

Supervision Experiences of Genetic Counseling Students with Differing Levels of Trait Anxiety: A Qualitative Investigation.

Ian M. MacFarlane, Pat McCarthy Veach, Janelle E. Mayer, Derek J. Meister, & Bonnie S. LeRoy
University of Minnesota

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). While it can be a wonderful experience for beginners to have an experienced professional to turn to for support and guidance, the gatekeeping aspects rarely go unnoticed by supervisees. Supervisees want to perform as well as possible to secure positive evaluations, but also need to share challenges and mistakes in order to grow as counselors. These often conflicting imperatives likely provoke student anxiety.

Genetic counseling students have been found to have high levels of trait anxiety, (anxiety proneness) (Jungbluth, MacFarlane, McCarthy Veach, & LeRoy, 2011). Anxiety related to supervision has been called “a given...which must be taken into account by supervisors” (Borders, Eubanks, & Callanan, 2006, p. 12) and described as normative in genetic counseling (e.g., McCarthy Veach, LeRoy, & Bartels, 2003) by both supervisors (Lindh, McCarthy Veach, Cikaneck, & LeRoy, 2003) and students (Hendrickson, McCarthy Veach, & LeRoy, 2002). Thus, it is critical to further understand anxiety in supervision and how it affects the training of students and their delivery of clinical services. While relationships between anxiety and performance have been found in mental health fields (e.g., Barbee, Scherer, & Combs, 2003) such studies have not yet been done with genetic counselors.

The research questions for this study were: (1) How do genetic counseling students perceive their experiences of anxiety in supervision? and (2) Do their perceptions vary according to levels of trait anxiety?

Methods

Participants

- 80 - 2nd year GC students from ABGC-accredited programs completed survey.
 - 98% Female, 90% Caucasian (Pop. ~93% F, 87% Caucasian) (Yashar, 2010)
 - $M = 25.2$ yrs. ($SD = 4.61$) [Population ~25.4 yrs.] (Lega, McCarthy Veach, Ward, & LeRoy, 2005)
- Of the 80, 68 (85%) willing to be interviewed; 40 selected and interviewed.
 - 95% Female, 85% Caucasian
 - Age: $M = 25.4$ yrs. ($SD = 5.30$)

Procedure

- Participants recruited via online invitation distributed through the GC Program Director listserv.
- Participants completed online survey including the Trait Subscale of the State-Trait Anxiety Inventory. (Spielberger et al., 1983)
- Three subgroups created based on Trait Anxiety (TA) scores:
 - Low Anxiety ($\leq 33^{\text{rd}}$ percentile; TA score ≤ 32)
 - Moderate Anxiety (between 34th - 66th percentile; TA score >32 and ≤ 41)
 - High Anxiety ($\geq 67^{\text{th}}$ percentile; TA score >41)
- 40 students completed 35 minute semi-structured phone interview.
 - Interviewees: Low TA ($n = 13$), Moderate TA ($n = 12$), High TA ($n = 15$)

Analysis

- Consensual Qualitative Research (Hill, Thompson, & Williams, 1997) methods used to inductively analyze responses.

Interview Results

Similarities Across Groups:

- Strongly valuing supervisor feedback.
- Describing “good supervisors” as those who are supportive and provide balanced feedback.
- See the advantage of live supervision as having a safety net and way to improve feedback.
- Regard dealing with different expectations as a disadvantage of multiple supervisors.
- Report rarely/never discussing supervision relationship w/supervisor.

Interview Results (cont.)

High Anxiety Group

More Likely To:

- Describe specific clinical populations as most challenging patients to work with. *“I think pediatrics, you know, all of the children will be the hardest to work with because you really have two sets of patients there, the child them self who’s experiencing a condition and then you have the parent who’s essentially experiencing the same condition from a different viewpoint...”*
- Mention communication issues with supervisor (e.g., lack of feedback, unclear expectations) as the most challenging aspect of supervision.
- Describe having someone to catch their blind spots as a benefit of live supervision. *“...a lot of times there are things that I don’t even realize that I’ve done, like, just words that I’ve thrown in or that I talk really fast, things like that, that I hadn’t even recognized that I was doing that she can point out.”*
- Mention stress or anxiety as a disadvantage of having a supervisor in session. *“It’s intimidating to be watched, really intimidating. Especially by somebody who has been doing this for years...”*
- List supervisory relationship issues (e.g., lack of rapport) when describing the most difficult supervisor to work with. *“I don’t necessarily have to be agreed with but it’d be nice to be able to feel comfortable enough to be able to voice that.”*
- Describe their feelings as the most uncomfortable personal issue to discuss with the supervisor. *“So it’s like I’m just a very anxious person to begin with and it takes me a while to kind of open up with people...Especially when they’re in a supervision role because I don’t want them to think that because I’m, you know, a really anxious person that they need to treat our supervision differently...It’s a hard conversation to have I think.”*
- Say the way their anxiety affects them during supervision depends on the supervisor.

Less Likely To:

- Mention benefits to the patient when describing advantages of live supervision.
- Say their anxiety does not negatively impact their performance as a genetic counselor.

Moderate Anxiety Group

More Likely To:

- List availability and investment in students as a characteristic of good supervisors. *“A good supervisor I think has to be really interested in working with students.”* *“I definitely feel that there are some people who are just completely approachable with that and you can go to and they say, oh, great, let’s sit down and let’s kind of go over it, and they kind of go over it with you.”*
- Describe good supervisors as those who articulate clear and explicit expectations.
- Mention unique strengths and specialty areas as advantages of multiple supervisors. *“Certain people are better at identifying certain things than others. Some of my counselors I thought were very good at picking up psychosocial issues going on in the room and saying, you know, and highlighting my abilities or areas to improve on with dealing with that and others were very well-versed and knowledgeable in the genetics...”*
- Mention receiving constructive feedback as most uncomfortable clinical issue to discuss with their supervisor. *“I mean I’d say it’s never easy to get constructive criticism...it’s definitely one of the less, least comfortable things I can discuss but one of the most necessary.”*
- Describe their level of anxiety as motivation to improve. *“I think it pushes me to do better as it makes me kind of, it’s kind of that internal drive I guess to, you know, modify things and improve things.”*

Less Likely To:

- Describe supervisor support as the most positive thing about supervision.
- Mention things they gained from supervision (e.g., professional growth, feelings of confidence) as the most positive aspects of supervision.
- Describe good supervisors as those who balance support and challenge.
- Comment on GC session dynamics (e.g., difficulty establishing rapport) and feeling less independent when describing disadvantages of having a supervisor in session.
- Mention supervisor inflexibility when describing their most difficult supervisor to work with.

Interview Results (cont.)

Low Anxiety Group

More Likely To:

- Mention challenging patient interactions as most challenging part of clinical experience. *“We deal with a lot of hard stuff in this profession so it’s not always easy to break bad news.”*
- List disengaged patients as the most challenging patients to work with. *“Probably the patients that really don’t care. That are just like, I have to be here and I don’t care what you’re going to say, and I’m not going to ask any questions, and I’m just going to be a brick wall...”*
- Mention supervisors interrupting or taking over sessions as a disadvantage of live supervision. *“I think the main disadvantage to having a supervisor in the room is that sometimes there are things that a supervisor will jump in with during a counseling session that I would have eventually covered...”*
- Say they have not had a discussion with a supervisor about clinical issues that has been uncomfortable.
- Say their anxiety has little to no impact on their experience in supervision. *“I don’t know if my anxiety level does affect me during a debriefing session...To me, a debriefing session is almost like a way of me getting out any anxiety because I can, I can talk about any of my anxieties with my supervisor at that time.”*

Less Likely To:

- Mention challenging supervisor interactions as the most challenging aspect of their clinical experience.
- List flexibility as a characteristic of good supervisors.
- Mention inconsistent/unclear expectations when describing their most difficult supervisor to work with.
- Say their level of anxiety helps them better prepare for sessions.

Conclusions

Global Findings

- Overall mean TA scores were less than previous samples (e.g., Jungbluth et al., 2011), highlighting the need for further study.
- GC students are generally satisfied with their clinical experiences and supervision experiences, but less so with supervision.
- Groups based on TA scores described many aspects of their supervision experience differently.
- High TA participants were more focused on self and supervisor, whereas Low TA participants more frequently incorporated patient experiences into their responses.
- Self-description of anxiety-proneness largely supported group assignment.

Training/Research Implications

- Supervisees’ anxiety affects their perceptions, so occasional discussion of their experience of rotations in general, supervision specifically, overall professional development, and work/life balance may improve training outcomes and satisfaction.
- Supervisees with higher TA may have more difficulty staying present with patients during sessions because of attention focused on the supervisor.
- Further research is needed to: determine the extent to which these perceptions are typical among GC students and whether they change over the course of their training year; investigate supervisors’ perceptions of trainee anxiety; and examine the impact of other variables such as rotation setting or length on supervisee experiences.

Limitations

- Several students with highest TA scores were not willing to be interviewed, and initial survey response rate was ~45%, indicating possible selection effects.
- While all participants were at the beginning of their 2nd year they had varying amounts of clinical/supervision experience at the time of the interview.



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