

SCHOOL OF PHARMACY

MASTER OF SCIENCE IN HUMAN GENETICS AND GENETIC COUNSELING

Site/Supervision Evaluation Form (Clinical and Industry/Lab)

Student Name _____

Rotation Site _____

Dates _____ to _____

Supervisor(s) _____

Please comment below on your OVERALL experience with supervision for your skill level. Please use a 5-1 scale to assess the each area, where 5 is "strongly agree" and 1 is "strongly disagree." Please select N/A when appropriate. Results of your assessment are to be reviewed with your supervisor(s) to help her/him target areas for improvement.

Supervision Relationship	5	4	3	2	1	N/A
	(5 =Strongly Agree, 1 = Strongly Disagree)					
Established and communicated clear and reasonable guidelines and expectations						
Expectations of my knowledge base were appropriate						
Expectations of my skills were appropriate						
Was able to "process session"						
Provided me with valuable constructive feedback / Quality of feedback was useful for my ongoing skill development						
Timing of feedback was useful for my ongoing skill development						
Supervisor(s) provided continuous feedback (verbal and/or writing) so that I was able to integrate during rotation						
Degree of independence during this rotation was appropriate for my skill level						
Supervisor(s) was/were approachable						
Demonstrated an understanding of the methods, roles, and responsibilities of the clinical supervision process						

Professional Practice		5	4	3	2	1	N/A
		(5 =Strongly Agree, 1 = Strongly Disagree)					
	Maintained clear and consistent personal/professional boundaries						
	Demonstrated a depth and breadth of knowledge of genetics and genomics core concepts and principles						
	Utilized a self-reflective, evidenced-based and current approach to genetic counseling practice						
	Demonstrated the ability to and/or guided students to:						
	Critically assess genetic/genomic, medical, and social science literature and information						
	Identify, assess, facilitate, and/or integrate genetic testing options in genetic counseling practice						
	Identify and/or access local, regional, and national resources						
	Develop follow-up plans including management recommendations and/or identify options for research						
	Assess client's understanding of and response to information and its implications in order to modify a counseling session as needed / Adapt discussion to meet client's needs						
	Utilize a range of interviewing techniques						
	Able to acknowledge their own limitations						
	Acted in accordance with the ethical, legal, and philosophical principles and values of the genetic counseling profession and the policies of the institution/organization						
	Had awareness of timing and kept sessions focused						
	Established rapport and maintained open, receptive body language						
	Maintained awareness of personal values/biases and their impact						

Overall		5	4	3	2	1	N/A
		(5 =Strongly Agree, 1 = Strongly Disagree)					
	I found this rotation to be a beneficial (helpful, useful, valuable) learning experience						
	I was able to develop expertise and skill progression						
	I was enabled to practice so that I may eventually function at the level of an entry-level genetic counselor						
	My knowledge base or interest grew/developed as a result of this experience						
	I felt personally and professionally challenged by my supervisor/ supervision team throughout this rotation						
	I felt personally and professionally supported by my supervisor/ supervision team throughout this rotation						

Overall Evaluation of Fieldwork Experience

What was the most useful or rewarding aspect of this experience?

What did you learn about yourself from this experience?

What suggestions do you have for improving this experience for future students?

Signatures

Signature of Genetic Counseling Student _____ Date _____
Signature of Supervisor _____ Date _____