Clinical Supervision Logistical Differences Among Novice & Experienced Genetic Counseling Graduate Students

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Introduction

Supervision is an evaluative relationship between a more experienced member of a profession and trainees or novices in that same profession, for the purposes of ensuring quality client care, promoting supervisee development, and "gatekeeping" (Bernard & Goodyear, 2009). The field of genetic counseling integrates medical genetics and psychosocial counseling and is playing an increasing role in health service delivery as we continue to unlock the genome. Training genetic counselors for clinical practice involves intensive academic understanding of a variety of genetic conditions (e.g., cancer, Down Syndrome) as well as hundreds of hours of supervised practice in several specialty areas. Recent literature has begun to formalize supervision competencies (e.g., Eubanks Higgins et al., 2013) but student perspectives on specific supervision practices have not been empirically addressed. This is also the first longitudinal investigation of supervision practices among genetic counseling graduate students. The research questions for this study were: (1) How do the logistics of supervision shift over the course of genetic counselors' experiential training? and (2) How do the actual logistics compare to students' ideal training situations?

Methods

Participants

- Round 1: 40 genetic counseling graduate students (M.S.) interviewed at the beginning of their second year in their program.
  - 95% Female, 85% Caucasian (Pop. ~93% F, 87% Caucasian; Yashar, 2010)
- Round 2: 32 were re-interviewed at the end of the academic year
  - 95% Female, 85% Caucasian

Procedure

- Participants recruited via online invitation distributed through the GC Program Director listserv.
- Students completed 30-45 minute semi-structured phone interviews with the first author. The results presented here are a subset of a larger project.
- All interviews were recorded and sent to a professional transcriptionist. The first author checked randomly selected sections of the transcript against the recordings to ensure accuracy.

Analysis

- Consensual Qualitative Research (CQR; Hill, 2012) methods were used to inductively analyze responses to Round 1. Round 2 was coded using the codebook from Round 1 as a starting point, with new information being placed in new domains as needed, again following CQR methods.
- Hill (2012) recommends a difference of two frequency levels to establish a significant difference, while Hill et al. (1997) recommend one level difference. The present study presents results which meet the 2012 criterion or demonstrate large shifts in frequency as a compromise between recommendations.

Results

Question: On average, across all supervisors, how much have you talked about your own reactions or impressions of sessions versus talking about clinical or patient-focused issues?

Domain	Round 1		Round 2	
	n	Type	*n*	Type
Moderately Skewed to Patient*	13	Variant	3	Rare
Moderately Skewed to Personal	12	Variant	9	Variant
Heavily Skewed to Patient*	10	Variant	0	--
Equal*	3	Rare	16	Typical
Heavily Skewed to Personal	2	Rare	4	Variant

Note. Moderate = 60-75% of the time; Heavy = > 80% of the time; General = All or all but 1-2; Typical = More than half; Variant = Less than half; Rare = Very few; * = significant change according to Hill's (2012) criteria.

As supervisees became more experienced, for many the content of supervision shifted from focusing primarily on the patient to being balanced between the patient and themselves.

Results (cont.)

Question: On average, across all supervisors, what would be the ideal balance between your own reactions or impressions of sessions versus talking about clinical or patient-focused issues?

Domain	Round 1		Round 2	
	n	Type	*n*	Type
50-50	14	Variant	17	Typical
Moderately Skewed to Patient	12	Variant	4	Variant
Moderately Skewed to Personal	7	Variant	8	Variant
Heavily Skewed to Patient*	5	Variant	0	--
Depends on Expertise/Specialty	4	Variant	11	Variant
Heavily Skewed to Personal	0	--	2	Rare

Note. Moderate = 60-75% of the time; Heavy = > 80% of the time; General = All or all but 1-2; Typical = More than half; Variant = Less than half; Rare = Very few; * = significant change according to Hill's (2012) criteria.

Supervisees' ideal balances between themselves and their patients tended to become more balanced as supervisees gained experience. Supervisees also demonstrated more nuanced understanding of this process, as they tended to comment more on additional factors that impacted the ideal scenario. The prevalence of balanced attention to supervisees and patients, however, remained fairly stable across interviews.

Question: On average, across all supervisors, how much of the content of supervision has been decided by you versus how much has been decided by your supervisor?

Domain	Round 1		Round 2	
	n	Type	*n*	Type
Equal	15	Variant	11	Variant
Heavy to Supervisor	9	Variant	1	Rare
Moderate to Supervisee	7	Variant	4	Variant
Moderate to Supervisor	6	Variant	6	Variant
Heavy to Supervisee	2	Rare	8	Variant
Depends on Experience	0	--	3	Rare

Note. Moderate = 60-75% of the time; Heavy = > 80% of the time; General = All or all but 1-2; Typical = More than half; Variant = Less than half; Rare = Very few

Supervisees reported a tendency to take more responsibility for determining the content of supervision sessions as they became more experienced. The changes took place more in the extreme groups, while the moderate skew groups stayed fairly consistent. A few participants commented on the answer depending on experience, but much fewer than the previous question.

Question: On average, across all supervisors, what would be the ideal balance of how much of the content of supervision is decided by you versus decided by your supervisor?

Domain	Round 1		Round 2	
	n	Type	*n*	Type
50-50	22	Typical	13	Variant
Moderately Skewed to Supervisor	13	Variant	9	Variant
Moderately Skewed to Supervisee	4	Variant	4	Variant
Highly Skewed to Supervisor*	0	--	5	Variant
Depends on Experience*	0	--	4	Variant

Note. General = All or all but 1-2; Typical = More than half; Variant = Less than half; Rare = Very few; * = significant change according to Hill's (2012) criteria.

As supervisees gained more experience, their ideal balances regarding control of the supervision session tended to shift toward the supervisor, which conflicts with their reports of leading supervision more often as they became more experienced. No supervisees reported desiring a heavy skew toward their own leadership, which was a variant category when reporting on actual practices.

Results (cont.)

Question: On average, across all supervisors, how much have you talked with your supervisor about the relationship between the two of you?

Domain	Round 1		Round 2	
	n	Type	n	Type
Rarely	19	Variant	25	Typical
Never	9	Variant	2	Rare
Not Necessary	9	Variant	12	Variant
Frequently	6	Variant	1	Rare
Beginning & End	6	Variant	3	Rare
End Only	4	Variant	2	Rare
Beginning Only	3	Rare	6	Variant
Occasionally*	0	--	4	Variant

Note. General = All or all but 1-2; Typical = More than half; Variant = Less than half; Rare = Very few; * = significant change according to Hill's (2012) criteria.

Supervisees' reports of discussing the supervisory relationship explicitly with their supervisors shifted slightly as they became more experienced, with "Never" decreasing in frequency while "Rarely" increased. The "Frequently" domain also decreased while "Occasionally" was added as a new domain. The timing of these discussions did not appear to change as supervisees got more experienced.

Conclusions

Global Findings

- No general categories emerged, suggesting considerable variation in the processes of and opinions toward supervision among genetic counseling graduate students.
- Overall trends indicate increased responsibility of supervisees to determine content and more balance between personal and patient-based content as supervisees became more experienced. This is consistent with developmental approaches to supervision used in other fields (e.g., psychotherapy).
- The actual practices and supervisees' ideals were not always consistent, in particular in terms of who is determining the content of supervision sessions.
- Supervisees largely reported explicitly discussing the supervisory relationship rarely if ever and this did not change over the course of their training.

Training/Research Implications

- Supervision may benefit from supervisors explaining the process of supervision and the rationale for logistical decisions to help students see why things may not reflect their own ideal expectations.
- Discussions of student ideals in supervision may reveal alternative methods of getting what they desire while maintaining the general structure of supervision.
- Future research needs to incorporate the viewpoint of supervisors, ideally in concert with supervisees as part of a working dyad.

Limitations

- While all participants were at the beginning of their 2nd year, they had varying amounts of clinical/supervision experience at the time of the interviews due to differences in training programs.
- These results are based solely on the perspectives of students, who may or may not be the best judges of what is best for their training or understand nuanced dynamics of the supervision relationship.
- Recall over a year's worth of supervision experiences may have provided inaccurate estimates, but student perceptions were the goal of this study.

References

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