

eValue Case Log Documentation Instructions

Overview

UAB began using new case log forms and a new online tracking system in July of 2020 due to the Accreditation Council for Genetic Counseling (ACGC) revised standards and the adoption of eValue by the UAB School of Health Professions.

The purpose of this document is to serve as a reference for students and supervisors when logging and reviewing cases in eValue, the online logbook manager for the UAB Genetic Counseling Program.

Students are required to log all participatory and non-participatory cases into eValue within 24 hours of case completion.

Case Type Definitions and Requirements

Participatory Case:

- An encounter with an individual (patient, standardized patient, research participant) that supports the development of the ACGC Practice Based Competencies.
- An encounter where a minimum of 3 roles were demonstrated by the student during the session
 - At least one role must be in each of the case management, education and counseling domains (the 12 fundamental roles and three domains are listed in eValue)

Participatory Case Requirements for Board Certification:

- Students are required to obtain 50 participatory cases
- 40 of the 50 participatory cases must be with individuals being evaluated for risk of or affected by a genetic condition (i.e. patients, not individuals who are being consented to research and not standardized patients)
- Must be supervised by an ABGC/ABMGG/CAGC certified genetic counselor
- Must occur across a variety of specialties (prenatal, pediatric, cancer and other adult) and in a variety of settings (clinic, laboratory, research, industry, and/or other environments)
- Must use more than one service delivery model (telephone, group, telemedicine, in person)

Non-Participatory Encounters:

- Any experience that does meet the requirements of a participatory case, but does enhance the student's acquisition of the ACGC Practice Based Competencies including, but not limited to:
 - Observational experiences
 - Experiences with non-genetics providers (nurse practitioners, physicians)
 - Patients seen with genetics professionals who are not certified genetic counselors (geneticists)
 - International fieldwork experiences
 - Public health genetics-related activities and settings
 - Utilization management
 - Customer liaison encounters
 - Sales and marketing experiences
 - Involvement with support or advocacy groups
- There is no benchmark or required number of non-participatory encounters
- Non-participatory encounters should not be concentrated in one particular area of practice or interest.

Logbook Details

The following is a description of the information that should be entered into eValue for participatory and non-participatory cases.

1. **Rotation Type:** Cancer, Pediatrics, Prenatal, Specialty
2. **Rotation Number:** Rotation 1, 2, 3, 4 or 5
3. **Case Number:** Enter the number of the case for that rotation. If it is the 3rd case for R1, enter: 3
4. **Case Date:** Enter the date of the clinic visit or encounter
5. **Fieldwork Site:** Select the clinic site at which the encounter occurred
6. **Fieldwork Supervisor:** Select the supervisor name from the list
7. **Case Category:** Participatory or Non-participatory
8. **Service Delivery Model:** In Person, Group, Telephone Only, Telehealth (audio and visual)
 - A *group* case refers to a session in which multiple, unrelated individuals are provided genetic counseling for a single or similar topic
9. **Case Type:** Clinic Patient, Simulated Patient, Research Participant, Professional/Customer, Healthcare Provider or Other
 - A Simulated Patient is an individual who has been trained to play the role of a patient or other individual in an environment modeled to reflect a clinical or other encounter
 - A Research Participant is a client or individual who is being met with in a research, not clinical, setting
 - A Professional/Customer is an individual with whom the student interacts with outside of the clinical setting to provide genetic services and/or education
10. **Specialty Type:** Cancer, Pediatric Cancer, Preconception, Prenatal, General Pediatric Genetics, Cleft Lip/Palate, Neurogenetics, Cardiovascular, Metabolic, Muscular dystrophy, Skeletal dysplasia, General Adult Genetics, Genetic Testing, Genomic Medicine, Laboratory Genetic Counseling, Non-direct Patient Care, Other
 - Select more than one specialty type if necessary
 - Non-direct patient care refers to settings where patient care such as lab testing, etc. is provided, but not directly to the patient.
11. **Practice Setting:** Clinical, Laboratory, Industry, Research, Other
 - Select more than one practice setting if necessary
12. **Stage of Lifecycle:** Adult, Pediatric, Pre-conception, Prenatal
13. **Diagnosis/ Indication:** Enter a diagnosis (e.g. Down syndrome) or indication (e.g. family history CF, multiple miscarriages, possible NF1) for the encounter. Please be specific.
 - Indications: enter a description of why the patient was referred to genetics if the patient does not have a diagnosis. E.g. positive maternal serum screen for T21, r/o Marfan syndrome, dysmorphic features (include which features), developmental delay (include the areas of delay)
 - Diagnosis: enter the specific diagnosis that was confirmed either via genetic testing or a clinical diagnosis
 - If the patient was originally seen by the student and did not have a diagnosis, but the student sees the patient again to deliver a diagnosis (e.g. calling out test results or attending post-test session), enter the diagnosis AFTER the indication information. For example: r/o skeletal dysplasia, dx: Achondroplasia
14. **Did the client require an interpreter?** Yes or No

15. **Indicate the client's ethnic and racial background:** American Indian or Alaskan Native, Asian, Black or African American, Hispanic, Middle Eastern or North African, Native Hawaiian and Other Pacific Islander, White, Unknown

16. **Counseling Roles:** Select all that apply

Domain	Role
Management	Case preparation
	Collection/documentation of medical, development, and/or pregnancy history
	Collection/documentation of family history/pedigree
	Risk assessment
	Evaluation/coordination of genetic testing
	Clinical documentation (clinic notes, letters)
	Other follow up (called re additional concerns, identification of resources for or HCP referrals)
Education	Develop of counseling plan and agenda
	Educate about inheritance patterns
	Provides risk counseling
	Provides diagnosis/prognosis/natural history information
	Discusses medical management/prevention/treatment
	Reviews genetic and/or prenatal testing options and possible results/benefits/limitations
	Results disclosure (can include devel. of visual aids or provision of educational materials)
	Research options/consenting
Counseling	Establish rapport/contracting
	Psychosocial assessment
	Psychosocial support/counseling
	Resource identification/referral (of/to support groups and resources in the community)
	Case processing/self-assessment/self-reflections

17. **Practice Based Competencies Addressed:** Select all that apply.

Domain	Competency
Genetic Expertise and Analysis	Demonstrate and utilize understanding of genetic and genomic concepts
	Document and/or interpret a medical history
	Document and/or interpret a family history
	Provide risk assessment for individuals and their relatives based on medical history, family history and/or test result(s)
	Identify and address common psychosocial responses
	Identify, assess, order, facilitate and integrate genetic testing options
	Manage the genetic counseling encounter
	Critically assess the literature and other resources for use in client care
Interpersonal, Psychosocial and Counseling Skills	Establish a mutually agreed upon agenda
	Empathetically respond to stated and emerging concerns
	Facilitate informed decision making
	Facilitate adaptation to genetic risks or conditions
	Identify, assess and/or respond to client's cultural beliefs
Education	Develop tools for and/or provide education to the patient or client
	Utilize interpreter services for successful communication
	Demonstrate clinical written documentation of a client encounter
	Demonstrate other scientific writing (education materials, case reports, etc.)
	Present information related to genetics, genomics or genetic counseling related topic based on the needs of the audience
Professional Development and Practice	Identify and/or address ethical issues
	Identify and/or facilitate research opportunities
	Advocate for patients, communities and the genetic counseling profession

	Demonstrate self-reflective practice
	Collaborate with other members of the healthcare team or community (social workers, nurse practitioners, community member, etc.)

18. **Case Description:** Briefly describe the case including the indication, relevant patient and family information and the case outcome.
- For example: M.M. is a 3-month-old Hispanic female referred to the Cleft Lip and Palate Clinic due to a cleft palate. She is meeting her developmental milestones. She has a family history of a cleft palate in a maternal cousin. A microarray was ordered.
19. **Case Self-Reflection:** Using reflective practice, write a short summary of the areas that went well and areas for improvement specifically for this case. Student must include at least one area that went well and one area for improvement.
20. **Supervisor Comments:** Supervisor provides feedback to the student regarding their performance for this case.
21. **Diag Box:** This is a required element of eValue. Select “all groups” for the groups option and select “default” for the diagnosis.
22. **Level of Student Participation:** Observed only, <25% participation, 25-50%, 51-75% 76-99% 100% , N/A-direct interaction did not occur
- The degree to which the student, not the supervisor, directly interacted with the client or patient.