisor, to the point where many of them doubted their abilities, I was glad to have experience in a previous career similar to not have taken this message away with me. This experience very much made me be unsatisfied with my supervision experience in this setting and made me want to minimize the number of patients I saw with this supervisor.

Throughout the rotation, the counselor only focused on the negative aspects of the counseling session and the information that was not discussed in the words she uses - which was difficult as a student because I had not yet had a course on the focus of her clinic (cancer) so I was not familiar with the material. What was most frustrating is when she would jump in during a session, and basically re-word what I had just said (which itself was accurate), just because it
was not worded exactly the way she says it. She very much wanted things done her way. While it bothered me a lot at first, I eventually just stopped caring about that rotation, realizing that it was not going to be a great experience regardless.

At the final evaluation, the supervisor continued to criticize the skills I had at the beginning of the supervision. Even though I had mastered these skills and moved on to new skills, she continued to criticize my previous weak areas. This type of criticism made me feel doubtful as to whether I had actually mastered those skills and so I sought reassurance elsewhere that I had mastered those skills. The relationship did not become a positive one.

I had a couple supervisors in one rotation who employed the task-oriented supervision style, but failed to tell me what their expectations were of me (what the tasks to complete were) until the end of the rotation when they told me that I didn't live up to their expectations. One of them even said to me that it was probably "partially" her fault because she never told me what the expectations were. I found this out at the end of my rotation during my final evaluation, so there really wasn't an opportunity to mend that supervisor-student relationship because I wasn't returning there.

This was an experience where I was working on a research study recruiting patients and collecting medical and family histories. My supervisor never said anything, but apparently was displeased with my performance. She felt that I did not recruit enough patients when I was there. Instead of addressing the issue with me at the mid-term evaluation that is built into my program's rotations, she never said anything. It only came up after my rotation ended wherein my final evaluation she blasted me for not being invested enough in the project and proceeded to give me a bad grade. This experience has impacted my view of the supervisor experience and proved the importance of letting students know how they are doing throughout the rotation.

My negative experience did not have to do with one particular supervisor, but a rotation site in general. The circumstance of this negative experience was that I had received contradictory feedback in a final evaluation that was not consistent with feedback that I had given throughout the rotation. The negative experience did impact my satisfaction with the supervisors at that particular rotation site. I felt that it was unfair to receive such unexpected feedback, yet if it was honest feedback, I also feel that it was unfair to not have been told sooner while I was in the rotation so I would have a chance to improve in those areas. There was no supervisor style that was part of the negative experience. Overall this experience did not have an impact on my counseling skills, although I will say that I have asked every rotation site since to be very open with feedback with me and to let me know if I am not performing in any way at the level that is expected. I have not interacted with this rotation site again, so there has not been a chance to make the relationship become positive.

While co-counseling, a supervisor interrupted to tell me I was wrong when I was referring to the patient's family history. It turned out that I was not and that my supervisor did not hear when the patient said that another family member had cancer. I think what affected me the most was the manner in which I was told I was wrong. Instead I felt like the supervisor should have asked for clarification instead of doubting me. I think that sometimes the student feels pressure and gets intimidated by the supervisor, making it hard to come forward and tell them they should have approached the situation differently.

I was given negative feedback without explanation and was not approached about this until the end of the rotation. Our relationship dissolved at that point. The supervisor was barely involved throughout the rotation.

One rotation site was very task focused but rarely gave me concrete expectations for the tasks I was assigned, I was expected to "figure it out" and then harshly evaluated. The focus was more often on what I was doing poorly rather than my strengths which made me doubt my skills. I did not feel that I was able to go to my supervisor with questions or concerns and rarely felt supported at this site.

The supervisor would give negative feedback without, from my perspective, providing concrete guidance. Eventually I was called in for a discussion of the supervisor's concerns, which was emotionally taxing. I do believe that if the concerns would have been presented in a more clear manner with specific guidance on how to improve, it would have been a more positive experience.

There was one supervisor who had very high expectations and I felt that I could never do exactly what she wanted. She was frequently very critical. This experience made me more self-conscious and lowered my confidence in my counseling skills. I felt more nervous in sessions because I felt that she was going to focus on any mistake that I made. I do feel that this was in part due to her focused, task-oriented style; she was very committed to her job but lacked warmth. By the end of the supervision period, this was improved, but never completely resolved.
I had a rotation experience in which the supervising counselors never gave strikingly positive feedback. While I fully appreciate being given specific things about my counseling sessions and approach to throw out, add, work on developing, tweak, etc., some of the negative feedback didn't really seem to have a definitive point. The negative feeling came more from the delivery. Even positive feedback statements sometimes left me feeling not like the session was not successful or like I they just didn't like me as a person or the way I approached counseling with them. They were not secretive about frequent conferences behind closed doors about my most recent session, my progress, and the developing a plan for me for the next day, week, whatever. All in all, this rotation made me feel unnecessarily self-conscious and had a lack of affirmation. While there were some clearly defined goals (number of patients per week, number of patient letters, when letters were due), they did not at all seem to be what was determining their satisfaction with me or my final grade for this rotation. It was clearly about their feelings, which were not ever expressed to me in a clear, constructive way.

Unfriendly and distracted supervisor who did not trust me to choose which cases I saw with her colleagues, only pointed out flaws in my counseling style and did not offer any constructive feedback. The experience made me doubt my skills and choice of career. The relationship improved slightly when I was leaving, but did not seem to change due to any direct action on my part.

Supervisor stating information in a session that I was trained is not correct. I tried to discuss the reason why I was trained differently, and she was not open to this. It has not significantly impacted our relationship.

My supervisor was not generally open to many questions. She explained the system at her office once, in about 15 minutes, and never explained it again, and was quite frustrated if I had any questions about it. Because of her lack of invitation for questioning, and frustration when I asked anything, I was generally nervous around her, which made my whole experience at the rotation site difficult, and made me very uncomfortable to counsel with her in the room. She was very structured and I felt like I could not deviate from her methods - which left me no room to develop my own skills or methods. That, in turn, was frustrating for me. She was not very open about how she thought I was doing either; most of my other supervisors were much more open and gave helpful feedback, positive and negative. It was not until the very last day of my rotation that I found out she actually was satisfied with my skills, and said she thought I had improved quite a lot from my first day. I left the rotation feeling a bit more positive than I otherwise would have; however, the experience was overall not a positive one.

One supervisor gave very limited feedback, and would fill out evaluation forms as we met, clearly not having put any thought in them. I wish the relationship had been more thoughtful. However, this was an MD and not a GC. Feedback was much more practical and task-oriented when I was expecting and respond to interpersonally sensitive feedback.

The supervisor never had any feedback for me, always just saying it was fine. She was cold, distant, and hard to talk to. I didn't think she was very good at counseling herself, so most of what I learned was in noting what I would do differently. She didn't really use any style, because I wouldn't say she really did any supervision at all, she just allowed me to observe and/or run sessions while she observed. I never developed any relationship with her, good or bad-- she was one of many supervisors I had during that rotation, and we didn't work together often, plus she was so distant. I obviously wasn't satisfied with my experience with her, but in general the supervision experience has been fine.

My supervisor had had a stressful day and decided to take some of that out on me. She assumed I didn't prep one of our patients and accused me of "winging" the counseling session. I did in fact prep the patient, my supervisor never bothered to ask me questions or look at my notes beforehand. When I asked her what went wrong in the session, she didn't have any significant criticism and said I was lucky to have pulled it off (since in her mind I wasn't prepared at all). This experience had a negative impact on my relationship with her because I felt she was not trusting, supportive or invested as a supervisor. She took her bad day out on a student and couldn't put her finger on what I had really done wrong. A once positive supervisor-student relationship had become quite negative because of this episode.

didn't receive feedback until the very end of the rotation when I didn't have an opportunity to fix simple things or practice other methods

- limited positive feedback that made me doubt my clinical skills and confidence. I believe this had to do with the supervisor not understanding my goals, needs, and where I was at in my training. In addition, my supervisors at this training site were very protective of their patients and would not allow me to do the things I needed in order to learn.

Experienced one supervisor who was a relatively new graduate and she "over-supervised". Seemed not to be able to accept other ways of approaching things. With respect to documentation, unlike most supervisors who read letters I
wrote and made comments, she asked me to make corrections (some of them minor, not related to content and actual learning of how to construct a letter) on multiple revisions. Her style was a major part of my bad experience and impacted my satisfaction only w/her as a supervisor. Our relationship did not improve but we had very limited interaction beyond the one case.

I was dissatisfied with written feedback from this supervisor. The feedback was related to my lack of knowledge on which lab would be carrying out the genetic test during a case prep discussion. I was perturbed by this because I did not expect to receive negative feedback on this given that I looked to my supervisor for the answer and gathered the necessary information prior to seeing the patient. This did not impact my counseling skills but it did make me less inclined to seek clarification from my supervisor. I asked fewer questions out of the fear that it would be highlighted as a weakness on my written evaluations.

In a prenatal orientation rotation, I met 2 times a week with a Genzyme genetic counselor. I was asked to sit quietly in a corner and observe, I was barely introduced to patients and then when I asked questions her replies were "well, you learn that on the job" as opposed to answering my question. She seemed to be a clock in-clock out GC with no personal investment in her job or her supervising role. I offered to help with letters or prep charts or call patients or anything at all to help and learn but all my attempts were rejected. When I talked to my program director about it, she said that it was just an observational rotation and that was that. I left every day feeling like the GC was doing a sub-par job, was not emotionally in tune with her patients and talked way over their heads. I tried to address this as politely as possible and always met dead ends. Other students who also rotated there described similar experiences. I never changed my perception of this GC, felt that it was a minimal benefit where I could have learned so much more by engaging in discussions or reading relevant papers etc. My time was wasted, and what is even more frustrating is that my program director, despite all of our complaints, continues to send students out to this rotation because there just aren't enough other GCs willing to take students.

Learning professionalism; this supervisor did not take into account that this was my very first rotation and did not pull me aside to describe professionalism and its importance in the GC world (around other non counselor coworkers, doctors, adult patients). As a new student and as a first rotation, there was much I needed to learn. They used the negative consequences of my lack of professionalism as a student as a teaching tool; rather than provide me with a confidential one-on-one meeting that was open and friendly. As a new student; I was very intimidated and did not feel this supervisor's approach (I would describe it as corrective; patronizing) was the best way for a new student should be introduced to a clinical rotation. This negative experience in turn had a very strong effect on my counseling/supervisory skills. I have learned to be open minded and create a trusting environment for new students, where they can feel free to ask very silly questions!, because I remember what it felt like not to have had that in my first rotation.

My negative experience involved a supervisor taking over the session. The experience did not impact my skills and was mostly just frustrating. The supervisor apologized after and admitted she took over. It was hard to work with her afterwards, since I was scared she would interrupt again. The relationship has remained positive, but still difficult to see patients together.

I was struggling describing one component of a typical genetic counseling session for this specific specialty, and instead of seeing that I was struggling, she degraded me for not being able to get it after so many times of trying. I tried to convey that I was having a problem and I didn't know how to describe it in the way she wanted, but she really didn't provide many tips or examples and I left feeling lost, frustrated, and worried that I would never be able to describe it the way she wanted even though I'd done the same part just fine for other counselors. I do believe the counselor's style was responsible for this negative experience. She was very set in her style and when a student was counseling with her, if you didn't say it the exact way she wanted in her exact order, you were doing it wrong. I appreciated that the goal was to learn to embrace other styles and see if something else works, but it was still very confusing when I was obviously struggling and the supervisor made no effort to try and help me figure it out other than asking why I couldn't get it. We did manage to have a positive relationship as I was able to do the rest of the session in a way she approved and we generally got along together well, but it was always stressful whenever I finished a session because I knew she would bring this one part of the session up again. I don't believe it has had an impact on my counseling skills though, just because I had other supervisors in the same specialty that approved of the way I worded it and went about it, and I am actually currently working in that specialty and have no difficulties now. It was just stressful and problematic at the time. I have taken much of her advice to heart from other parts of the session and use them today, but this one example still stays fresh in my mind.

I had a supervisor that was friendly and helpful, although frequently offered "constructive criticism" during the rotation. However, at the end of the rotation she blindsided me with a mediocre review and long discussion about how perhaps I shouldn't become a prenatal genetic counselor and should seek another type of GC. It was devastating to hear
that her assessment came because she felt I just hadn't grown and progressed as much as she thought I should. I had experienced stress in that rotation previously, where the supervisor consistently questioned my abilities and methods. However, I always tried to learn from each criticism and try to improve. I realized after the experience that I had grown afraid to make mistakes and subsequently made them more frequently in her presence. The final review was devastating. I was upset and angry and left as soon as I could, but the experience completely degraded my self-esteem and my ability to think of myself as a competent GC. I saw the supervisor at NSGC AEC this year and we talked briefly, but without reference to the rotation experience. I am now a successful prenatal GC who loves the work she does and feels, every day, that she is making a positive difference in patients' lives. That's the best I have to show that that supervisor was simply wrong about me and my capabilities.

The situation was complex and you could say there were aspects of it that were like a "perfect storm" in a sense. I had some difficult things going on in my personal life at this time, which I did not divulge with my supervisor or program director, and the counseling setting that does not play to my strengths. That being said, I think no matter what the situation this supervisor's style lacked something to be desired. In all of my previous supervision settings I passed with flying colors, and several of my classmates also ended up crying as a result of their time with this counselor. Basically, the issue was not just me. The supervisor had a very aggressive personality, which I could sense from the very beginning, that put me on edge. She was constantly testing and very specific in what she believed appropriate counseling needed to be. She was also very concerned about being extremely thorough in case of a potential law suit, and this tension seemed to drive her counseling style. The experience negatively affected my counseling skills because I was so nervous around her that I was never able to be myself and use the strengths and skills I had developed elsewhere. It decreased my level of confidence. The supervision style was absolutely a part of the negative experience. That and the supervisor's personality. The negative experience absolutely impacted my satisfaction with the experience. And despite my continued work with this counselor the relationship never became a positive one. In fact, I would wholeheartedly describe my experience with this supervisor as traumatic and it affected my confidence in future settings until I finally received a supervisor who was warm and positive enough to nurture me in the way I needed as a novice.

-Received approximately 30 minutes of feedback per 20 minute counseling session. Feedback mostly included what I could have done better and lacked what I had done well. This supervisor also took constant notes as I spoke with my patients, which was quite distracting. -I don't believe this experience has had a long term impact on my counseling skills. -Yes, these negative experiences certainly impacted my satisfaction with the supervision experience as a whole. - My supervisor did express concern I was not responding well to her supervising style. I did feel slightly more comfortable with her after this encounter.

I felt as though I was given no structure how to complete tasks to her satisfaction. The way I felt the supervisors style was not listed below but I was also not given the option of none of the above. So I picked attractive even thought that wasn't her style since she wasn't any of those things nor was she any of the interpersonally and she wasn't task oriented since my complaint was about structure. An N/A option would have been what I would have chosen.

The supervisor waited until the end of the rotation to tell me what I needed to improve upon, thus never giving me a chance to make improvements while with her. She also inappropriately commented on my looks (facial features-- not clothing) and that she found them offensive. I hope that my experience was not a common one. It did make me more sensitive to the power the supervisor has to influence a student's success in a rotation. The relationship between us now is not hostile, but I doubt we will ever be "friends."

I was berated publically by a supervisor at a busy clinic. I knew she was really irritated by something else. It didn't impact my counseling skills or affect my relationship with the supervisor much but I was very upset about the event for a very long time.

Expectations were unclear from the start. I never even had a tour of the office to understand the basic day-to-day workings. Once I started counseling, I was expected to do more work than I had time for. I was supposed to work 24 hrs/week but the work given took 40 hours. This supervisor was a bit cold, and I felt uncomfortable opening up to her.

The times that i felt i had negative experiences were when I did not feel respected by a supervisor, I felt I was being talked down to instead of being treated as an equal. I felt the supervisor could only see a limited view of the very near future rather than being practical, realistic and realizing there is more than one way to do something. Most of my negative experiences arose in "my way or the highway" type situations and I felt the supervisor was being inflexible because they could see their way only.
I had a supervisor who didn't discuss her expectations at all, and only during the mid-rotation review did she discuss all her criticisms. Everything was negative, there were very few positives and it really affected my confidence in my counselling, so this created a downward spiral. She didn't offer any suggestions on how to improve either, and when I tried to fix one aspect she'd critique it again. It was hard to know what she wanted. We ended on a negative note.

I had a supervisor who only provided feedback when it was negative. If a session went well she just wouldn't comment on it, but if a session went poorly she would list all of the things that needed improvement without advising me on how to improve. I made it through the rotation, and learned to just ignore her and keep going because she undermined my confidence as a counselor.

Lots of criticisms without a lot of positive reinforcement, unrealistic work load, inattentive to my requests to be flexible about case load and deadlines.

I was surprised to find out that the supervisor had used the end of rotation review form to fill out a mid-rotation review without my knowledge. This was not done by any of my other classmates' supervisors. During the discussion of the review I was confronted with many things I had done wrong/things the supervisor was dissatisfied with but she had never told me about previously. Up until that point I had received fairly balanced feedback (things I could improve on that things I was doing well) so I thought that the rotation was going well. I would have much preferred the supervisor to let me know about the things she was dissatisfied with as they happened that way I could try to work on them, rather than repeating mistakes because I didn't know they were mistakes. Additionally, the counselor's style while in sessions led me to believe that she didn't trust me so my confidence was lower with her than with any other supervisor I had. My relationship with this supervisor never really recovered. *I don't think this supervisor fits well into any of the categories listed in question 30*.

The counselor providing my supervision had been practicing for around 30 years. She was a very talented counselor, but was very stuck in her way of doing things. It was also very difficult for me to take part in any of the counseling sessions because she had a difficult time stepping back and allowing me to counsel patients independently. I learned a lot from her vast experience, but did not gain any confidence in my counseling skills with all of my efforts to be independent being thwarted.

During a pediatric rotation I worked with 6 different counselors. One of them really did not do much with me at all. She sat next to me while I took patient histories but from day 1 I gave me no instructions on what needed to be done. She rarely gave me feedback other than, that was good. You'd think I wouldn't complain about that but I never had any idea what I was doing and when I tried to seek her out during down times to discuss cases further, she was nowhere to be found. I don't really know what style she would have since she did not interact with me much. Maybe she was too busy to realistically take on a student. She, and several other counselors and doctors at this location, were very callous about their patients. It gave the impression that they were only putting on a show for the patients but as soon as they were out the door it was time to make nasty comments. I found this completely disrespectful and honestly, offensive. Luckily this was not the case for everyone at this rotation site, I got to work with some counselors that were truly invested in their patients and in my training, but the experience has soured me on pediatric counseling as a whole.

This supervisor only focused on the negative. She would go on lectures about all the things I was doing wrong. I was not allowed to ask questions without getting in trouble. I became so anxious about messing up in clinic that I was nauseous for most of the rotation and ultimately had several panic attacks. I know that this is how this supervisor acted with all students, but it made me feel incompetent and that I would never get anything right. What her "style" did do was make me be overprepared for every situation I've been in since then. I'm not sure if the relationship really changed, but she offered me a job after my rotation was over. I don't feel that her supervisor style fits any of the ones below, but the one I select is the closest to her.

I had a supervisor who would give positive feedback verbally; however, I would receive less favorable written reviews that were not consistent with the verbal feedback. This was surprising to me, as this supervisor had significant experience in working with students. Since I was the only person hearing the verbal feedback, I was increasingly concerned that my program director would only see the more negative written reviews and not feel that I was satisfactory. This experienced forced me to dedicate more time to preparing for patients - which I did not think I was deficient in previously. I did not feel a great impact from investing more time than I already did. When I confronted the supervisor about this discrepancy at a more formal rotation evaluation meeting, she was unaware that these discrepancies were occurring and that it was having a negative effect. Perhaps it was just my observation of her interactions with a fellow GC student that appeared overly positive and friendly compared to my experience that made me feel this way. In the end, the supervisor was always cordial and positive toward me, but I felt slightly discriminated
against compared to the treatment of fellow students. This resulted in my negative opinion of this entire rotation, and a dislike of that particular area of genetic counseling.

I had one encounter with a supervisor that was negative. She was very direct and explicit in her evaluations. She would make comments about my counseling style during a session with a patient. She was extremely negative, and expected that I copy her counseling style.

It was mostly an issue with the Geneticist that was reflected in the counselor. It ended up putting up a barrier between myself and my supervisors. It did not have an impact on my counseling skills since it was the beginning of my 2nd year. The experience had a direct impact on my satisfaction of the experience since I felt limited in what I was able to do from that point on. The relationship was never fully resolved back to the positive point, but was workable for the rest of the rotation.

The experience was a pediatric rotation and it occurred as my 2nd rotation (and the first one where I was expected to assume most of the roles of the appointment). The supervisors were not clear about their expectations and expected me to have figured out what they wanted. They provided feedback and graded me down on skills they thought I should have mastered although this was not practical given where I was in my training. Given where I was in my training, I did not feel comfortable enough or know enough about my developing skills to be able to ask for direction/supervision/guidance that I needed. This rotation was outside of the institution where I was receiving my training although the institution had a close relationship with my training program. The overall experience was not a positive one, and the relationship between myself and the two supervising counselors did not ever become positive.

Being quizzed on every aspect of the condition and possible psychosocial issues. Was very difficult as I felt not good enough. However, I learned a lot from my experience and I am glad I had this supervisor. I know my supervisor did this to help me learn and become a better counsellor even if it was difficult. We now have a very positive relationship because we discussed my insatisfaction with being quizzed and not being able to answer all questions.

I had a supervisor who told me everything I did was "okay". There was nothing bad or good in her criticism so I felt like everything I did was bad since it could only be described as "okay". I would psych myself out before patients because I would be nervous with her watching me. I did very little psychosocial counseling with these patients because I felt inadequate. At the end of the rotation I was downgraded since I never fully learned all of the department's nuances of their letters. Unfortunately this relationship did not improve because I did not know how to make it better. It wasn't until I heard that this counselor had a reputation for being negative that I could build my confidence back up.

I was new in the clinic and the supervisor reprimanded me in front of a patient for not properly filling out a form. Although the supervisor reviewed the form, explicit details were not covered. It made the process. It made me nervous to be in the clinic, but eventually I was able to not take her anger personally. The style she used was very effective by the end of the rotation, and I feel like I was given ample guidance to hone my counseling skills.

- Made me doubt my skills and abilities - Style of supervision was inconsistent which contributed to dissatisfaction - The negative experience did impact my experience with supervision - This relationship did not become a positive one. I mostly ignored this supervisor after my rotation - Regardless of counselling style used, I think other factors were more important in my feeling dissatisfied with this experience

The supervisor had taken me into a genetic counseling session and had me run the session during my first rotation, I was not prepared. After the session, the genetic counselor did not believe my pedigree because he didn't remember the patient stating that specific information. When I showed him the pedigree I drew during the session, he indicated that he didn't trust me and was going to call the patient personally. In the end my pedigree was correct, however, the experience set the whole tone of my rotation and was very negative, I lost my drive and motivation because it was obvious to me that it didn't matter what I did, they were not going to trust me or try to mentor me appropriately. The relationship was never a positive one and I barely passed the rotation when I passed all of my other rotations with flying colors.

At the beginning of my training my supervisor expected a lot more of me than my background allowed for. I did not feel I had the necessary knowledge base for some of the tasks that she assumed I could do, and I did not find her helpful with identifying resources (or showing me how to find these resources). I feel that a month of classwork before jumping into clinics would have been very useful for me and would have made my experience with this particular supervisor better. Other classmates had this individual as a supervisor later in our training and she was great. But it wasn't the type of supervision that was helpful to me as a brand new student. I don't believe that this impacted my
counselling skills particularly, but it definitely impacted how I would supervise in the future. Throughout the supervision experience our relationship wasn't always negative, I just found this person intimidating. As I became more confident in my knowledge and skills, the relationship became better.

Supervisor received a phone call from patient complaining that his wife had been told over the phone that fetus had T21. I had called out to say they had a positive NBS and very explicitly explained that this did NOT mean the fetus definitely had T21. Supervisor assumed patient was correct and reproached me for the language used in the phone call. Patient's wife later called my supervisor to apologize for her husband's reaction because he had taken what she had told him incorrectly and she understood that it was just a positive screen. Supervisor was not very apologetic for having reacted that way with me. Made me doubt ability to effectively transmit uncertain information to patient. I lacked trust in supervisor after that as she had shown lack of trust in me. Relationship became somewhat positive weeks after that as the supervisor came around to fully apologize for the way she reacted to husband's phone call.

I had a negative experience with a supervisor who would not allow me try new counseling skills even though that particular rotation was not even my first rotation (it was my fourth rotation!). As result, my learning was greatly hindered. My only allowed "task" in genetic counseling sessions was completing the medical history and family history intake form, and the supervisor would even interrupt me and ask the client questions while I was doing that one task. Many times the interruptions were the exact same question that I was going to ask the client next. Needless to say, I had a very poor experience with that supervisor.

The entire supervision period itself was a negative experience. The supervisor was very cold and dismissive, and made you feel like every moment she was with you was wasting her time. If I ran into her in a non-supervisory fashion (at the grocery, on the street) she would ignore me and act as if she didn't know who I was. The experience did not impact my counseling skills. However, I took a job in the city that I graduated in and have become a supervisor myself, and I am in situations where I have to attend seminars or functions with the supervisor I had a bad experience with. Now, whenever I know I have to see her, I still get anxiety and feel like a student being judged again. I do not feel like her style of supervision was part of the negative experience, it was her attitude towards having to supervise that was the issue. This definitely impacted my satisfaction with the supervision experience, and our relationship never became a positive one.

I only received supervision from one genetic counselor for 2 cases during my pediatric rotation. We briefly discussed the cases afterwards and no major problems were brought up. However, when I was later being evaluated for that rotation, my supervisor gave me some poor marks that did not reflect what we had discussed. The supervisor made me feel like she didn't think I was capable of being a genetic counselor. I made an effort not to see patients with her for the rest of my time in graduate school.

Supervisor only giving negative feedback with unrealistic expectations of how advanced a student should be in their first rotation. The experience made me doubt my abilities and it was only through the positive reframing of another supervisor at the time that I was able to take positive meaning from the experience.

After my first few rotations, I felt very knowledgeable and competent. All of that was demolished during my last rotation. My supervisor nit-picked every last word and never trusted me with challenging cases. I was miserable and the end result was a lot of self-doubt. That experience is one of several reasons why I went into a non-traditional role particularly, but it definitely impacted how I would supervise in the future. I lacked trust in supervisor after that as she had shown lack of trust in me. Relationship became somewhat positive weeks after that as the supervisor came around to fully apologize for the way she reacted to husband's phone call.

I failed my introductory prenatal rotation because I thought the supervisors made me nervous and asked me a lot of prep question before I saw the patient which led me to question my abilities.

On my last day of a rotation, a counselor who had been on maternity leave came back and was my supervisor for the day. She racially profiled the patient before I saw them ("well she is black and in a shelter and young so she is going to want to terminate") and then while I am doing the session by myself (again it is my last day) the way I have been doing it all along, I pull out the picture of the amniocentesis and she says, in front of the patient, "ooooohhh.. I never use that picture, it scares people". I really didn't know where to go from there. Then the patient asked the dreaded "what would you do?" and the counselor responded, "if I was you, I would terminate the pregnancy!" I felt like I had to balance that statement so I stepped back in and tried to use our "some people feel this way, some people feel that way" statement. Later, she really reamed me for doing that. When I went to talk to my primary supervisor, who I had previously had a good relationship with, she told me I needed to learn to work with all counseling styles. Meanwhile, they had been
gossiping about this person all along in front of me. I had already been working with the other 4 counselors on the team and had never had an issue. I felt a little betrayed and it really colored my whole experience at that site. However, it did put that groups inter-politics into perspective since they gossiped constantly about each other but were unreliable when a real issue came up. It taught me a lot about the type of colleague I want to be and the affect of gossip on a division. It has helped me have healthy confrontation management.

While I appreciate goals being set, I found one supervisor in particular to have goals that I felt were unreasonable. Because of this, I always felt like I was falling short in her eyes.

The circumstance was that the supervisor forced me during a session to talk to a patient about CVS, when I could tell the patient was clearly NOT interested in learning more about this procedure. However I proceeded to show the patient a picture of the procedure which the patient then hit off of the table because she was so opposed to even seeing the picture. The relationship was positive between the counselor and I, however I did not find this situation to be right.

In one instance a supervisor was overly critical of something that had nothing to do with counseling. It hurt my feelings and made me less willing to open up about aspects of the counseling experience. I think I shut myself off to her and so didn't take much constructive criticism to heart after this. The overall relationship was positive, but I don't feel I grew much with this counselor.

One of the prenatal supervisors stuck to a script when speaking with patients. Wanted me to follow her script as well. I did not adhere to that, as I was exploring my own style of counseling and patient interaction. She was not flexible and our styles did not match. Personalities came to a head, however, looking back, she was useful in developing my style, with respect to reminding myself about the type of counselor I did NOT want to be. (i.e. 'what NOT to do'). However, her script was useful as a baseline for straightforward Amnio/CVS counseling for AMA.

The negative experience involved negative criticism without a balance of positiveness.

The supervisor was not warm or caring and did not seem terribly reasonable with her expectations. She was also not clear with her expectations, so I felt very lost during the rotation. We do not have a good relationship at the moment.

Supervisors often gave mostly negative criticism and not much constructive criticism.

only told what did wrong, no support, unrealistic goals. Questioned whether being a GC was right for me

The supervisor's feedback was not constructive and was only based on how she would have wanted the counseling to be done, and not at all considerate of the student's personal style and/or reasoning for counseling in a different way (especially since the patient was not harmed in any way and received all the pertinent information). The experience did not benefit my counseling skills and the supervisor’s attitude made it a very negative experience. This definitely affected my satisfaction and the relationship never fully became positive, it just remained cordial.

My negative experience was that this supervisor only offered me negative criticism and never offered me positive feedback on the things she felt I was doing well (if any). Additionally, when she had nothing negative to point out, she would tell me that I needed to do my sessions or intakes faster. This was extremely frustrating and made me feel I would never be good enough for her. She was very task-oriented, but paid no mind to goals she or I had for me as a student, but only the goal of finishing the session so that we could bring the doctor in. Practically, she did show me how to do a lot things such as fill out paperwork and do patient follow-up, but she was not supportive of my development. I never felt especially positive toward this supervisor, but I'm grateful that she showed me the characteristics I do not want to have when I am practicing, both as a supervisor and a genetic counselor.

I had a few different negative experiences with supervisors, including having to chase them around for feedback, receiving only negative feedback which was not framed in a way that focused on ways to improve and progress, and generally cold, intimidating attitudes that really highlighted the power differential and made it difficult for me to be open with my supervisors and seek their help.

I had forgotten to cover sickle cell screening with an African American woman during a prenatal session, and at the end of the session the counselor did not mention it to the patient either. However, when the patient left my supervision grilled me about, and why I did I not cover it. Her style belittled me. However, she too did not cover it during the session, which made it very difficult to buy into what she was saying.
I'm receiving no after my sessions with patients, and limited feedback in general. The feedback that I do receive is four or five days later, in the "do this next time tone" - which is helpful, but because of the lag it also becomes more hypothetical. For some tasks, I am just left to figure it out. To my supervisor's credit, there is not much time between session to discuss. I'm willing to say that there are more things that I could do to make this a better experience, but I think that merely reflects the main problem - I'm guiding my supervisor in how to give me guidance. This does negatively impact my experience.

At a mid rotation evaluation I was told I was doing very well. When we sat down for the formal evaluation at the end of my rotation, I was given many areas of need to improve, with no way of explaining because I had no idea!

In one clinical rotation, my supervisor's style really deflated my confidence. She had a much larger personality than my own, and gave the impression that her style was superior. When I couldn't recreate sessions in the way she felt they should be conducted, she gave a lot of constructive criticisms and I always came out feeling deflated. I think the timing of this supervisory experience was especially problematic- in the second year, when the reality that I would soon be doing this independently left me feeling very vulnerable. This supervisor made comments that she thought my program should have taught me more of certain things, that it wasn't her job to, and this left me feeling less aligned with her, and also afraid to ask questions. It wasn't a negative relationship, she was still a very warm person, but her supervisory style was not the best match for me as I was lacking confidence.

Counselor provided feedback about how she would have handled a situation, without taking time to consider that my reactions may have been appropriate. Counselor was unable to self-evaluate and herself engaged in forms of communication with the family that I felt were inappropriate and/or ineffective.

I don't feel that doubting my skills was beneficial. I had a few supervisors that felt that their counseling styles were the only "correct" ones. After talking about these feelings, the relationship became better, but never great.

non-constructive criticism, did not impact counseling skills, counselor was too direct in an insulting way, decreased my satisfaction with the supervision experience, became more positive after the counselor warmed up (took a month and a half)

I had an experience in which I was minimally supervised and given almost no feedback. It did not overall impact me negatively, but it was very difficult to navigate subsequent supervisory relationships. It was challenging to know if I was doing well or if I was doing my patients a disservice.

**Question2**: Describe your most favorable experience

I had one supervisor who was expertly able to blend warmth and support with constructive criticism and belief in my ability. Her belief in me wasn't overwhelming but made me feel that I could do this and that she would help me if I messed up. Ultimately, I learned to trust myself and use her as support if needed.

After a session, the supervisor sat me down and said "You need to stop putting yourself down in front of patients. You don't need to tell them that you just learned how to pronounce paraganglioma last week." She didn't sugarcoat her criticism, she got straight to it and gave me a clear way to improve my sessions with patients.

My best experiences was with a supervisor who was very collaborative. She gave me a lot of responsibility but was always willing to discuss any issues that came up. She was able to give balanced feedback and worked with me to improve my skills.

My most positive experience was with a supervisor who was very task orientated, but also very approachable. The counselor was honest, giving me negative and corrective feedback when needed, but did so in an understanding and supportive manner. Because of this, I was able to develop better counseling skills in areas that needed improvement, but felt supported as I did so, helping to build my confidence in my counseling abilities as the rotation progressed. I felt comfortable approaching the counselor when there were things I did not understand or wanted to learn more about. This counselor went out of their way to include me in a collaborative manner, which allowed me to develop skills beyond those spelled out in the rotation requirements. Overall, I felt that I gained extraordinary amounts of knowledge.
and skills from this supervisor's rotation, and they were eager to accommodate me and my own desires to go beyond the requirements of the rotation.

The best rotation I had actually changed my desire in which area I wanted to focus. The first day of rotation we set up goals and spoke about what I felt my strong and weak points were. Half way through this rotation and at the end of this rotation we did the same evaluation. I felt comfortable approaching the supervisors at this rotation with questions and concerns I had. I also felt the feedback was supportive rather than critical. I felt compassion.

Positive and negative feedback; gave adequate instructions for what they expected me to do; allowed me to go beyond what I already knew how to do. Made me feel comfortable eating lunch together.

She was wonderful, she always gave me good feedback and things to work on. She trusted me to on my own with patients and even commented on that she wanted to use some of my descriptions. I was treated as a colleague and equal. And she never asked me to do something she herself wouldn't do. She was open and helpful. She gave me the confidence to know after graduation I was going to be fine and be a great genetic counselor.

The most favorable experiences were ones in which supervisors made it clear that they understood I was a student, and was not expected to know everything. They also were very trusting and encouraging of me to try new things.

Summer rotation between first and second year in graduate school. Very warm and friendly supervisor who constantly pushed me to try new things and step out of my comfort zone. We set goals and made sure we met each of them at a comfortable, yet appropriately challenging pace.

In my summer placement, I had the opportunity to see a patient who had a child with a specific metabolic condition, although no mutations had been identified. My supervisors allowed me to take on the responsibility of facilitating the testing for the current pregnancy, from start to finish. It was an incredibly satisfying experience, and my supervisors were there when I needed them, but I appreciated their faith in my abilities and feel that the experience made me a better counselor.

The counselor was honest and had open lines of communication

- Counselor was approachable, thoroughly discussed cases with me. Allowed appropriate time for reflection. Provided effective feedback.

One of my most favorable supervisors was a clinical geneticist. She was very flexible about how we would approach cases together. She liked to come up with a plan ahead of time as to who would do what in the counseling sessions. At the end of each supervising-time together, we would sit down and discuss what worked well and what didn't. She and I had VERY different personalities. She was an extrovert and I am introverted. She saw me as "unassertive" and had concerns. We worked together and she was completely open to hearing me out when I explained why I work the way that I do. In the end she came to value and commend my style of working with patients, even though it was very different from her own. I appreciate her most as a supervisor because she was willing to set aside her pre-conceived notions of how patient care should operate and listen to my view points. Her openness was her greatest attribute.

I felt very supported by the supervisors. Feedback was balanced and given in a timely manner, giving me a chance to incorporate it and improve my skills. I was trusted with more aspects of cases. I felt like a trusted member of the team, as opposed to a student who needed to be "put in her place".

My summer rotation supervisor clearly stated at the beginning "I want this to be a good rotation and I want you to learn, but I want it to be fun for you too" I think that because she realized how stressful rotations can be, she was very straightforward with me and although the rotation was rigorous, I felt supported.

A supervisor who helped me set goals to further my skills, specific things to think about during the session, very perceptive and invested listening, and clear and provocative feedback with positive feedback.

My very first rotation I was allowed to do sessions on my own without supervision after only a few supervised sessions. This made me feel confident and trusted as a good counselor.
My most favorable experiences were with supervisors that allowed me to take ownership of the session/case work and allowed me to make some mistakes with valuable constructive criticism provided afterwards.

My most favorable experience was during my final clinical rotation. My supervisor made the effort to sit down with me at the beginning middle and end of the rotation and had weekly meetings to check in to make sure we were on the same page with each other and to discuss cases. As time during clinic is usually fast paced and feedback is hard to do on the spot, she went above and beyond to make sure we had time to discuss situations and make sure I was meeting and exceeding goals and expectations. It made for a better relationship and had a positive impact on my skills as a genetic counselor as I was able to grow and learn from positive and negative experiences.

This counselor took time to identify my goals for the session, and offered constructive criticism of every nuanced detail of the psychosocial components. This information was reviewed on my logbook sheets for me to think about in the future, which helped build my skills. The counselor also provided information about how this specific clinic operated, and how there might be different strategies for effective counseling.

Supervisor who trusted me to do entire sessions alone

Supervisor had clear expectations and open and honest communication.

My favorite supervisor was not usually the favorite supervisor of the students. She had high expectations and held you to them. I appreciated her direct style, very clear expectations, set meeting times to discuss the patients and our performance, immediate feedback and more broad, longterm feedback. Early in the rotation, she kept her critiques to the main issues that needed to be addressed. As I advanced, she became very nit-picky. This was initially discouraging because there were A LOT of comments, but at the end she explained that she had so many comments because I was doing very well overall and she had high expectations for the genetic counselor I would become. She was not overly warm and did not turn on her "counselor mode" and try to figure out how I felt about everything, which I really liked. I could trust what she was saying and that if I needed her, she would be there. She had an amazing manner with everyone she encountered from patients to staff to students. I often find myself thinking about how she would handle a difficult situation if I get stuck in my own job.

After a rough couple of cases my supervisor dropped by unannounced with a hug and a box of tissues. She knew I was struggling and arranged for me to give good news to a family since I had only had abnormal cases for the previous 3 weeks.

She was gave detailed feedback which included both specific things to work as well as specific examples of things I did well. She made it very clear she had confidence and trust in me. If I forgot something or didn't know something, she did not make me feel bad but rather encouraged me to look it up and normalized it by letting me know that that happens to her as well. She also encouraged my own style and was good at differentiating feedback which was things that I should/need to improve on and things that were more stylistic/preference and completely acknowledge that it was just what would work for her and not necessarily me. She also did not undermine me during sessions which gave the patients confidence in me and me confidence in myself.

Identifying an issue in the beginning of the rotation and taking steps to improve it

This counselor made me feel comfortable when I approached her with questions. Her feedback was well-balanced, sensitive and always constructive. I also found that she could relate better with the students because she had graduated from a program not too long ago.

This rotation had multiple supervisors, all of whom were structured in how they can help you learn either from their interactions or by discussing my counseling. They were all friendly and supportive but still offered constructive feedback.

The best supervisor I had was one with over 15 years of experience; she was very knowledgable and was willing to share her knowledge with students. She was committed to her work, which included spending a large amount of time with students and fostering them in their growth. She not only took the time to discuss patients with you, but also to
discuss strategies for trying different counseling styles and ways to approach psychosocial issues. She was very open and allowed students to perform as much of the sessions as they wished.

One supervisor in particular set out clear expectations, checked in with me regularly (at least weekly) to see how the rotation experience was for me. She gave both positive and constructive feedback along the way so that I could improve throughout the rotation.

She was much more structured in terms of monitoring my progress -- she had me do segments of a session before having me do a full session. She would take notes during my sessions to discuss certain aspects and would brainstorm ideas about how to improve, or why I had said/done what I did.

A supervisor who was approachable to discuss counseling issues with and who was supportive and encouraging.

met many times to talk about cases

I had a prenatal patient with multiple communication and learning difficulties whose fetus had a poor outcome. I met with this Patient several times during her pregnancy. My supervisor complemented me on my dedication and counseling skills during this case. She also offered constructive criticism about maintaining professional relationships with patients as this patient began to be dependant on our services and company.

This supervisor was very committed to my success. Our relationship was very collaborative and she treated me more like a colleague. She always gave me feedback that was balanced between positive affirmations and constructive criticism.

One of my favorite supervisors was very down to earth, and remembered what it was like to be in the student position. She met me at my own level, and we were able to work as a team to challenge my emerging skills. She was very transparent and didn't ask questions for the sake of asking; she always explained her motives and was open to questions from me.

The supervisor that I learned the most from had clear expectations, we discussed sessions directly after they occurred, and we had open, respectful relationship. The supervisor was able to offer suggestions about how I could improve, but also mentioned areas that I managed well. They were encouraging and normalized feelings of frustration and inadequacy that I expressed.

My supervisor seemed to really care about my progress and took time to discuss cases with me, even when she was busy. She didn't make me nervous when she was watching me counsel and was really good about answering my questions and giving constructive feedback.

trusted in my skills, warm, constructive criticism, interested in my personal growth, serves as a mentor after rotation is over

The supervisor was supportive and open to all questions. She gave me feedback that was useful and delivered and criticism in a kind, supportive manner.

This supervisor gave me lots of constructive feedback on my case work and allowed me to do as much as I could in a session. She also had clear expectations of me and goals I could work towards and reflect on. TThis supervisor was also open enough to give me things I needed to work on- this resulted in a respectful and effective relationship.

I had a supervisor who was very intuitive and could read people well. She had a warm manner about her but was very clear about her expectations of the rotation. She gave me excellent feedback that I could work on with each session until I had eventually incorporated several counseling skills over the course of the rotation. She focused on the things that mattered, and gave constructive criticism. She truly made me a better counselor.

My supervisor was very encouraging but always helped me identify areas of improvement. It was a professional relationship but I still felt as though I had gained a friend in my supervisor. I felt supported and able to take risks/try new things. She also helped me reflect and understand ways to improve/why I may have had certain reactions in certain situations.
Honestly, I consider myself lucky because the majority of experiences I have had with supervision have been favorable. It is difficult to select the most favorable experience. However, I suppose the most favorable experience I have had was when my supervisor was warm and supportive, honest. I also was given clear expectations, positive feedback, and constructive criticism, which I appreciated.

One of my supervisors trusted me to go into the room with the patients alone and she knew that I could handle the counseling.

I was provided with many opportunities to be autonomous, while they were very open to questions and very supportive. I was treated as if I were one of the counselors, not just a student. I felt very confident at the end of this rotation.

My most favorable experience was being supervised while having to give bad news to a mom-to-be about her fetus. My supervisor was able to do great role-playing with me over the phone because we were at different locations. She helped me anticipate the patient’s reactions and how to handle each one.

My first rotation was a 10 week prenatal rotation and my supervisor let me start off slowly, getting used to being in a clinical environment and talking to patients. We discussed the patients before the visit and brainstormed psychosocial issues that could have come up. During the visit I would counsel as much as I could and if I got stuck she would take over but tactfully bring me back into the conversation. After each visit we sat down and discussed how I thought it went and what I could do better or what I did well. This was a very positive relationship.

Best supervisors I've had are those who help you learn at your own pace without pushing you too hard, but who also push you to be better and to focus on the psychosocial counseling. A supervisor who is approachable and friendly always makes for a pleasant rotation.

The supervisor had a perfect balance of intuition and goal orientation. She was able to constructively critique my work by pointing out the things I did well, the things I did incorrectly, and the things that I could do to make it better. She also took the time with me to brain storm about how to become a better counselor in general for all sessions and not just the particular session that we were discussing. She consistently goes above and beyond to make this experience memorable and favorable to me to progress and become a better genetic counselor.

I had several supervisors that provided clear expectations but my best experiences were when we had the time to really work on my counseling. Also the warmest counselors gave criticism constructively and I really appreciated that since I was hard on myself already.

I did have a supervisor that was very supportive. She really helped me to see many of the positive aspects of my counseling style and strategies. She also provided constructive feedback and helped me devise ways to improve that fit my counseling style and comfort. She also sought my opinion about cases, which really helped me to feel trusted. She directly addressed when I showed improvement in skills so that I concretely understood the impact of how I was implementing new strategies in my counseling. Overall, she was friendly, kind, and very easy to talk to. She was understanding and non-judgemental, which created an environment in which I felt comfortable in taking more risks in my counseling as well as helped to instill confidence in me. I do feel that she had all three of the counseling styles in the next question, but I can only pick one!

My favorite supervisor was my very first and she had so much trust in my abilities that she let me see most patients on my own starting at week 3, with just a quick wrap-up by her at the end to make sure everything was covered. However, she made me feel ok requesting that she do the more complex cases or at least be in the room with me (it was always up to me which situation I wanted). She had a good balance of constructive criticism and praise, both with specific cases and general comments as to how I was getting more confident, neater, faster, etc.

With all of my positive experiences with supervision there was not one specific event, but rather the rotation as a whole that constructed it as a positive experience. Likewise, I have had single positive experiences with supervisors who overall did not allow for a positive rotation. - Again, I think for the styles described in question 30, there is too much overlap to select only one.

My supervisor consistently helped me improve my insight into the sessions I had just completed with her. First she would ask me to describe what I had noticed, challenging me but not revealing what her impression was until I had defended my impression. This was a very reflective supervision style that taught me to trust my instincts and work from...
the skills I already had. I gained confidence in my abilities as a genetic counseling student. My relationship with this supervisor remained positive throughout the rotation.

This counselor was very positive in nature. She would suggest areas that I needed to improve, and would do so by providing examples of ways to improve. There were always suggestions for improvement but, in contrast to my least favorable experience, this supervisor did not make it sound personal and did not sound like she was scolding. She would also include areas of strength in her critiques.

She wanted me to think outside of the box and be more comfortable with not following a strict counseling guideline. This really helped to develop my abilities, comfort level with the patient and style. I don't think I would be at the level I am now with the mentality I have now without the supervision I got from this supervisor.

This supervisor was obviously dedicated to making sure I was learning and developing my genetic counseling skills. She had clear goals in mind for me. She pushed me to try new things and she always had good feedback.

My most favorable experience was with a counselor that had clear guidelines for what she expected in the clinic up-front, but who was flexible during the rotation to adapt to my needs. I began making bulleted lists for specific client needs and she encouraged my ideas and adapted them in her counseling. She let me counsel independently after supervising for many cases, but always remained available in the next room if I needed her. The experience made me feel very appreciated and trusted and even helped me realize that supervisors are still learning and they can learn from students too.

I most enjoyed my supervisors who would give me concrete and specific criticisms and praise. This helped me figure out ways that I could improve and identify areas where I was on the right track. To me this was the most important thing- specific feedback not generalized impressions.

the supervisor that I got to work with was a very experienced counselor who was committed to her patients and to educating future counselors. we established clear expectations and concrete steps to achieve these goals. she took the time to get to know me and gave me the freedom to explore and grow. she was getting to know me as a person, not just a GC intern, which meant a lot to me and gave me the confidence to be myself. even now as a working GC, I still approach her when I have questions or when I encounter difficulties.

My favorite rotation was actually a direct result of my least favorite rotation. After failing 6 weeks of a 12 week rotation, my program director helped arrange for me to make up the 6 weeks at a different facility in another state. That 6 week rotation ended up being my favorite. My new supervisor was very warm and friendly. Even though I was coming to them after having failed half a rotation, they were very supportive and trusting. They renewed my confidence in my abilities which was crucial to my ultimate success. I passed the second rotation with flying colors.

I had a number of supervisors who were amazing at helping me to set my goals and grow as a genetic counselor. They challenged me in ways that made me stretch my skills drastically, but they always made me feel comfortable and safe enough to have the confidence I needed to reach these goals.

One of my supervisors treated me more like a colleague than an student. She was warm and open and appreciated my contribution to sessions. I felt much more at ease with her during my counseling, and it showed as those sessions were some of my stronger ones.

someone who is interested in knowing me as a person (not just a student or an intern) Someone who is interested in knowing why I made the mistakes I did in a session and how I can use my strengths better as a GC someone who is insightful and understands the process and growing pain of being a student someone who uses the same empathic attitude they use towards their patients towards me (more is caught than taught) - I believe empathy and psychocosical skills often cannot be explained, but can be modeled

One of my supervisors always had a plan that we created before seeing the patient. We discussed the case, figured out which of us would discuss what information with the patient, and what testing we would consider.
One supervisor would walk me through a case start to finish. She educated and then let me take over what I had mastered. She taught me the details of counseling like requisition forms etc. but she still was a very warm and engaging person.

Supervisor was warm, discussed criticisms and ways to improve performance, but also balanced negativity with generally positive responses about things that were done well in the session. The supervisor was available after clinic times to talk, to reflect, and to discuss nuances of genetic counseling and ways to improve.

One of my supervisors provided very concrete, structured feedback on every session. Throughout the internship she helped me work on specific goals, and was open to my input on things I would like to work on as well. This was very structured, but I grew tremendously as a genetic counselor as a result.

This supervisor was always available, did not talk down to students, was open to hearing and considering other perspectives and ways of providing affective counseling. This counselor was also great with interacting with patients and students in the counseling setting making the experience seem more like a team effort than a supervisor/student setting.

Most experiences were favorable, so it is difficult to identify one particular case. The best experiences were ones in which the supervisor gave me the lead, but was supportive and would assist if I asked, rather than taking over the session. Also giving both positive and negative feedback is most favorable.

My most favorable rotation was at a center with >10 GCs, so I feel like because there were so many GCs, they were mostly very accepting of each person having their own style. With a specific supervisor there, she was very open about her expectations of me at the start of the rotation, and it was clear from her counseling sessions what her expectations were - and that she was a very good genetic counselor. Part of my motivation to exceed her expectations was because I respect her and realized that she was very good at what she did. However, she was very supportive of me, keeping in mind that I was a student, and never making me feel bad for areas I needed to improve on.

One supervisor would determine a goal with me for that day- one of my weakest skills and encourage me to strengthen that particular skill that day. She would also give me concrete examples of how she worked to master that skill. At the end of the day we would evaluate how I had progressed on the skill.

I had a supervisor who was a new grad herself and she was a combination of all the supervisory styles. She was task-oriented with the goals and expectations for my rotation, but she was also warm and friendly and intuitive and focused. She really loved her job and that showed through. A supervisor with a true love and passion for their job makes a huge difference. This supervisor was so willing and eager to share her information and to help mold me into a great GC who loves their job as well. She was constantly having me reflect on sessions and more than willing to discuss counseling strategies and give me both positive and negative feedback.

My most favorable experience with a supervisor was when there was a prenatal case in which multiple anomalies were seen on U/S. It was early in my first summer and I had not participated in many cases, but she recognized that I was ready to handle this case and pushed me out of my comfort zone to counsel the case. It went really well from a counseling perspective and at the end I could tell that my supervisor was really proud of me. It felt really great that she had had that confidence in me from the beginning and that I was able to make her proud. We continue to have a great relationship and she is acting as a reference for jobs.

The most favorable experience that I had with a supervisor was prior to, during, and after a counseling session with a patient in prenatal who had a baby with a lethal birth defect. The counselor was confident that I could handle the case, but she was open to letting me do as much or as little of the session as I felt comfortable with. She was very encouraging prior to the session and during the session she was very helpful with adding to statements I had said and providing addition patient support. After the session she was very willing to discuss the case in detail, and her warm style was very helpful for this situation.

I had a genetic counselor who was not a direct supervisor, but who I saw a few patients with. She's in a managerial role, and infrequently sees patients, but is amazing (particularly in the psychosocial realm). Despite her busy schedule, she stayed late with me to process and prep for our 2 patients the next day, and then after seeing our patients, she spent 2 hours processing with me and pushed/challenged me to think about things I would have never thought about-things that have completely changed my take on our roles as genetic counselors.
A supervisor I previously had felt confident in my abilities and would let me counsel on my own without supervision. That built my confidence and made it realistic that I would soon become a genetic counselor.

This supervisor gave very specific and detailed feedback, immediately after a case. Also, this supervisor would discuss the patient cases with me before and after sessions. It helped me to discuss how I was planning on approaching the session, and then discuss what I did well and what I could have done better. This supervisor was always very warm, friendly, approachable.

The supervisor was involved and invested. I knew where I stood throughout the entire rotation.

The first day of my rotation I was provided with a binder that included a list of goals for my rotation, a schedule, and the resources that the GCs at this site reference to prepare for sessions. After each case, I was given a balanced evaluation of my strengths and areas needing improvement. My interests were taken into account and I was asked to assist in research projects that were in line with those interests. The supervisors were also warm and supportive and invested in my success at their site.

My supervisor encouraged me to take on challenging cases even when I was nervous. She pushed me to try new things even when I didn't feel 100% ready. I felt much greater confidence once I achieved those goals and saw that I could handle the challenge.

One of my supervisors would take time after each counseling session to address what I did well and what I could do to improve, and gave concrete examples of how I might achieve specific counseling goals.

I had one supervisor who had high expectations but was also very trusting and gave me a lot of responsibilities during the session. I never felt judged for asking questions, even though she sometimes would challenge me to answer them myself. She was very organized and structured in her counseling style, but was also flexible and gave me room to develop my own counseling style. If she provided criticism, it was always accompanied by encouragement that built my self-confidence. I do feel that this was due to her counseling style, warmth, and caring personality. I felt that this experience made me a more self-sufficient counselor and I would like to emulate this counselor's style and organization.

Supervisor was experienced, knowledgeable, approachable, reflected daily with me, and gave feedback.

I had a wonderful experience with a supervisor who seemed to truly evaluate me by the clearly stated requirements and guidelines of the rotation. She was never shy about things for me to change or work on during a session (never!), but she gave clear feedback AND practical ways to try to put that feedback into practice. She was also quick to praise or recognize things that were improving about my sessions, or ways she saw me taking chances and trying to explore different styles or approach different topics. She is a wonderful counselor and truly expects a lot from students. It is a very challenging rotation, but I didn't have enormous amounts of crippling self-doubt with her. On the contrary, I felt like there were challenges and I was prepared to try to tackle them now, while I still had a supervisor to help!!

my supervisor was approachable and encouraging

Balanced criticism and praise after sessions, did not jump in to correct me in sessions immediately but was ready if I needed help, friendly and approachable outside of sessions.

One supervisor loved teaching, and it was obvious. She was always open to questions, and rarely corrected me regarding my counseling style. I was allowed to develop my own style. She would often give me things to think about, perhaps a different way to counsel, but always let me know that it was a matter of opinion. Still, she was not afraid to correct me if I had done something "wrong." Her corrections were always worded in a helpful way and never were a personal attack. The expectations for me were clear, and she would check in with me often, asking what goals I still had, and what her goals for me were.

My supervisors for my cancer clinical rotation set clear expectations, asked me what my goals were, and provided weekly feedback as well as mid- and final evaluations. They were warm and friendly as well, and were supportive of developing my counseling skills.
The counselor was very trusting of my ability and style, and she let me explore and develop my own counseling approaches, but also was very good at providing advice about things to tweak.

My favorite supervisor experience was a supervisor who really incorporated all three types of the style. We were practical in setting goals, but she was always warm and friendly when giving feedback and reflecting on a session. We had in-depth discussions after sessions I co-counseled, which showed she was invested in my education and developing my skills to give the best patient care.

This supervisor was both task-oriented and interpersonal-sensitive. She pushed me toward the goals that I had set out at the beginning of the rotation, "whipping me into shape" despite my discomfort. She was friendly, and always took the time to discuss the cases, give feedback, and suggestions. More than that, she helped me work through my own personal and style issues. She was very involved in active supervision. She was creative in exercises and assignments to help me reach my goals, and she was a good teacher. She was very intuitive and understood what was behind my setbacks and learned how I function and how I communicate. The only negatives were, she talked too much and often came across as a "know it all," and her style bordered on too harsh and negative. Her supervision was stressful, but very helpful.

While I had many positive experiences with supervisors who were warm, friendly, and supportive of my personal growth, the most favorable experiences in terms of my growth as a genetic counselor were those in which my supervisor challenged me to critically evaluate the sessions that I counseled. I had one supervisor in particular early on in my clinical rotations who would encourage me after each session to identify psychosocial issues that arose during the session. At that point, I hadn't necessarily gotten to the point of being able to explore these concerns with patients in the session. But the exercise with my supervisor allowed me to make the leap from identifying psychosocial issues in retrospect to being able to identify concerns as they arose and explore them with patients.

She modeled initially, but quickly encouraged me to take on as much of the session I was comfortable with. She was clear when something I had done in the session could have gone better, but was always supportive and encouraging. She took time every day to reflect on our sessions, giving constructive feedback. It was clear that she trusted me, and she pushed me to go beyond what I was always comfortable with in regards to taking responsibility for the session in order to help me improve my skills.

One of my supervisors was great at giving constructive criticism and really helping me to figure out strategies to become a better counselor. She was always supportive and showed trust in me by allowing me to take over more difficult parts of the session. She encouraged and really allowed me to expand my skills.

Most of my experiences were favorable. I found that one supervisor in particular homed in on the aspects of my interactions with patients that were more unique to me and that she thought would serve me well in counseling. It was helpful to hear this feedback from the perspective of characteristics that were intrinsic to my self and not behaviors I felt I had to learn (in addition to learning genetics and all the nuts and bolts of a counseling session). Making it personal was very helpful in giving me confidence.

I liked supervisors who helped set goals for a session. I also found it helpful when their feedback was framed as things to try to improve during the next session. I liked clear expectations as well. Occasionally I wasn't sure what my role was supposed to be and I found that frustrating. All my supervisors were approachable and I felt comfortable asking questions. I really appreciated that.

My most favorable experience with a supervisor was one who was very approachable and understood what it was like to be a student (she had graduated only 2 years previously). She gave me both positive and negative feedback, and pushed me to try new things or do things a different way. She was very warm, friendly, and understanding.

I liked supervisors who helped set goals for a session. I also found it helpful when their feedback was framed as things to try to improve during the next session. I liked clear expectations as well. Occasionally I wasn't sure what my role was supposed to be and I found that frustrating. All my supervisors were approachable and I felt comfortable asking questions. I really appreciated that.

My most favorable experience with a supervisor was one who was very approachable and understood what it was like to be a student (she had graduated only 2 years previously). She gave me both positive and negative feedback, and pushed me to try new things or do things a different way. She was very warm, friendly, and understanding.

Supervisor provided clear expectations prior to inception of the case, throughout the duration of the case (multiple weeks), and gave constructive yet supportive feedback throughout the process.

I very much appreciated being treated as a valued member of the team with knowledge and something to offer. I respected constructive criticism and was thankful for not having to hear the "compliment sandwich" which seems to me
like a really bad way of just saying, "what you did there, that didn't really work...how could that have been better?". I appreciate autonomy and flexibility when needed. I liked feeling comfortable enough around and confident enough in the supervisors abilities that I could ask for opinions, suggestions, help, etc.

a supervisor who highlights strengths and weaknesses in a tactful manner, gives the student autonomy in counseling sessions, works with student to explore the cases afterwards

Constructive criticism and specific suggestions

I had many favorable experiences, but one in particular stand out to me. Prenatal counseling in a hospital setting as a 2nd year student, I was getting more involved with each session and taking on more and more. My supervisor let me try things out, gave me the freedom to see patients independently when I felt ready and encouraged me to increase my participation at the center as desired (I did an extra medical rotation shadowing one of the OBs for deliveries and amnios to get a better understanding of the procedures of pregnancy). My one criticism is that once I felt ready to do a particular type of counseling session (such as concern for alpha thalassemia) she let me do all future alpha thal appointments with little oversight and I would have appreciated having more feedback. I frequently had to ask for additional feedback, although I usually received helpful responses when asked. It would have been nice if I didn't have to ask.

My last rotation was very favourable and prepared me very confidently into the clinical world and job application. This supervisor had very clear goals, I was also much more confident of my abilities, strengths and weaknesses. I felt confident speaking with this supervisor about my goals that I wanted to achieve in 8 weeks (which was to be ready to handle my own clinic!). This supervisor was very friendly in providing me guidance on common student counseling mistakes; patient anxieties; what to look for on an abnormal report etc. rather than AFTER THE FACT correcting my mistakes (though this happened some of the time) this counselor approached student supervision with anticipatory guidance; and the overall tone of the student/supervisor relationship had a much better start and end. This was my most favorable experience and gave me the confidence to interview (and get the job offer!)

Supervisor was approachable, gave clear instructions, talked about my approach in a friendly way, gave constructive feedback and was committed to patient welfare.

I worked with a supervisor who liked to review the session material before meeting with the patient (somewhat of a mock session.) She then let me run the session and added material at the end if needed. We then reviewed the case following the session, with both positive and negative feedback.

I had a summer rotation with some of the best counselors I could have hoped to work with. The center was usually not one that supervised students, but the two counselors there were so supportive and helpful. It was my first rotation where I really started seeing patients, and they stepped me into it very well and were very helpful along the way. They let me struggle through questions or subjects when they knew I could handle it but also knew when to speak up and help out because I was clearly in over my head. It was such a comfortable environment and I felt like I could really try to formulate my own counseling style and I was encouraged to do so. I'd have to list their style as mostly the Attractive style, but it's hard because they were so intuitive and reflective that they could really be in the Interpersonally-Sensitive style as well. They were open, warm, intuitive, dedicated, and were always happy to answer my questions, talk things through, and let me know when I was doing things wrong, but mostly they praised when I did things right, which was great just starting out seeing patients and was a terrific confidence boost. My current style is largely based on the style I developed under their tutelage.

My favorite supervisor was warm and friendly, and you could sense from the first day that she not only cared about patients and their experience, but that she wanted to do everything in her power to make sure that students learn, have a good experience, feel encouraged, and feel empowered to improve their skills as GCs. Every day I had a number of encouraging words given to me, even though she did also manage to help me see the areas where I could improve. I can't imagine a better supervisor because I learned from the mistakes I made and was helped to see the achievements I had as well. She had clear expectations and was goal-oriented, although she was willing to adjust her expectations and her agenda to accommodate me as an individual. She was phenomenal!

Clear expectations, gave feedback in a constructive way and also gave me suggestions on what would help me improve, was friendly and approachable.
I had a number of fantastic supervisors! Two of them in particular come to mind. They were both very knowledgeable and effective, in addition to being committed to what they do. They also encouraged self-reflection and made themselves open to talking about limitations in a sensitive way that encouraged growth. I found those experiences nurturing and exciting.

She was very approachable if I needed to ask questions or concerns

My supervisor was approachable making it easy to discuss cases and define expectations of where I was at and areas I could improve

This supervisor had clear expectations and was very warm and supportive. I definitely respond to criticism/feedback much better when delivered in a supportive, encouraging environment. I highly respected this counselor and therefore made sure to learn as many counseling skills from her as I could during the program. In fact, I still contact this supervisor from time to time with questions.

During one of my first cancer counseling sessions the patient began giving clues of abuse, etc. At this point I was not aware of all of the resources at this hospital. My supervisor gave me the freedom to discuss this to a certain point and then jumped in at exactly the time I needed her. I felt terrible about the session afterwards and my supervisor was very supportive and taught me many lessons from the situation. Prior to that session, I didn't see her as the supportive, friendly type, but she surprised me.

I was given positive feedback after being given a structure of how to complete tasks appropriately.

a supervisor who treats me like a peer

My supervisor did not micro-manage my time or activities, and I felt he was there more as a support system than to point out everything I was doing incorrectly (which is how I felt with some other supervisors). We shared a common interest in understanding how and why things work, and we often talked about research articles in addition to clinic. And forgive this cliche- but there was no "drama" with him. Everything was taken at face value and it was understood he wanted the students to succeed and be confident.

My most favorable supervising experience occurred with a supervisor who was open, straightforward, provided near-immediate and balanced feedback, and was very encouraging and supportive. I had chosen this individual to be a mentor for my studies in general, and we are still very close today.

She would take time to discuss my plans for a case beforehand, and review how it went afterwards. She was encouraging of my ideas and always complimented my style.

This supervisor was very experienced at supervising students and it showed. She seemed to know what I would have trouble with, and what I would succeed at, before I did. She was friendly but professional. I didn't become friends with her, but that was ok because the boundaries worked for our supervisor-student relationship. She gave me counseling insights that I will always take with me.

In my very first rotation taking on roles, I was very very nervous and I messed up a lot. My supervisor couldn't have been more patient, more supportive or more encouraging. She constantly challenged me to take on more responsibilities in the session which was hard at the time but exactly what I needed.

Very early on, we sat down and discussed my goals for the rotation, and her expectations. She had very practical advice for improving certain aspects, and was very knowledgeable and understanding - She told me she had so much advice because she had had the same issues at one point or another. It created a trusting environment.

My best supervisor was available both before and after cases to answer my questions, provided me with constructive feedback and was very complimentary of the things I was doing well. When there was something I struggled with she helped me work through it and never seemed critical or disapproving.

Very realistic, willing to share her personal experiences with me (such as being a mother and a peds counselor and how she balances); very positive and supportive
My favorite supervisor(s) allowed me to come up with goals and then helped me clarify them. Additionally, they set clear expectations for communication and deadlines. They also provided balanced feedback and let me know when they were especially impressed with something. Not only did they give balanced feedback but it was very specific i.e. "I liked when you said......as an expression of empathy to the patient" or "is there a way you can think now of to rephrase......?"

This supervisor was very open to letting me take on more and more responsibility of the counseling session. She would be there for assistance when I needed her but, she also allowed me to counsel in my own way. She provided good feedback and observations about the sessions I would have with patients but did not try to force her own style onto my counseling.

Provided supervision that I would call "tough love". Very helpful and approachable with issues once I got confidence to bring them up. Was a very tough supervisor, but in retrospect, was the counselor I learned the most from. Loads of detail and instruction shaped my counseling.

The majority of my supervisors were wonderful and I had great experiences. Even when I thought about the experience that was not so favorable, it still wasn't that bad. My favorite supervisor was a combination of the styles you have described--I had a hard time on question 26 because most of my supervisors didn't fit distinctly into one category. My favorite supervisor was warm and welcomed me into her daily routine, I never felt that providing supervision for me or having a student there was a burden for her. She is terribly smart and provided me with clear tasks and goals to work on while still allowing me to make mistakes and learn on my own. She really observed me and helped me digest my more complex cases. She was able to provide me with insights that I maybe hadn't had yet about my strengths and weaknesses as a GC. She used all of the styles that you mention, but I guess if I had to pick one, I would say that she is slightly more interpersonally-sensitive than anything else.

Clear expectations. Reasonable work-load. Helped student determine their "role" in the rotation and clinic and then gave some independence. Workspace provided. Timely feedback.

I was lucky enough that most of my supervisors could be discussed here. One in-particular I felt went above and beyond. She was always very clear with goals for each case as well as the overall rotation. We checked in frequently to see how those goals were being met. She was very encouraging and was always suggesting new things to try during sessions. We debriefed after every case and she always had good observations and constructive criticism. She really made me think about little details I had never considered before. Perhaps because she was only a few years older than me we seemed to get along well. She had settled in the area and had a new baby and my fiance was also from the same area, so outside of counseling, occasionally she would tell me about nice neighborhoods to live in or schools, should I end up living in the area too. Aside from being a GC she seemed really invested in the institution and community.

This supervisor had qualities of all three supervisory styles (as defined through this survey). The style that works best for me is a supervisor who is approachable and trusting. This makes me comfortable in discussing my concerns, hesitancies and apprehensions about an upcoming case and makes me more willing to reflect on previous cases and my abilities. Someone who is warm and trusting is easier to share this information with. For example, in my first clinical rotation my supervisor was very encouraging and trusting and provided me with the "push" I needed to complete a session on my own. This supervisor was able to provide me with insightful feedback and elicited my perspective. Based on this supervisor's style, I felt comfortable in sharing my perspective and was able to really open up and explore during reflection.

Allowed to counsel patients independently. Received constructive feedback afterwards. Case was discussed afterwards in detail.

My favorite supervisor would allow me to discuss what I thought the plan for a session should be and bounce ideas off of her. As the rotation progressed, she allowed me more and more independence, but I always knew that she was available if something came up that I was unsure how to deal with. She would allow me to self-assess after each case and then provide both positive and constructive feedback.

The supervisor for my most favorable rotation was very welcoming, supportive, encouraging, and flexible to my developing style as a GC. She gave good suggestions and asked me to try doing things a different way before solidifying my methods of counseling. She was very balanced when providing feedback and never made me feel poorly about any case, even if I felt that I hadn't performed as well as during previous sessions. She was always focused on my future as a counselor, rather than my current situation as a student. She tried to provide me with practical advice and
The supervisor was very open. She let me form my own counseling style but guided me along the way. She gave suggestions and helpful tips but never demanded I do something a certain way. She gave constructive criticism and had me evaluate myself after each counseling session first.

What were the focus points again? And what are the definitions of the supervisor styles? I probably answered that wrong since I don't remember. My most favorable experience was my last rotation where she allowed me to have some completely independent sessions in order to help form a stronger rapport with the patient. She instilled trust and confidence in me which helped me boost my own inner confidence and therefore had a direct impact on my counseling skills.

My most favorable experience was with a supervisor who was very warm and friendly. I felt that I could approach her with any questions I had, no matter how trivial. She was very patient with me having never had any cancer class but still being on my cancer rotation. All of the counselors at the clinic site affected my choice in ultimately becoming a cancer counselor. Prior to the rotation, I had no interest in being a cancer counselor.

A supervisor who was very trusting of me as a second year student and was willing to let me take responsibility for the entire session and follow-up. She provided very throughout critiques of my work, both positive and negative. She was very warm and approachable and made me very comfortable in the working environment. This supervisor really helped me build confidence in myself prior to graduation. 

- Supervisor respected my personal goals for the rotations
- Supervisor was very intuitive and gave positive and negative feedback
- I gained awareness about my strengths and weaknesses as a counselor

When a supervisor allowed me to address a psychosocial issue with a patient and gave me the room to build rapport and trust with that patient. Afterwards, we reflected on the session together and discussed areas I thrived in and other things I could have done. Our reflection time felt more like a conversation than an evaluation or critique. I left that day with pride and confidence in my abilities.

A counselor who took time to listen to my personal reflections prior to a case, in order to support me developing skills in the area that I felt I needed more work in. Overall the supervision was a collaboration of what she felt I needed and what I felt I needed, rather than just one sided.

I have had numerous very favorable supervision experiences. All of these supervisors were realistic about their skills and my skills and also trusted me to use my own judgement. They were also happy to answer my questions and provide guidance when necessary while still setting the expectation that I do much of the groundwork myself. These supervisors mentored me in such a way that I felt supported and challenged simultaneously.

Feedback. One supervisor I had, had clear expectations for me and made them known. If I were meeting those expectations or not, she would let me know.

Supervisor always asked me what I wanted to get out of the rotation. Met weekly to discuss goals and had a more personal, helpful feel. She was incredibly open and warm and instilled confidence in me that I was ready and able to be counseling on my own.

My most favorable experience involved a supervisor who was warm and supportive. This supervisor gave excellent constructive criticism. I had this supervisor during my last rotation, and I actually learned the most at this rotation as a result of having such a great supervisor. Expectations were clear at the beginning of the rotation, and expectations were
given at the beginning of each clinic day. At the end of the day and often after counseling sessions, the supervisor gave excellent feedback and challenged me to provide self reflection. The supervisor was always approachable. I had a wonderful experience with this supervisor, and I still contact this supervisor as a professional resource.

My favorite supervisory experience was with a supervisor who trusted me, but was open to any questions that I had and didn't make me feel silly for having to ask them. I believe that this was also a different type of experience because I was much more confident as a counsellor at that point in my training.

I respond the best to friendly, warm personalities. Of course a supervisor being knowledgeable and confident is paramount to a student's success and growth, but for me whether my supervisor was approachable determined my comfort level expressing concerns and feedback. My best experiences were with supervisors who were friendly and open- who were flexible enough to allow me to learn and experience the clinic in my own way.

The counselor was very hands off in session and let me handle any issues that came up. She then spent significant time after the session processing what occurred with me. She gave both positive and negative feedback. She didn't tell me what to say or how to arrange my session, but did give concrete examples of how one might respond to difficult circumstances. She would also let me observe her during every clinic and went through the same processing and breaking down of her sessions and her mistakes. She brought to my attention subtle aspects of my counseling that were positive and those that were negative and helped me think about why those things were coming out in my counseling.

The best supervisors were the ones that were very attentive and gave guidance early on but then took a back seat after a week or two. They let you find your own voice, see and learn from your own mistakes, and don't nit-pick the details.

I was at a clinic where the supervisor trusted you to just jump in the fire and go. She let you know exactly what she wanted and gave you clear feedback as to what to do next time. I felt like at other sites, people told me to fix something but not how to fix it, which wasn't the case here. Additionally, the supervisor to me to things like tumor boards and case conferences and we learned new things together which we discussed which made me feel like a collaborator and not someone to be filled with information and sent off. I still keep in contact with her sometimes and she, more than anyone else, formed what I do as a supervisor now that I work with my own GC students and medical residents.

I feel that this supervisor was both task-oriented, as well as attractive. They outlined clear goals and deadlines, while providing guidance. They provided feedback, both negative and positive, in a sensitive way.

My supervisor always made me feel like I was prepared and capable. We meet to discuss cases prior to seeing the patients and she gave me feedback immediately or soon after seeing the patients. I feel comfortable working with her and I really felt that she trusted me to lead the sessions.

For my cancer rotation, the counselors took time to meet before the start to talk about my goals and what I wanted to get out of the experience. We scheduled time during the rotation to discuss my progress. I found that since I was allowed to participate in the process of goal-setting, my education was better served.

I don't remember

A supervisor allowed me to see patients fairly independently after observing some sessions I conducted. I felt that the supervisor trusted me enough to see her patients independently, which gave me more confidence in my skills.

clear expectations

My most favorable experiences were with supervisors who gave me full control over the counseling session, but would provide me with constructive feedback.

Prenatalipeds counselor trained me to listen to intuition and trust the connections I make with patients. Genetic information is obviously important, but that information will be conveyed regardless. It's being real, genuine, compassionate and understanding matters more. If you have those qualities and you trust those qualities in oneself, all else will fall into place. And it did.
I recall two great supervisor experiences. They were both very warm and friendly and I got the sense that they were very invested in my success.

Good feedback and very encouraging of the things I did well.

Most supervisors worked with your skills and style of counseling and did not force you to form your style solely around what their style was.

Clear expectations, gave feedback throughout rotation, not just at the end.

supportive, trusting, ambitious

In the most favorable experience the supervisor took into consideration the differences in counseling styles and did not use personal biases and style to influence the student, but realized that as long as it is benefiting the patient, the style does not matter. The counselor forced on feedback that was constructive and applicable, not nit-picky and personal. It made it a great experience and affected my confidence in my counseling style and skills.

One of my most favorable experiences was seeing a preconception patient whose brother has Angelman syndrome. I did nearly the whole session, but since it was a conversational session, the counselor and I really co-counseled (though I suppose you could say I shared most of the genetic information with the patient). The counselor and I had prepared for the session together, so the counselor and I planned what information I would be sharing. Afterward, the counselor acknowledged and praised what I had done well in the session and discussed how I would follow up. I then wrote the (extensive) patient letter and the counselor and I went over it together to make it as good as it could be. I was trusted enough to do a lot of follow up with the patient, calling her with results, and it made me feel confident and fulfilled.

I appreciated supervisors that were understanding and flexible.

she had plenty of feedback, she noticed what areas I was hesitant in and tried to push me in those areas

I have had several great supervisors as well, but my most favorable supervisor was able to be friendly and warm without sacrificing honesty about areas I needed to work on. She gave me very useful constructive feedback and also highlighted areas I was excelling in. She helped me navigate the difficult situation of working with several supervisors in the same clinic, and she was always supportive of me and available when I wanted to talk or ask questions. I feel like I was never afraid of her and we got along well, but I still learned a great deal under her supervision -- I am more open and do better work when I feel comfortable, rather than intimidated.

This counselor and I discussed the session ahead of time and had clear expectations for me. When she gave feedback it was always concrete skills to practice and occasionally included tips on how to address those skills. It was always constructive and presented in a way that did not weaken my confidence.

I received feedback after every session I had with the patient. There was more time for feedback between patients, and if there was not, we made sure to discuss the sessions before I left for the day. The supervisor took notes during my sessions which helped her to remember things that she wanted to bring up with me about those sessions, so the feedback was placed in context. I spent the first few days of rotation getting training simply on "how" things are done so I had a reference for how to do tasks when they were asked of me - rather than having to figure things out for myself. Also the time spent training me on "how" made me more comfortable asking if I did not remember a step - instead of feeling like I had to figure it all out by myself. This supervision was more invested in her practice and had an easier time investing and involving me into her established rhythm.

She was warm and open and caring. She allowed me to counsel my own way and develop my skills. She gave wonderful constructive criticism throughout the rotation.

My most favorable experience with a supervisor during clinical rotations was with a supervisor who took the time to get to know who I was as a genetic counselor and allowed that to shape our supervision relationship. My supervisor was very open to reflection and discussing counseling issues and provided constructive feedback.
In that same rotation, my other supervisor was very attuned to my self-doubts, and was much more affirmative and supportive. She recognized that I was able to self-critique, and instead of extensive debriefing, actually spent more time with me before sessions, so that I could build confidence and therefore have positive experiences. Then, she asked me to be realistic about my own expectations and asked probing and reflective questions.

Counselor who was invested in my education and growth as a student, but more importantly as a counselor. She viewed me as a colleague, and approached our interactions as such. She would ask how I thought an appointment went before jumping immediately to her evaluation.

Supervisor told me the things that I did well in the session and also gave me constructive criticism on how to improve certain aspects of the session in a non-threatening way

Good experiences were with supervisors who were supportive, yet constructive.

supervisor had high expectations and allowed for student to devise plan and control the case. Was supportive and helpful in making suggestions and in teaching various aspects pertinent to the case and case preparation. Was supportive and friendly but still upheld high expectations.

clear expectations, realistic, good at determining how to help improve my counseling skills

This supervisor was warm and friendly. She also laid out concrete expectations. After each session we talked about the positives and negatives of each session and the feedback she gave me was both specific and generalized. It made it very easy to apply feedback and constantly improve.

**Question 3: What was most beneficial?**

The changing of supervisors - this helped to prepare for multiple working styles which is exactly what one faces in any working environment

One on one feedback with supervisors.

It was helpful to have supervisors who were willing to adapt their styles to my needs at the time. For example, giving me the freedom to do more in a session versus allowing me to observe them. It was also helpful to get immediate feedback while the session was still fresh if possible. On days where we saw many patients in a row, it became more difficult to remember the specifics of each session. Also I like getting immediate feedback, so I could incorporate new things in the next session.

Supervisors who were honest, but supportive. Those that were approachable made it easier to ask questions, and in turn get more out of those rotations. Likewise, those that were supportive made it easier to take more difficult cases and challenge myself as a student, not worrying so much about ‘messing up’ or struggling in a session. Those supervisors helped me gain confidence and skills that I otherwise may not have.

Clear communication with understanding and compassion

Co-counseling where I had the leeway to take on psycho-social questions, but had backup if I got in over my head. Feel like I learned things from both the good and back experiences, including how to be a better supervisor myself.

The opportunity to fail and learn and develop my skill set. It was nice to have a resource with years of experience tell me what they felt would work and what wouldn't. It wonderful to have them as a resource and mentor.

Clinical rotations have allowed me to meet alot of people in this field. My experience with supervisors have allowed me to establish a list of professionals with whom I would gladly with again in my career. My experiece has also helped me put together a list of unprofessionals that I will not forget.
supervision as needed opportunity to observe supervisor counsel

Constructive criticism, opportunity to counsel independently

Having a direct mentor

Supervisors who would reflect both on skills that I did well as well as skills in which I needed improvement, and who then went on to discuss concrete methods of improvement both for areas of weaknesses and strengths. I also appreciated supervisors who would acknowledge that occasionally you just have an "off-day", and they do not hold that against you but know that not every single encounter with a patient goes how you would like it to.

Prolonged supervision with the same counselor

Prompt one-on-one, honest, and constructive feedback.

goal-oriented

Quality feedback and the opportunity to try things on my own and feel trusted.

I found that a good mix of being trusted and affirmed in my skills with constructive criticism and honest discussion about how I could improve helped me the most.

In addition to learning counseling and clinical skills, it was very beneficial to learn about the professional aspects and challenges of practicing as a genetic counselor, as well.

When a supervisor discussed things that were going well, and areas for improvement. As well as seeing my skills case by case as well as a whole picture to be applied to all of genetic counseling.

short and direct feedback. Start with the positive and finish with an equal (not greater) amount of negative.

Spending a long time (all day, for several days) in clinic with the specific counselor.

trust, warm, friendly

Having several supervisors with various styles of supervision was beneficial as this directly reflects the workforce.

It was helpful to rotate through each of the supervisors with a set schedule. It helped to see many different styles and figure out my own style.

Processing cases

Consistent supervision from one supervisor for at least a month so you can grow with that supervisor.

Feedback right after clinic

Having evaluation meetings with the supervising counselors at the end of each rotation was helpful in that I was able to get direct feedback from each of the supervisors.

Being able to counsel patients with someone to discuss the good and bad.

the openness of the supervisor

Receiving feedback throughout the rotation and structured, sit-down check-ins with my supervisors weekly or bi-weekly.
Good modeling -- watching really good counselors in action was helpful. And then having someone whose opinion I respect watch my session and give me critiques.

Supportive who set a good example for me to follow

feed back

Thorough communication before and after each case.

I learned a lot form many supervisors it was nice to see a variety of styles of genetic counseling

Supervisors that are trusting have been very helpful. They encourage us to try new techniques and take on new situations that we otherwise wouldn't have the confidence to undertake.

Receiving feedback, both positive and negative. Observing different styles of counseling. Learning from experts in different specialties.

Her making the time to help me become a better counselor.

I like having structure, when supervisors allow for a discussion of goals for the rotation

Feedback and allowing me to be independent.

Constructive feedback, clear goals and expectations.

Observing multiple counseling styles, incorporating feedback into my own sessions, having a supportive but high-expectation environment.

Helpful constructive criticism that was accompanied with a lot of support encouragement. Basically, a safe and comfortable learning environment.

The balance of positive feedback and constructive criticism.

Reflecting on patient care

The opportunity to try things out on my own, with the ability to ask many questions and get help if needed.

Role playing.

Discussing visits after-the-fact to learn what I could improve and what I did well.

Learning case management an improving psychosocial counselling skills.

- Getting exposure to many different supervisors and supervisor/counselor teaching/counseling styles - Realistic goals that were progressive in nature gave me the ability to strive and grow as a counselor - The ability of the supervisor to balance supervision time and personal time, i.e. I was able to open up to the supervisor and tell her personal things about my life that may be impacting my counseling performance

Learning psychosocial skills. I found that so much harder to learn in a classroom.

I really appreciated concrete feedback about not only what I needed to improve upon, but also, what I was doing well. Positive feedback can be just as beneficial and constructive. Not only does positive feedback help to boost confidence during a time of high self-doubt, but also helps to hone into what skills really need attention going forward in the rotation.
Good balance of constructive criticism and praise; trust (esp. ability to see pts. alone for part of the session)

Overall, I would say that my most beneficial rotations were ones in which my hard work paid off. In other words, when I could see a supervisor grow in trust of me and my abilities and tackle more of specific cases.

Detailed feedback about every aspect of my demeanor and knowledge (and how I conveyed that knowledge), and an openness to hear my thoughts and reflections were most helpful.

Constructive criticism, providing suggestions of how to improve, realistic expectations, providing help in finding information when needed.

Encouraging me to think outside the box and not be so rigid/concerned about every word I used in my counseling

Learning how each genetic counseling presents information and interacts with patients. You can take what you like and use it when out on your own.

Balanced feedback and the opportunity to explore my own counseling styles and independence.

Specific and concrete feedback

when the supervisor is trusting and supportive

Immediate, clear feedback

My supervisor was very accessible and was always very open and friendly. It was very easy to ask for help or clarification, even for the smallest of concerns. They never made me feel like I was a bother or nuisance. They never made feel as if I should already know the answer to my question.

I liked reflective daily evaluation that pointed out weakness AND strengths of my sessions. I also liked the times when my supervisors gave me challenging cases and the skills to master them.

The idea that the supervisors are there during the sessions, acting almost as a safety net. Now that I'm about done, I don't feel the need to lean so much on the supervisors and it's been great to have a tangible concept of my knowledge base because of that.

having my supervisors also be my mentors

Constructive criticism (when given properly), collaborative effort between my supervisor and myself

More than anything, I found a teaching spirit to be the most beneficial aspect of supervising.

The most beneficial was constructive criticism, and criticism for practical things during a session, like accuracy of information and use of visual aids. I also very much enjoyed reflective discussions after various sessions.

Regular structured and specific feedback. Independence when I was ready.

Learning new techniques and learning what aspects of supervision I found most beneficial to take with me in my current role as a supervisor.

Working with supervisors who trusted me but were supportive when needed, and would discuss the positive and negative aspects of the session afterward and give ideas for what they may have done.

The variety of GCs I had the opportunity to work with

I found it helpful to listen to different ways of counseling patients-especially in psychosocial situations.
Feedback (good or bad) and reflecting on cases individually. Two of my three rotations really took the time to discuss each consult with me and the pros and cons of my counseling...that was the most helpful experience I think.

Supervisors encouraging me take on more during sessions.

I think one of the aspects of being supervised that has helped me most in my counseling skills has been getting a lot of feedback. I have usually always been able to incorporate feedback into my future counseling sessions, so detailed feedback has been useful for me. Also, it is helpful when supervisors are able to go above just giving feedback and teach me about something new. For example, teaching me how to access a new database, or about different patient resources has been helpful.

When I had time to reflect with a supervisor, but in a more abstract way.

feedback

Trust, balancing criticism with compliments, suggesting how to approach a situation

Feedback!

Trust and balanced review.

Being evaluated on my strengths and limitations and offered constructive ways to improve upon those limitations.

Reflecting on cases and applying constructive criticism and feedback to subsequent cases.

I appreciated supervisors who trusted me to work independently and challenged me to take on more active counseling roles when appropriate. I learned best in supervisory environments that were supportive and in which I felt comfortable asking questions.

Immediate and relevant feedback.

Receiving constructive criticism that was accompanied by encouragement to build up my self-confidence.

Clearly defined parameters of evaluation that the supervisors actually follow Also, I feel that the "constructive" part in constructive criticism is largely achieved with a caring delivery and either ideas of how to overcome the problem or at least empowerment that it can be overcome.

The variety of different supervisors I had. I was able to see different counseling style.

feedback

The feedback I got from supervisors was the most beneficial, and supervisors that were the most open were the most helpful. They gave me opportunity to become a better counselor.

Seeing a variety of styles and getting different feedback on my own.

Structure and encouragement

debriefing after sessions

I appreciated that at the end of each rotation we were asked to give and receive feedback and reflect on the overall experience. Most of my supervisors were able to showcase my growth during the rotation and help me understand my strengths and weaknesses.

the hands-on practice, regardless of feedback.
Feedback, good and bad. She also often make me self-evaluate before she would give me her thoughts. Even though I didn't always love doing, it was a very good learning tool.

Debriefing after each patient was very helpful.

overall my supervisors were happy to have a student and eager to help me learn

My supervisors provided constructive feedback. It was most helpful when they helped me outline what to work on for the next time.

Having a large variety of supervisors was very beneficial as I got many perspectives on my skills and learned to work with many different personality types.

- approachable - committed - structured - provides balanced feedback

Establishing a professional relationship with my supervisors.

I loved making lasting mentor relationships with some of my supervisors, these are individuals that I still email today even as I am working many states away to bounce ideas off of and get opinions.

Having someone to watch and learn from in the beginning and someone to get feedback from once you are counseling on your own

Taking responsibility for prep work, interacting with patients, the opportunity to independently follow a case from start to finish in my first year, being forced to deal with "challenging" patients and interpreters as well as seeing several different counseling styles.

constructive criticism, sensitivity, realistic expectations

slowly letting me take on more responsibilities

clear instructions and explaining her expectations from me right in the beginning of rotation and also at the time when a case was given to me.

Reviewing the case before and after meeting with the patient, complete with both positive and negative feedback.

I really respond well to supervisors who are warm and friendly and that I can easily build a rapport with since I believe that fosters communication, trust, and honesty and allows the student to put themselves in a more vulnerable position more comfortably. They should be intuitive about your needs and where you're struggling and the kind of help you need. I also think they should be perceptive of where you are in your counseling journey. I think supervisors should comment a lot on the positives when a student is just starting rotations to help build up confidence while still providing recommendations. I feel like a supervisor with a student about to graduate can afford to be a little more particular and can give a lot more feedback since the student is further along in her training, but should still remember to emphasize what she's doing right because even then a student still wants to hear they're doing things right as they're worrying about having the qualifications to get a job and do this on their own.

Discussions with supervisors about my performance with patients and areas to improve.

Feedback. It helped to know what I did correctly during the sessions.

Encouragement of self-reflection, specific direction, freedom to develop on my own, flexibility, and above all--a warm, nurturing atmosphere.

I feel like my supervisors showed a lot of respect and didn't always treat me like a student, but treated me as part of their team.
Meeting on a regular basis to discuss my progress, aspects of my counseling to work-on, and to de-brief on patients I has seen

- Simply gaining counseling experience
- Constructive criticism

I appreciated independence, support, friendliness, and openness to questions.

Having positive feedback and structure is most helpful for me rather than being allowed to flounder around then be told it's all wrong with no instruction.

learned different supervision and counseling styles

Having multiple supervisors in all different clinic areas. It showed me that there is not a single correct way of counseling.

Exposure to patients in a variety of settings, working with supervisors who are highly regarded in their respective areas of practice.

Support, mentorship, guidance and encouragement are all good things that most of the supervisors I consider exceptional provide.

Immediate, specific feedback after a particular case.

The fact that I had one supervisor through my school who I met week every other week through the whole year of rotations. This was in addition to my 5 on-site supervisors (4 rotations). The continuity was very helpful, and this program supervisor got to know me and my journey through the four rotations very well.

Learning tips and tricks from supervisors' own experiences

gaining gradual independence

Positive reinforcement, the requirement to make a session agenda and go over it with the supervisor prior to the session, constant checking in to make sure I had a manageable case load.

Observing good counselors was actually very beneficial. As well as the chance to counsel with an experienced supervisor in the room on particularly difficult cases

My program had a lot of supervision both in rotation with an onsite supervisor as well as with one of our program directors. I feel that having exposure to all of these different styles was very useful. Every GC that I worked with had a different skill set and was able to help me learn and see something new in myself. So I guess that the best aspect of my supervision was the variety that came from each site supervisor coupled with the consistency that came from having a program supervisor who could work with us in an ongoing fashion.

I benefited most from supervisors who were nice and warm outside of seeing patients then were very constructive in their criticism. Like, "here's what you can work on next time. Here's why I feel this way."

The most helpful supervision experience for me was when I was allowed to counsel patients independently and provided with feedback after the session.

I think clearly outlining goals and expectations from the first day at each rotation was really helpful. Only one of my rotation sites did not do this. I usually got the feeling from supervisors that they were open to discussions. Not only about cases and my training but the rotation experience as a whole, that was very beneficial. I think many of my supervisors may have favored one of the three styles mentioned in this questionnaire, but it was never exclusive. Many seemed to draw on all three as needed. I guess the bottom line is that being welcoming and open goes a long way toward fostering an effective student-supervisor relation.
Opportunity to lead sessions and gain confidence and comfort.

All supervisors make it clear from the start that they are there to support you in the endeavour of becoming a genetic counsellor. All supervisors provide insightful feedback and always make you their priority.

Having so many rotations. I'm glad I got to experience different styles and different types of clinics.

Constructive feedback that was applicable to the clinic setting

I found balanced feedback without "nitpicking" to be the most effective information. Although I was glad to hear about the little things that would improve my session, I realized that supervisors were only nitpicking because there were no other concerns. Having supervisors that are both supportive and approachable but maintain a professional relationship that is consistent amongst all students is important to me. Finally, supervisors who immediately provided feedback were most effective, particularly when we would play the situation back with alternative methods for counseling or explaining the issues that presented.

Suggestions, feedback, constructive criticism, flexibility

Giving feedback in a positive/constructive way to help keep my confidence up

Discussing each case beforehand and brainstorming questions and a plan was most beneficial. It helped me transition between tough cases.

Great feedback offered by all supervisors.

A clear expectation of my role as a student

- Flexibility of supervisor to meet me at my level - Receiving feedback - Receiving guidance re: resources

specific feedback, rather than generalities.

Reflection after a session.

Those where I was allowed to test my own skills and knowledge

Supportive supervision such that the supervisor challenged me to try new skills and to hone those skills as well as the supervisor trusting me to become more independent as a genetic counselor as the rotation went by.

Hands on counselling, with good thoughtful feedback. I liked when my supervisor would take notes during the session, it gave me concrete ideas about what could be done differently. I also liked having a large number of supervisors, it gave me the opportunity to see many different styles of counseling which I made into my own style.

Developing professional relationships.

Reflection.

Warm, open and friendly manner that I could feel comfortable discussing positive and negative aspects of my counseling with.

I learned a lot by seeing patients. I think I learned even more about how to be a professional and a colleague in a lot of ways though. I came in straight from graduate school so from peoples (negative and positive) examples how a genetic professional acts, I was able to structure my own work identity. Honestly, you can look up anything if you have the right resources, and class teaches you those but it is the interpersonal lessons that supervision really brings home.

Trust, independence, ability to see a wide variety of patients, immediate feedback after cases
Seeing different counseling styles and trying out different techniques based on the style and wishes of the supervisor.

Flexibility, trust, communication, collaboration.

Learning resources, and general guidance as to navigating the profession.

Feedback immediately or soon after cases.

Confidence in my abilities

When I didn't get in trouble for remembering a tiny detail

Clear expectations, "de-briefs" following sessions

The constant "check ins", not being afraid to ask for guidance and being allowed to explore. Given the freedom to try different approaches, encouraged to take risks. And final evaluation over coffee.

immediate feedback

The one-on-one work we got with each supervisor.

Meaningful feedback

I appreciated flexibility and a sense of caring from my supervisors. I feel like their confidence in me helped me gain my own confidence in my skills.

Good constructive feedback

Feedback

modeling

The constructive feedback and freedom to let students try out and experience their own styles of counseling.

I found most of my supervision experience to be positive and very educational. I was able to work with a large number of supervisors and observe many different genetic counseling styles. In 5/6 sites I went to, I was supported and treated like a valued member of the team. I found supervision experiences most beneficial when the counselor was clear about what the case we were seeing was about, how I could participate in the session, and when I was given constructive feedback, that included positives and negatives about how I performed.

flexibility and feedback (both positive and negative)

Learning how my supervisors handle things and their different styles, getting to counsel with backup if something came up I couldn't handle

In addition to getting specific feedback after individual appointments, I really liked the general evaluation process -- sitting down at the beginning to discuss my experience and what I hoped to get out of the rotation, meeting to discuss my general progress in the middle of my rotation, and recapping at the end.

Finding concrete skills to work on.

The structured approach to providing feedback

Warm and open and allowing me to grow.
Reflection and discussing of counseling issues and trust from my supervisor

productive feedback

Just having an ally- it helped me most when I felt like they were helping me to succeed, rather than only evaluating my capabilities.

Evaluation following individual appointments, rather than just at the end of a rotation

Constructive criticism

I have not had experience as a supervisor

case observation. It is helpful to observe how different counselors counsel and we have very limited experience observing cases since the program is designed to have student begin controlling as much of the session as soon as possible

Had multiple supervisors that helped determine my own counseling techniques as well as supervision techniques

Working with a variety of personalities and supervision styles. At each rotation I had multiple supervisors and got to learn how to work with different people

Question 4: Is there anything you would change about the supervision experience?

I felt like my director and co-director were completely out of the picture and I wish that they would have been more involved.

More control over the cases we saw.

No, I think it was helpful to have a variety of supervisors, and having some more negative experiences helped me learn what worked for me and what didn't.

I think I learned something from every supervisor - including the ability to adjust to different supervision styles, even those that posed particular challenges. Perhaps would have liked more encouragement for feedback throughout rotations regarding both supervisor and student experience, to try to preempt and limit any conflicts of styles as early in a rotation as possible.

I would have tried better communication with supervisors who were not the best match.

No one starting their first job should have to supervise. Wish some of the others were better able to set up projects that would have been helpful to them, rather than feeling like I was an extra wheel.

I learned from each rotation.

Yes. If I had the ability to actually evaluate a supervisor and have it mean something. Unfortunately, clinical sites are limited in number. If a supervisor is not a good one, and this is confirmed by multiple student experiences, it does not matter because the school does not want to lose the rotation site.

No, I learned from all of them, both positive and negative experiences.

No, I am glad to have experienced a number of diverse supervision situations.
I would not have gone to that program

For the supervisor that I spoke of earlier who was the "unfavorable" supervisor, I would have preferred not to work with her at all. I found other supervisors to be much more of a benefit to my growth as a genetic counselor.

Genetic counselors at outside institutions could have been more approachable, invested

Had I known, I would absolutely not have decided to complete the away rotation that ended up being so negative. My program directors are now aware of this, and despite their warnings, another student has since completed a rotation there and was treated in a similar, terrible way.

No-- the less favorable experiences were due mostly to lack of chemistry between student and supervisor or supervisor's (perceived) disinterest in my progress.

I would have liked to observe more in my second year. I think there is value in watching other counselors' styles and I would have liked to see more of this in complex cases.

Genetic counselors are often too busy to really take the time to nurture the students they are supervising. Many times I felt more like an intern taken on to help with some of the overflow work rather than taken on in order to really be a mentor.

Sometimes I had multiple supervisors (2+) per rotation that had very different styles and ideas, this made for very unnecessarily complicated rotations because feedback was often contradictory.

I don't mind when I do things wrong, but I do mind when I feel like I am not living up to expectations.

Fewer supervisors to work with. It's difficult to get to know each counselor and how to work with them if you only have 1 or 2 sessions.

We reviewed our supervisors at the end of each rotation on a hand-written form. While they were submitted anonymously, it's not that hard to figure out the handwriting of only 6 of us. Also, there were some supervisors who definitely did better with the beginning rotations but not everyone had the chance to rotate with them early. It made a difference who had those supervisors early on.

More variety of supervisors

It is totally dependent on the supervisor.

not having feedback beforwarded to other supervisors

As a student you feel very reluctant about giving any negative feedback to your supervisors, and perhaps positive changes would be achieved faster if students felt more at ease about being truly honest.

I wish I had not been under the supervision of the aformentioned counselor.

No

I like having clear expectations set for me, and while there was always a lot of paperwork and sometimes a syllabus, the supervisor's real expectations and preferences often weren't verbalized. When they were, I was better positioned to succeed.

I would have asked to be observed more earlier on in my education -- my supervisors in the first half of my second year were very hands off

Not a thing.
More time to talk with supervisors about upcoming patients and how to prep for the sessions.

Working with 3 or more supervisors during one rotation was difficult. I think it is best to work with 2 supervisors during a rotation.

I think all supervisors should have at least one year of experience.

I would have liked a better experience in my first rotation, but managed to learn from that experience even though it was difficult.

I would have liked more career/professional advice.

Some could have been more structured

It had to do more with the personality of the supervisor than anything else.

I wish I would have had less constraints on my time (ie. course work, research, etc) to really invest all my time in learning from my best supervisors.

No. I believe that all of my supervisors were dedicated to student education, and were friendly and fair with their feedback. I think I was very fortunate to have such positive experiences with all my supervisors.

More freedom to develop my own counseling style

I'd eliminate the non-clinical rotation. I had no interest in this, and still have no interest in this.

Being more upfront with my cancer supervisor earlier on so I could have benefitted more from my rotation experience.

In the end I feel like I learned a lot from all of my rotations, even from supervisors who were not ideal.

Yes, I believe that the biggest issue that supervisors have is to think that the way they do their counseling is the only way that counseling should be done. We as students should not be forced to do counseling the way someone else does it. In this aspect we are not learning how to use our own descriptions and are just mimicking the supervisors style and techniques. Therefore, when we go out on our own it is like we are using someone else's material and we are not able to come up with ideas on our own as to how to present certain subjects.

I wish I would have had more advanced genetic counseling supervision or an advanced rotation, because I didn't feel as ready in that department upon graduation.

Yes. I would have liked to omit a few supervisors or clinical sites (because of the supervisors).

Better workspace

I wish I would have spoken up more in certain situations to either ask if I could do certain tasks or to clarify what was expected of me when I had supervisors who were not as clear on outlining expectations.

No. While my least favorable experience was extremely challenging, I do still feel like I learned a great deal from the rotation.

No supervision from jaded counselors. Supervisors should not fill out an evaluation form for me when they have never, ever, seen me interact with a patient.

I think finding supervisors who are truly dedicated to teaching students is the key to a great rotation. I didn't experience that with some of my rotations.
Not really, my supervisors were wonderful.

I wish I was more vocal about my own expectations of my supervisors and how they can better support me.

More structure and consistency between supervisors.

Honestly, no. Even the negative experience helped me to grow (and it helped that supervisor to grow).

There were some inconsistencies between some of the rotation sites in the program and the level of expectation. This made transitioning from site to site very difficult at times, and made it hard to feel like I was accomplishing my full potential during the first few weeks of being at a new place.

None - the difficult experiences taught what not to do when I become a supervisor myself.

More time with the supervisors

No, you need to try on different hats to understand what works best for you.

No, I think the inherent diversity in genetic counselors' styles, personalities, and behavior was beneficial. It helped shape my own styles of communication and relation to patients and other people. I think it was beneficial to wade through different scenarios with different points of view.

No - I had wonderful supervisors who have really helped me to become a better counselor.

I don't think I would have, simply for the fact that my good experiences taught me what to do and my bad experiences taught me what not to do as a supervisor.

No much could be changed, as it is essential to work with all types of people, regardless of whether or not your styles are similar. We did have a supervisor evaluation process that was somewhat helpful, although there was always some fear that we couldn't provide too much negative feedback or specific examples that would indicate the particular student writing the evaluation and risk being treated differently for doing so.

Honestly no - even working with the supervisors who I did not particularly care for was big-picture helpful to give me a better perspective/appreciation for good supervisors.

I would have limited the # of supervisors giving feedback initially. I think it's helpful to observe with multiple counselors, but it is difficult to take criticism so early on from multiple sources.

I just wish that I knew during my first rotation what I know now, so I would have known to ask my supervisors for what their plan/expectations were, so I would have asked them for more feedback. And I wish they would have known to give me their expectations and more feedback.

I think it is great to get exposure to different counselors and styles of counseling, even if one doesn't always get along super well with a specific counselor or identify with their style.

One thing that has been difficult has been some of the feedback between counselors has been so different from one another. More consistency between what is expected would be helpful.

No.

No. I feel I benefitted from it and taking aspects from certain experiences to build on how I want to practice.

I would have liked more time with this supervisor. I had this supervisor during a rotation where I had multiple supervisors.
More involvement from those supervisors who were only superficially involved.

At sites where there were multiple supervisors I wish that there could have been a way to improve communication between all the GCs to keep everyone on the same page.

No. I think even the less positive experiences I had with supervision were still good learning experiences, and if nothing else improved my ability to work well with people whose style was very different from my own.

More clear requirements for the supervisors to provide feedback after each session.

I think it would have been beneficial if some supervisors were more trusting and flexible in order to facilitate us to develop our own counseling style.

In my program the supervisors very rarely meet together regarding their role as supervisors. While this is somewhat understandable given their hefty clinic/teaching/etc. schedules, they seem to be lacking a vision for their role as a supervisor. They know why they are GCs and have a vision for their role with a patient. But, the majority of them did not seek out a supervisor role (though I do not think they would turn it down!!). Some of them seem to quickly lose the vision of why they want to be involved in supervising students and what they want their role with students to be.

I would have liked more structure in some rotations.

I think if I could have avoided the supervisor that was so closed off, it would have been better. I'm not sure that I had enough opportunity to learn and develop my own skills as a genetic counselor. However, I did learn a lot in that clinic scientifically, even if my counseling skills didn't advance greatly.

Some supervisors did not seem invested in truly helping me become a better counsellor and were focused on making it known that they were in charge.

No, all of my experiences have been valuable, just for different reasons.

gotten rid of the bad supervisors...

Not that I can think of.

We had too many supervisors, even at the same center. When you have to please many supervisors, all with strikingly different personalities and ways of counseling, it becomes incredibly difficult. Consistency is important for learning. Also, allowing students to develop their own styles would have been very helpful.

I would have liked evaluations mid-rotation so I could have the change to fix and practice specific things.

Overall my supervisors did a nice job. It might have been helpful after a session with a patient to role play a "re-do" of a challenging part of the session or a part that may not have gone so well.

Perhaps having more direct supervision in some of my rotations that did not involve one-on-one counseling.

I would make it more clear to off-site supervisors what the student's (and training program's) expectations and goals are, where a student's skills are at when they come in, and what the philosophy/structure on clinical training is at that program.

The inconsistencies in the expectations the counselors within the same speciality.

The lack of respect I felt I received from people who in one short year would be my colleague, and the "compliment sandwich", I never want to hear one of those again :) I much prefer a more direct form of evaluation or criticism.

No, I think having different types of supervisors is a learning experience. I teaches you to be flexible.
More structure!!! I would have liked to better understand the expectations of my supervisors, and how I was meeting those or not at the end of each week if not each day. Also, I would never want another student to be supervised by someone who had been working in the field for less than 5 years. The lack of experience and comfort with supervision led to unsatisfactory experiences on several occasions.

I was very satisfied with my experiences.

One GC was very busy but otherwise competent and friendly. Due to her excessive workload often I had to get sidelined or could not get her 100% attention. One GC was jaded, clearly doing her job for the heck of it, so that showed in her supervision. She was not my main supervisor so it was not a major issue for me.

Try to focus on the good and the bad, being sensitive to each student's individual style. It is also important to let the student develop their own style and not make them conform to each individual supervisor's style (we have a lot of supervisors and it is hard to please every one!)

Nothing. I feel like there was a great balance of the different types of supervision within all the different specialities at my graduate program. I respond to a specific one better, but I still think it's nice to have exposure to different types.

I wish that the negative experiences i had had gone differently, but overall my experience as a student was wonderful.

A few supervisors tended to interrupt a lot and then ended up doing the whole session.

I would have never spent time with the supervisor with which I had a negative experience. I did learn from the experience that I need to speak up when things aren't working for me because--and I know this sounds jaded--I learned I am the only person looking out for myself is me. I also would have spent more time in settings in which I enjoyed, as I spent 3/4 rotations in prenatal settings and knew that was not a setting I enjoyed.

One of my supervisors did my midterm and final evaluations in the presence of another counselor, so I felt like I couldn't express concerns as comfortably as I would have liked.

More structure associated with goal-setting

No.

No, I learned from all of my experiences in different ways.

I would have liked to address the issues I had with my supervisor in my least favorable experience... although I wasn't really aware of the issues until the end. I am sorry that we were both unsatisfied with my rotation.

I would have liked to have had help or suggestions early on from the program regarding how to recognize areas of weakness and how to ask for the help I needed from supervisors.

I would find out if the supervisor has ever had a student before. Supervisors who have never worked with a student are very difficult.

I had one supervisor who never seemed to care, and would let me do a session alone and never take time to go over how I felt about it.

No. Even the negative experience taught me something. If I'm ever a supervisor, I know what I'd like to do, and what I wouldn't want to do as well.

More time for self-reflection prior to reviewing cases

our rotations were short, 5 weeks, which made it difficult to gain the trust and independence during sessions because you were constantly switching supervisors.
More days in clinic :) 

looking back I would have tried to avoid the one supervisor I had a particularly bad experience with

No, like I said, I had great supervisors. Even their supervisor that I didn't mesh well with was still a wonderful GC who I was able to learn from.

More opportunity to see a patient unsupervised, or partially supervised because that really built my confidence when someone wasn't looking at me and listening to every word. Though I know that would defeat the purpose of supervision.

I wish that I would have shared my frustration with supervisors that were not working with me in a way that I found beneficial sooner. I did speak with a supervisor that I did not work well with late in my rotation. This was a turning point and the rotation did start to improve, but I had spent most of my time unhappy and unfulfilled.

Mostly just the handful of pediatric counselors that were so jaded by their jobs. Everyone else was wonderful to work with.

If I could go back in time, I would be less "fearful" of the process and would have had more confidence when asked questions, etc (not afraid to make a mistake).

Overall no. Only had one supervisor whose feedback was at times personal, but this was dealt with internally.

In all of my rotations, I had more than one supervisor. It would have been nice to have one primary supervisor instead of multiple co-supervisors in all rotations.

Some supervisors were not always clear in setting expectations. However, for the most part, the supervisors were very good.

I would have wanted more thorough written feedback as a record of my performance. The evaluation sheets used in my program were very basic and not all GCs I saw cases with took them seriously or provided personalized feedback.

I would not want to worry so much about site-specific formats or styles. These will always change regardless of what job you are in. You will need to adapt to them but they should not be the focus of the rotation. If they are required, expectations and instruction should be written out by the site before the rotation begins. Rather, I would want to focus more on general counseling skills (deeper psychosocial skills, case prep, giving talks about syndromes, etc.)

Supervisors always want us to write letters and chart note according to their style. Is is great as we learn different styles, but very difficult for us to develop our own style as we do not have this opportunity.

More uniformity across clinic sites

- Contact among different supervisors so that feedback is not too repetitive; so other supervisors knew what feedback I had received during my last rotation - More independence during my sessions

No, all of my experiences were valuable in their own way, if everything had been easy I would not have developed skills to deal with difficult supervisors.

Overall, I had a great supervision experience over my five rotations. Some supervisors were better than others, but most were very good.

I would have liked to have had more education/classes before starting clinical rotations.
More supervision at off-site rotations.

Spend more time with them.

No-overall good experiences.

I wish I had expected less of my supervisors. I think I understand better now how much work it takes to have a student as I work with my own GC students and I wish I had cut them some slack and not been so demanding at times. I also wish I had done the same for myself. I was so focused on getting it perfect every time that I created a lot of anxiety for myself, especially with supervisors that weren't always clear on what they wanted or what needed to be changed. I realize now with my own patient's that screwing up sometimes has less to do with experience than it does with just working day in and day out with people and situations that are always different.

I wish that miserable final rotation had never happened.

Counselors are all different and it is important for students to be exposed to as many different counseling styles as possible. However, supervisors who are consistently difficult to work with should be subject to critique by the directors of the program or not allowed to supervise.

My best experience- no. My other experiences- absolutely.

I would have removed the supervisor with whom I had such a bad experience.

I think there should be a limited number of supervisors a student works with so that the supervisor can really see his/her progress over time.

Overly critical of things that don't matter or pertain to personal style

Yes. more encouragement if I didn't remember a certain fact

I would have removed the random questions seeming designed to trip us up.

There were 3 GCs at Mount Sinai that I did not connect to, didn't like their style. I learned from them, but didn't feel comfortable taking risks in their presence.

no. It was important for me to have a negative experience to better appreciate the positive ones.

Continuity between supervisors

Not making comments on my personality

not been with the supervisor that did nothing positive

I did not like personal biases or personality conflicts that affected how the supervisor gives back feedback.

I feel like I had 5/6 sites where my supervision was great. If there was a supervisor who was not as invested at those 5 sites, it was ameliorated by the fact that there were other supervisors there were. I had 1 site that was not helpful and that I had a negative experience with, in which the 3/4 supervisors were very demoralizing and not invested or excited about having students. I don't know if it's possible change the attitudes of those 3 people, but that would have been the only thing.

I wish some of my supervisors were more flexible

Having multiple supervisors in one rotation- it can be confusing and stressful
It was nice to see different styles of counseling with several different supervisors at the same clinic, but with everyone doing things their own way, it made it difficult for me to keep track of which style I had to use with which person, and I didn't get much freedom to do or try things my own way with several of the supervisors.

Feeling like I needed to change how I presented things just to fit in with the supervisors style.

Not going to the supervisor who made me lose confidence in myself because I didn't see their criticism coming, and since the rotation was over, couldn't improve!

I think my supervision has always been stronger in situations where I felt my supervisor not only trusted in me and my skills as a genetic counselor, but also demonstrated that trust in stepping back and allowing me to take independent roles.

Nothing specific comes to mind.

Not anything that I had control over - one supervisor and I did not see eye-to-eye, but she was placed in her role by the department and program; I did not "choose" her as a supervisor.

More regular feedback

I have not had experience as a supervisor

There was very little case observation which I find a great deal of benefit from

no. The different styles helped in self-exploration.

Not really.
References


