

## Core Case Requirements (Logbook Cases)

To be considered a “core case”, the clinical interaction must occur face-to-face (see annotation), and active student participation in at least 1 role in each of the 3 categories of **Fundamental Counseling Roles** (Management, Education, and Counseling) must be documented

ANNOTATION: Telemedicine cases, where the student has visual and audio contact with the patient during the counseling session, may be counted as core cases if they otherwise meet the above requirements.

### Fundamental Clinical Counseling Roles

#### Management Roles:

- Case preparation
  - involves reviewing all relevant information about the client and the indication for genetic counseling prior to the session.
- Collection/documentation of medical, developmental and/or pregnancy history
  - implies the eliciting of pertinent medical information including pregnancy, development and medical histories and environmental exposures.
- Collection/documentation of family history/pedigree
  - involves the eliciting of information for and construction of a complete pedigree.
- Risk assessment
  - involves pedigree analysis and evaluation of medical and laboratory data to determine recurrence/occurrence risks.
- Evaluation/coordination of genetic testing
  - includes determining the appropriate genetic test(s), evaluating laboratories, and/or coordinating the testing.
- Clinical documentation (clinic notes, letters)
  - implies writing clinic notes or letters about the appointment
- Other follow-up (calls, referrals)
  - includes but not limited to conducting further literature review, maintaining contact with the family to address any additional concerns, or identification of other health care professionals or resources for patient care.

#### Education Roles

- Develop a counseling plan and agenda that includes pertinent education issues to address
- Inheritance pattern
  - involves educating patients about modes of inheritance.
- Risk counseling
  - involves educating patients about their personal and/or familial risks
- Diagnosis/prognosis/natural history
  - includes conveying genetic, medical, and technical information about the diagnosis, etiology, natural history and prognosis of genetic conditions and/or birth defects.
- Medical management/prevention/treatment
  - includes discussing current medical management, prevention, and treatment of genetic conditions and/or birth defects.

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- Genetic and/or prenatal testing options and possible results/benefits/limitations
  - includes explaining the technical and medical aspects of diagnostic and screening methods and reproductive options, including associated risks, benefits, and limitations.
- Results disclosure
  - involves interpreting the results and discussing them with the patient; can include the development of teaching aids and the provision of educational materials
- Research options /consenting
  - involves discussion about research opportunities and/or consenting the patient for the study

### **Counseling Roles**

- Establishing rapport/contracting
  - refers to initiating the genetic counseling session, eliciting client concerns and expectations and establishing the agenda.
- Psychosocial assessment
  - includes eliciting and evaluating social and psychological histories and assessing clients' psychosocial needs.
- Psychosocial support/counseling
  - involves providing short term, client-centered counseling, psychosocial support, and anticipatory guidance to the family as well as addressing client concerns.
- Resource identification/referral
  - includes helping the client identify local, regional and national support groups and resources in the community.
- Case processing/self-assessment/self-reflection
  - involves critical thinking about the session; what was done successfully as well as areas to improve.