

- Speaker 1: From the National Society of Genetic Counselors, this is the NSGC podcast series. Exploring stories of leading voices and best practices in genetic counseling. Now to your hosts, Khalida Liaquat and Kate Wilson.
- Khalida Liaquat: Welcome to the NSGC podcast series. I'm your host, Khalida Liaquat. As we all know, the genetic counseling profession is rapidly growing. And at this time of year, we are welcoming a whole new graduating class into the genetic counseling workforce. Many of us know from experience that this transition can be challenging at times. Today, my cohost Kate will sit down with two genetic counselors to discuss these difficulties and their experiences with transitioning from student to practicing genetic counselor.
- Khalida Liaquat: First up, Kate is speaking with Divya Ramachandra, a genetic counselor in Chicago and coauthor of An exploration of novice genetic counselors' transitional challenges: Commencement is just the beginning. And now, over to you Kate.
- Kate Wilson: Welcome to the NSGC podcast series. Divya, how are you doing today?
- Divya R.: I'm good. Thank you for having me.
- Kate Wilson: We're so glad that you could be here and we're excited to talk more about your research study. And I was wondering if you could tell us a little bit about how you came up with the idea for doing this research study and why this topic.
- Divya R.: So, it started off with just my experience in my first year in grad school, and this feeling of imposter syndrome. And feeling like I didn't know what I was doing. And I started thinking okay, does this suddenly go away when I graduate and I start working? Do I always feel like I know 100% what I'm doing? So that's how the idea started to blossom.
- Kate Wilson: And I think there were some other folks that also wonder when do I feel like maybe a "real genetic" counselor? So tell me a little bit about what you found out in doing this study, and how it touched on imposter syndrome or feeling like a true genetic counselor.
- Divya R.: Well, I found out it doesn't magically disappear. First of all, that this is a really common feeling that a lot of genetic counselors have. I think there was a candidate who even used the term imposter syndrome. So that feeling like a real genetic counselor doesn't happen right at graduation. That depending on where you work and what the setting is, that there are a number of challenges that novice genetic counselors have that maybe they never thought they were going to have. And that it posed different challenges within their first two years.
- Kate Wilson: So in your study, you had defined novice as one to two years post degree. Can you tell me a little bit more about how the study itself was set up, and how you

were able to get some of this feedback and that insight from the genetic counselors you spoke with?

Divya R.: Yeah. So originally when we started it we thought okay, we'll just send out a survey and with demographics, but also be a multiple choice question with some text box for people to write in. But as we were looking for it, we realized it would be much more rich to actually have interviews with these candidates. So obviously, that means that we can't survey as many people. But what we did is we sent out the demographic survey through NSGC, and we tried to make a variety of clinical versus non traditional. Gender, ethnicity, age, and location.

Divya R.: So then based on that, we picked about 15 candidates. And then I did about half an hour to sometimes 45 minute interviews with them. And then from there, we transcribe the interviews and then started [inaudible 00:04:06] into different themes and categories.

Kate Wilson: So it sounds like you started off with the initial demographic call, then transitioned into the more in depth interviews. Did you feel like interviews really were the best format for this type of study to be able to get some of the insights that you were looking for?

Divya R.: I think it really did, because I was able to engage the participants and open up the ideas, have them elaborate on what they meant and ask follow up questions. That gave me a lot more to work with than I think I would have gotten from just a text box.

Kate Wilson: And in talking to some of those genetic counselors, what were some of the challenges or some of the transitional issues perhaps they faced within their first six months of working?

Divya R.: So there were a number of different types. One of them was handling different clinical situations. Specifically psychosocial issues. So I think when you're a student during rotation, you focus very much on the technical aspect. Do I have the facts right? Am I answering all the questions, did I cover everything? But then as you start working, you realize there's this huge psychosocial area. And that's when with time and experience you start cultivating your skills. So there was candidates who said they just ended up in situations where they had patient conflict or weren't sure how to handle certain things, and they didn't have a supervisor to turn to and say help. So that was one thing difficult. One candidate had said early on, you can be very sensitive to patient feedback. So trying not to take a negative reaction or one negative experience to heart, I think that takes time to overcome.

Divya R.: Another common theme was the idea of going solo. So I touched on it before, but suddenly walking the room and being the authority figure, someone said you can't look over your shoulder and ask somebody for help. You're the person in the room. It's you, you can't really tag back.

Divya R.: One person also said that you go from a position where everyone is asking you questions to make sure that you're on the right track, to a position where you're the authority and you're telling somebody else what to do. And there's not necessarily that structured guidance to make sure you're doing the right thing.

Divya R.: And that all feeds into another theme, which is just the lack of confidence in their genetic counseling skills. So one person said, "I think at first it's a little bit of imposter syndrome." So worrying about did I really do everything right? Did I say everything I was supposed to? And then just trusting yourself. So one person said it was a lot about trusting herself and trusting that she had the skills it took to be a good genetic counselor.

Divya R.: And within that, one of the areas of difficulty was establishing one's self as a professional. Not just with other providers, but with your colleagues. So there was one candidate who ended up working at an institution that she had rotated at. She said some of the doctors made a couple of comments of, "I didn't realize you were a real genetic counselor now." That that was hard to keep on establishing herself as, "Nope, I'm not a student anymore. I'm your equal, I'm your coworker." And then even between her and her colleagues who used to be supervisor, she said there was a few times where they fell back into this student teacher tone and relationship, and just had to adjust to that.

Divya R.: Another candidate said that when she entered into her institution, she was in a group of other experienced genetic counselors. So her first instinct was to say whatever they're saying is right. I'll just do whatever they're suggesting, whatever testing that has. Instead of remembering that hey, I've learned some new things in school. I'm up to date on the most recent things happening and getting that confidence of adding your idea or maybe adding an idea that's opposing somebody else's without lacking the confidence just because of your novice status.

Divya R.: Another difficulty people had, and I think this is across the board with both experience and novice genetic counselors, is the fact that many people do not know what a genetic counselor does, and what we're qualified and skilled for. So there were a lot of candidates who were either the first genetic counselor at their institution, or there weren't very many. They said they had to constantly educate providers on this is what I do. One laboratory genetic counselor said she does a lot of testing utilization management. So it was difficult in the beginning when providers would call her and say, "Well, why are you questioning the type of testing and doing?" And she had to try and explain we're not trying to be roadblocks to you. We're just making sure that you're doing the most efficient and adequate testing. And that was difficult too to do as a novice genetic counselor.

Divya R.: One unique challenge that some candidates touched on was the idea of looking young to their patients. So a number of candidates said that they had doctors and patients question them on their qualifications and their age.

Divya R.: One candidate said that she felt like she had to dress extra professionally and look different to establish herself as the provider in the room, and that she felt like she wasn't really being herself. Often, patients will comment, "You're so young, did you go to school for this?" And that can be difficult, especially when they bring it up at the beginning of a session. And then you're thrown off.

Divya R.: So another category was just team dynamics. So that again touches on the fact that a lot of providers don't know what a genetic counselor does. And trying to advocate for yourself. Like no, I'm not here just to do your testing. I'm here to give my opinion. One candidate said that a doctor told her, "When I call you in for testing, I expect that you're just going to do testing." And her frustration was that's not how it works. I'm here to do risk analysis. I got my master's degree in helping figure out what the best test is. So those are some of the main challenges.

Divya R.: Then there were some challenges of being in untraditional roles. So there was one candidate who did tele-health counseling, and she said it was difficult because you had to make an extra effort she felt like to connect with her patient. You're not in the room to really gauge their physical attitude, that you have to take extra effort to build rapport with them. And that was one of the difficulties she had in this more untraditional role that I think is becoming a bigger and bigger field for us.

Divya R.: And then some laboratory genetic counselors said just the fact that defining themselves as a real genetic counselor. So what is their relationship with clinical genetic counselors? And questioning themselves, especially if they have to talk with their clinical colleagues about the testing that they're ordering. So that was a difficulty that genetic counselors in some untraditional roles had in that first six months.

Kate Wilson: Well, and I think it's interesting when you mentioned some of these challenges because I found myself relating to a lot of them, even though I have been out and doing this for awhile now. But also practicing in different areas, you have those kinds of same transitional challenges. I know in the study, you had about some of the transitional challenges that you looked at in other professions. How did these challenges that you heard about and talked about, how do they compare to some of the other fields that you looked at?

Divya R.: So it turns out that this is pretty universal across a lot of fields including business, occupational therapy, nursing. I found that nursing had a lot of similarities. So there was at some point a national trend of a high turnover rate in new graduates from nursing. So they did a lot of studies to look at what is happening, and they found that a lot of novices were feeling like they were overwhelmed, that they didn't have the right guidance, the right mentorship. They had challenges just dealing with the student debt they had coming out of school, that that's a financial concern. That is certainly true costs talk professions at this point.

Divya R.: So they started to put together ideas of how to address this. So there was one hospital in Texas where they had a 50% turnover rate in their first year nurses. So they decided to implement this nursing residency program that consisted of classes to help nurses develop their critical thinking skills, decision making skills, and professional development. Because a lot of the concerns that first-year nurses had was that they felt like they didn't have a lot of practical experience. So again, going to some of the things like the psychosocial counseling or handling problems with coworkers.

Divya R.: So this residency program involved them having some general classes about those professional development skills, practical skills. And then they had specialized classes to whatever department they were in, whether it's ER, OB, something like that.

Divya R.: And then they also set up a mentorship program with an experienced nurse. So that program went on for about a year. And by the end of the year, the turnover rate went from 50% to 13%. So quite a drop. And they calculated return on investment to see, okay, how much is this costing the hospital? Because they did compensate the experienced nurses for being mentors, and also the first year nurses for going to these classes. And they found that it was beneficial to do this residency program. They save a lot more money having a lower turnout rate than trying to replace all these nurses. So I thought that was really interesting and giving light on how can we better help novice professionals ease into their career.

Kate Wilson: I think the study that you cited is interesting because it not only talks about different ways to make the transition easier, but then also how to have some of these programs supported or subsidized by the institution. And I think also, it's interesting that you talk about the common thread between a lot of these healthcare professions is not necessarily not knowing what to do. It's more skills like psychosocial, or interacting with coworkers, learning the work environment. Things that you have to learn by doing.

Kate Wilson: I know that in the study too, you talked about some of the people you interviewed discussed advice or resources, or things that they would recommend. So can you tell us a little bit about what the interviewees had to say that they found helpful or that they think would be helpful?

Divya R.: So that question about resources came up from my practice runs with people because I found myself asking, "Okay, if you could do this from the beginning, what would have helped you?" And I think a really strong theme was mentorship. Not just from experienced genetic counselors, but the ability to connect with other novice genetic counselors.

Divya R.: A lot of candidates said that they relied on their classmates or other counselors that had just graduated as well because sometimes it was easier to ask them questions without feeling like you don't know what you're doing. And then also

being able to say, "Hey, I'm experiencing this and feeling this." And somebody else saying, "Well yeah, so am I." So normalizing it. And then the experienced genetic counselor being able to bounce ideas off of and seek advice from.

Divya R.: So for a lot of individuals, they had to reach out and make this connection themselves. But some of the recommendations were if institutions have a large enough genetic counseling group that may be setting up some of that mentorship when a novice genetic counselor comes in, like a designated person that they can go to at least for the first six months.

Divya R.: And if you're at an institution where that's a little harder, some people recommended that whatever area you're working in, that that local genetic counseling chapter actually try to organize mixers and maybe professional development classes and events for novice genetic counselors. To help connect people in that area. So that was one big thing, the mentorship.

Divya R.: Another resource that genetic counselors thought would have been helpful is a practical one. So there's a lot of things like insurance, billing, testing labs people use that you just learn when you get to that institution. But I think a lot of people were saying it would cut down so much time if they had some handbook or orientation guide that they could use in the beginning. And I know for me, when I came into my job, one of the genetic counselors there had been on leave before. So she had created this big binder with all of these testing instructions. And which lab do you send at what gestational age? For the other nurses and MA's to use. And I used that all the time. So having something there to just cut down on all the time it takes to learn those things from the beginning was something that candidates said would be really helpful.

Divya R.: In terms of advice, one of them was to identify a mentor. So either somebody in your institution, somebody through the mentorship program at NSGC, or some candidates reached out to their previous supervisors or professors. That one piece of advice that I thought was really nice was somebody said recognize your value as a genetic counselor. You are marketable, and that your first job might not be your ideal job, but you're so much closer to finding what you really want. I thought that was a really nice piece of advice.

Divya R.: Another piece of advice was become comfortable not knowing the answer. I think we all learn that at some point, that you're going to be in a session, and they're going to bring up a genetic condition you've never heard before. And at first, it can be very daunting to tell a patient, "I haven't heard that before." But knowing that you're not going to learn every single genetic condition, every single fact in graduate school. AND it's okay to say to somebody, "That's a great question. Let me get back to you," or, "Let me look that up." So becoming comfortable not knowing something.

Divya R.: And then another piece of advice was being confident in the knowledge that you have and the training that you have. Reminding yourself that you graduated

from a master's program. You have the skills that you need to be a genetic counselor. And that there will always be a huge learning curve for all novices. That is not because of your personal skillset. That's just the learning curve that is there for every new professional.

Divya R.: Part of this study, I also asked questions about challenges in peoples' personalize lives because I think that very much affects your professional life as well. That idea of making sure that if you're in a new area, you find a community outside of work. You find ways to relieve stress outside of work, or really help with alleviating burnout and things like that.

Divya R.: There was a lot of resources that institutions can start picking up on. So when I published this paper, I decided to send it to my manager at my work. And she actually ended up forwarding it onto human resources to use as a way to help new health care professionals transitioning. And that is something I really wanted my study to help foster is for not only the genetic counseling community to start thinking of ways to help our students transition to professional life, but also institutions. Because as we know, genetic counselors are hard to find. So you want to keep them when you get them. So what are ways that you can make sure that that happens?

Kate Wilson: I think that's a good point mentioning the institution's role to try to help make that transition smooth. So I think that's awesome that you were then able to take the study that you did and then utilize it in your work setting where you are now.

Kate Wilson: One thing that I thought was interesting, and I'm curious to know a little bit more about, is you're doing this study as part of your thesis. So your second year. You're interviewing for positions. How did doing this study give you some insights about what to do during the interview phase and trying to find a position?

Divya R.: Yeah, I'm glad you asked that question, because it really did impact how I found my first job and my interviewing process. So it was interesting as I was interviewing these candidates because I almost had a personal stake. I was very interested in what challenges they had because it's like giving me a peek into my future. So what it really made me realize is that you're commonly told that you're interviewing the institution just as much as they're interviewing you. That's really easy to forget, especially with your first job. You're just like, "Please hire me." And I think a lot of people think of it as in salary. "Okay, which one is going to give me the best salary?" But this really made me sit back and think what do I want in my first job? Knowing my personality and my experiences, what do I need from an institution?

Divya R.: So it forced me to start asking questions I wouldn't have asked. Asking how many genetic counselors are in the system? How do they interact? Do you have a mentorship program? I often ask providers, "What is your relationship like

with a genetic counselor? What roles do the genetic counselor take? What roles do you take?" And gives you an insight about how much they know about what a genetic counselor does, and what your future dynamics might look like.

Divya R.: I think it also impressed some of my interviewers because they could tell I was really asking questions about the work environment, and that I was very much engaged in this process. And not just saying, "Oh yeah, I have no more questions." So I gathered from that, that students should really sit down and think about what environment they want to work in. Are they somebody that's okay being the only genetic counselor at that institution, or are they people who need mentorship and would like to work in an institution with other genetic counselors? Even the idea of working at an institution where you are a student and thinking about, "All right, these might be some challenges I have going forward. Am I up to that task?" I really hope that if people read this, if students read this, and it makes them sit back and think about where they want to work.

Kate Wilson: And I think that's one of the things that really interests us about this study is that it was something that people who are in school can learn a little bit more insight wise what it's like to make that transition. For those people who are looking at changing, it gives them some ideas of things to focus on and things they may not have thought about before when interviewing or doing the change. And then for folks like myself that are on the other side, it's thinking well how can I help those people coming in now to feel supported, feel connected? Because sometimes you forget what it's like. I think this is a good way to remind folks that have been out there for a while about some of the challenges. And then like you said, this is something tangible too, you can pass onto your institution. I really appreciate the time that you've taken to be with us today. Is there anything else that you wanted to add or highlight from the study that we didn't get to?

Divya R.: I think the only thing I would say is that there is room for future research on this. I think one aspect that I was really interested in, is what are the unique challenges that genetic counselors in untraditional roles have? So a lot of the resources. I was talking about are universal for genetic counselors. But what are some of the experiences that laboratory genetic counselors have? How can those organizations tailor their practice to them? And I think it would be interesting to implement some kind of residency program, either within an institution, or the local chapters where they have these guided professional development classes, mixers that are aimed specifically at novice genetic counselors. So I think that would be some really interesting directions to take the study.

Kate Wilson: I think you're right, and that you've given a lot of people thinking about their next projects, some ideas to think about. Thank you so much Divya for being with us today and taking time to chat with us. I really enjoyed the conversation.

Divya R.: Thank you so much.

- Kate Wilson: To read Divya's full article in the Journal of Genetic Counseling, visit [nsgc.org/journalofgeneticcounseling](http://nsgc.org/journalofgeneticcounseling).
- Kate Wilson: Next up, I'm sitting down with Jessie Ross, a certified genetic counselor at the University of Texas, MD Anderson Cancer Center, specializing in breast cancer and pediatric adolescent genetic counseling. Hi Jessie. Thanks for sitting down to share your experiences with us.
- Jessie Ross: Of course. I'm excited to share what I've learned and how I've gotten to where I'm at now, because I'm definitely at a different place than I was when I first got out of grad school.
- Kate Wilson: Well, I think that's one of the first questions that I want to explore is making that transition from grad school. So you did that about three years ago. So tell me what were some of your biggest challenges during that transition in going from being a student to a new counselor.
- Jessie Ross: Yeah, I would say the transition was really difficult mostly in terms of my confidence levels, because I'm so used to having a supervisor sitting there approving of everything I do. And all of a sudden you're just left in a room with the patient and nobody to turn to make sure you're ordering the right tests and saying the right things. You have nobody there to check you if you do something wrong. So it was really hard for me to actually feel confident in what I was doing and saying with my patients, because I felt just like a student still. I work at the place that I did my training at.
- Jessie Ross: I even remember one of my first sessions, I actually looked to the back of the room because I couldn't actually believe that there was nobody there helping me. There was nobody waiting outside the door to make sure that I was saying the right things. So I think just learning how to have confidence in my decision making was honestly the most difficult part. And it took a while to actually feel like I knew what I was doing and I could make decisions on my own.
- Kate Wilson: So it sounds like it wasn't necessarily confidence in your knowledge of the condition and working with the patient because you had done some of that during your training. But it's more of being the sole person responsible, the sole professional in that setting.
- Jessie Ross: Yeah. I think my training program, I'm very bias, but I think it trained me amazingly for what I was doing. I didn't feel like I couldn't do the job. I just always felt like I was supposed to have something to fall back to, to just give me that reassurance that I was doing the right thing. Because all my life, I've had teachers, or supervisors, or somebody just giving me reassurance. And it was really the first time that I had to reassure myself that I knew what I was doing, and that I could do the job on my own without always having somebody saying, "Yep, you did that right." Or, "Maybe you should consider this other test." So it was really hard to just take that step to do it on my own for the first time.

Kate Wilson: Yeah, and that can be nerve wracking I think to have the safety net not be there. And you mentioned that where you work currently was where you did your training. What was that like to then be in the same setting, but no longer a student?

Jessie Ross: My colleagues are wonderful, and never intentionally made me feel any different than a regular colleague. But I was sitting in the room with people that just a month prior were my supervisors and giving me feedback. It was really hard for me to internally switch over to realize okay, they are no longer people giving me feedback. They're now my colleagues and people that of course I can bounce ideas off of. But they're no longer grading me. They're no longer critiquing me. Now they're my support system, now they're my colleagues and my friends. So it was really hard for me to personally switch over to that, just sitting in the same room as these people that I had a different relationship with.

Kate Wilson: And you had mentioned too that you are used to having feedback of your supervisors as well as teachers. So I know that you came straight from undergraduate into graduate training. So three years ago, that's your first time really entering the workforce. What experiences did you have entering the workforce?

Jessie Ross: There's a lot of differences from just carrying a job in college and undergrad or grad school, to actually being in your career. And there's some typical things that people face, like figuring out finances, figuring out how to officially move states. Because as a student, you don't have to get residency in the state you're studying in. So all of that was really difficult to just navigate having to learn how much life insurance a person needs and what retirement benefits mean.

Jessie Ross: But honestly, the hardest part for me was figuring out what my new goals in life were. Because typically in my life, I've always been looking forward to the next step in school. After high school, I went straight to college. Right after college, I went straight to grad school, and I always was shooting for a new goal. And I felt down after I graduated grad school that I thought to myself I'd reached the top and now there's no place else to go. Because I've reached that goal I've been searching for forever. So my biggest transition into the workforce was figuring out how can I set goals in my career that are not necessarily school focused, not necessarily working for a degree, but actually how can I build my career instead of just being stagnant.

Kate Wilson: So it sounds like you were able to then continue thinking about goal setting, but instead finding those next steps and those goals for yourself. You have a little bit more open road ahead of you. It's not always set in stone.

Jessie Ross: Yeah, there is no set next thing I was supposed to be doing. I had reached all these goals I had been looking for. And it took me a little bit to realize that I can have other goals. Because for the first six months of working, I was stagnant and I just realized okay, I've done everything I've wanted to do. I'm now a genetic

counselor. I've now passed boards. And once boards were done and passed, I sat there and I was like, "Well, what now? What's next?" And as somebody that tends to be very goal oriented, I knew I had to find new goals. Whether that be in my personal life or at work with starting new clinics, I had to realize that the goals I have in my career are probably going to be much different than the goals I had in school. Because so much of my drive in school was to get good grades. And in the workforce, you're not typically getting graded for what you do. So you have to set your own goals that still make you feel like you're reaching and striving for something bigger and better.

Kate Wilson: And I think that that's important insight, especially for people that are newer GCs or those that are in their second year of training. Is there some other advice that you would give these novice genetic counselors or the second year as about to become genetic counselors?

Jessie Ross: Yeah, I would say a few different things. First and foremost is no matter where you've been trained at, no matter what genetic counseling program you're at or just graduated from, the program did an amazing job of training you to be a genetic counselor. And nobody knows genetic counseling better than we do. So physicians, other people we work with, even geneticists don't know how to be a genetic counselor as well as we do. So always have confidence that you know what you know. And even if it doesn't feel like it, even if it feels like you're being an impostor or just acting, you do know. You were trained well, you graduated for a reason. So always have confidence in that. Don't let other people make you think that you're not confident, or that you don't know what you've been trained to do.

Jessie Ross: And with that comes making sure that you set boundaries for yourself with your work. I personally think I have a good work life balance, but it took me starting from day one having that balance. Because if I had been responding to emails late at night, then everybody I work with would still expect me to do that. But being able to put your foot down and saying no, I'm not going to be doing these things that are either outside of my scope of practice or outside of when I should be working. It really sets you up for success long term because people won't have non-realistic expectations of your work.

Kate Wilson: And I think that that's also something that everyone struggles with is the boundaries and making sure that you are doing the work that you need to be doing, but then also taking care of yourself. So it sounds like that was something that you were mindful of when you started working.

Jessie Ross: Yes, and I give a lot of credit of that to our program, our program directors. They helped us understand that as second years. And if I didn't have that as, I think most genetic counselors are, we tend to be achievers. We like to please other people, and we like to help others. So anytime we feel like we can do that, we usually jump in and we volunteer for things. And we agree to pretty much anything people ask us to do. But sometimes, that takes an emotional toll on

yourself or a time commitment to yourself. So I think one thing that we were taught in grad school is it's okay to say no. Especially if it's something that you're not interested in doing or if it's something that's outside of your time commitment at work. Because if you say yes to absolutely everything, then you're going to burn out really quickly. So learning what is important to you say yes to of course. But it's okay to say no or to say, "I can't do that this time. Please think about me the next time around." But just as most genetic counselors tend to be pretty type A and tend to be searching for more things to do and always helping others, it's sometimes hard to say no to things that you probably should say no to.

Kate Wilson: It is. And it's definitely a learned skill. But it sounds like you had had some discussions at least prior to starting your job, so you were thinking about it. Is there anything that you wish you had known before you started your job? So something that may be caught you by surprise.

Jessie Ross: Yeah. I think one thing that I'm lucky about is training at the same program where I'm working. I knew a lot of the logistics, and I think that's what a lot of people struggle with is figuring out what their new institution is going to be like. So I was fortunate enough to not necessarily bump into those roadblocks. But the biggest thing that I learned is that not every genetic counselor is perfect. And as a student, you see all these amazing genetic counselors doing amazing things. You see them do what we think as perfect psychosocial moments. You praise them, you put them up on a pedestal. And I worked with some amazing genetic counselors that as a student, I thought they were perfect. They probably never made a mistake. They never were upset. They were always doing everything right. And now as a colleague, I've seen those same individuals calling up other people, asking for help, asking how to correct a mistake they've made. Even shedding tears over situations. And as a student, you just put everybody on a pedestal because they're training you. You look up to them. And what I learned is that we all make mistakes all of the time. Even people that have been genetic counselors for 15, 20 years make mistakes.

Jessie Ross: The first time somebody called me to ask me a question made me realize, "Wow, I've actually made it as a genetic counselor. Somebody is now asking me for advice." But ultimately, we're all human. We all make mistakes. No matter whether you just started or whether you've been here 20 years, you're going to make mistakes and that's okay. There's people that have made those same mistakes before you that will be able to help you fix those mistakes.

Kate Wilson: I think that's good for people to hear because I think sometimes, we as genetic counselors do feel pressure to get everything right from the get go. And maybe not necessarily admit that things might be less than perfect. But also part of it too, it's a little bit challenging and training. There's some to get through and so much to learn. So I think it's good to know that people have had it happen to them. And like you said, it's part of it now is bringing you and your colleagues

together. And then they're helping you by mentoring or shepherding you through some of these challenges.

Jessie Ross: Yeah, they'll be lots of people listening that also have been practicing for a while and aren't fresh into the workforce out of grad school. But if you are supervising, one thing I have learned as a supervisor now is I do debrief with my students, even after they've just observed. And I've told them what I think I should have done better at and what I would want to work on, because I think it helps my students understand that you're going to continuously be growing as a genetic counselor. It's not like the second you graduate, you're all of a sudden this all star genetic counselor, and it doesn't hit at five years or 10 years. But you're constantly going to be changing and growing. So I try to point out to my students situations where I wish I would've said something a little differently because I think it helps bring me back as a person to the student rather than just being a supervisor that they idealize as the perfect genetic counselor.

Kate Wilson: And I think that's a wonderful point to make is that as somebody who's a more seasoned GC, you're always evolving. You're always changing, and you are thinking about some things that you've done and going back over some things, and learning from it. So I think that that's a wonderful point. Are there any other types of recommendations or guidance that you would give our audience about working in the field of genetic counseling?

Jessie Ross: I have a million pieces of little tidbits of advice I could give, but one thing that I've found really helpful, and I will caveat this with that I love all of my friends that are genetic counselors. And I love that genetic counseling communities across the country are so tight knit. But I think it's really important to not only find one person you can look up to in the field or two people that can be a mentor to you. But also to meet people outside of the field.

Jessie Ross: I moved from Missouri to Texas for grad school, and I immediately became friends with my grad school friends. And then when you graduate, you immediately become friends with your coworkers and the other genetic counselors. But sometimes, it can be overwhelming to just be around genetic counselors all the time because we tend to be very emotional and very empathetic. And sometimes you just want to have people that you can vent to about work that don't understand what you do, or to even go do things that you don't have to talk about work. So I think it's important to find a couple people within the field that can mentor you through difficult times, but also have friends outside of the field that you can just be yourself with, and not have to talk about work, or not have to analyze the emotions of a situation like most genetic tend to do.

Kate Wilson: I think it comes with that psychosocial training and that a lot of the genetic counselors are wonderful listeners, very empathetic. But that sometimes there is something to be said about not necessarily looking at things through a genetic

counseling lens. So it sounds like for you, the ideal is to have friends both within and outside of the field.

Jessie Ross: Yeah. And I think we all go into this career because we're passionate about genetics, but we are all passionate about other things as well. So don't feel like you have to only be passionate about your career. You can continue to do those things outside of work that drive you and make you feel happy because that'll make you a better genetic counselor if you're doing all that self care, and doing things that are important to you.

Kate Wilson: Well I appreciate you taking the time to talk with us today Jessie. Is there anything else that you need to share?

Jessie Ross: I would just say make sure everybody remember why you go into this field, because there'll be days that you feel exhausted from it, or burnt out, or you might feel like you're not succeeding. Or you might not have confidence on a given day. But we all went into this field for a reason, and that reason will be different for each person.

Kate Wilson: I love it. Thank you so much Jessie.

Jessie Ross: Of course.

Khalida Liaquat: That concludes this month's episode of the NSGC podcast series. Visit [www.nsgc.org/jgcceu](http://www.nsgc.org/jgcceu) to learn how to earn CEU's for listening to the podcast series. This recording is produced by the National Society of Genetic Counselors, and made possible by the NSGC Podcast Subcommittee.

Khalida Liaquat: Interested in joining the podcast subcommittee? Contact [nsgc@nsgc.org](mailto:nsgc@nsgc.org) to learn how to get more involved. I'm your host Khalida Liaquat. We'll see you next time.