

Cross-Rotation Objectives – Genetic Counseling

Role/Competence	Beginning student should be able to:	Intermediate student should be able to:	Advanced student should be able to:
Case preparation	Identify applicable tests; prepare written case plan or session guide; perform chart review.	Know where to find information (e.g. databases); perform adequate lit search; assess what information is relevant to family's situation and what additional info is needed for the indication.	Prepare to order applicable tests; independently obtain insurance preauthorization/LMN, prepare diagnostic differential, and/or evaluate the indication for referral.
Collect/document medical, pregnancy, and/or developmental history	Elicit a complete medical history with the aid of any forms used by the clinic; present relevant highlights of medical history in case conference, when appropriate.	Target the medical history to the indication for referral; succinctly present medical history to the attending or in case conference, when appropriate.	Recognize emerging elements of the medical history that may support an existing diagnosis or lead to a new diagnosis and discuss these elements with the attending; integrate psychosocial elements to the visit into the medical history, when appropriate (e.g. clients' feelings about past events).
Collect/document family history/pedigree	Elicit and record a family history within 30 minutes; present relevant highlights of family history in case conference, when appropriate.	Target the family history to the indication for referral; finish most pedigrees (three generations) within 20 minutes using correct notation; succinctly present family history to the attending or in case conference, when appropriate.	Recognize emerging elements of the family history that may support existing diagnosis or lead to new diagnosis; discuss these elements with the attending; integrate psychosocial elements to the visit into the family history, when appropriate (eg. grief, family dynamics, cultural sensitivity).
Risk assessment	Identify elements of risk specific to the case; identify appropriate risk assessment tools/methodology.	Comprehensively identify elements of risk (e.g., pedigree, medical data, lab data, environmental/lifestyle factors) and perform risk assessment/calculation of recurrence/occurrence	Correctly assess, calculate, and interpret risks of recurrence/occurrence within the context of the medical/family history.
Evaluate/ coordinate genetic testing	Identify and discuss appropriate testing options for the family/patient.	Demonstrate synthesis of testing logistics to evaluate testing options. Adequately prepare paperwork for discharge and testing ordered.	Help the family identify the usefulness of the test/results in their overall situation; in consultation with attending, recommend tests (e.g., specific labs) and referrals; coordinate testing when elected by pt.
Clinical documentation	Document basic case presentation as a clinic note or letter. Recognize legal importance of medical documentation and confidentiality.	Document complete case presentation and case management as a clinic note or letter	Document complete case presentation and case management and encounter, with proper syntax and appropriate readability in a clinic note or letter, in accordance with site standards and professional guidelines
Follow-up	Assist in the establishment of a case management plan or identify additional concerns to manage post-session	Help participate in post-session needs (ie., conduct literature review for unanswered questions/concerns, identify other professionals or resources for unmet pt needs).	Direct clients to resources appropriate for the specific family's needs (ie. setting or type of support, response to health disparity); respond to their post-session needs.

Develop counseling plan/agenda	Develop a basic counseling plan and agenda	Develop a thorough counseling plan and agenda that includes pertinent education issues to address	Develop a thorough counseling plan and agenda that includes pertinent education issues to address and use to guide a session
Educate about inheritance patterns	Understands etiology of inheritance patterns, recognizes red flags that differentiate potential inheritance patterns, and can provide written explanations of the patterns	Able to educate patients about basic modes of inheritance in language appropriate for the patient	Able to educate patients about modes of inheritance and discuss familial implications of disease.
Provides risk counseling	Explains Mendelian inheritance and risk factors relevant to the case.	Discuss empiric risk information; describe complex modes of inheritance. Educate patients about their personal and/or familial risks.	Discuss factors that contribute to risk assessment and help families incorporate risk information into their lives/decisions.
Discussion of diagnosis & natural history	Discuss relevant clinical information and clinical features; describe reduced penetrance, variable expression.	Discuss possible diagnosis; assess client's reaction to and understanding of diagnostic and natural history information. Convey genetic, medical, and technical information about the diagnosis, etiology, natural history, and prognosis of genetic conditions and/or birth defects.	Help client integrate diagnostic and natural history information into their lives and fully understand the diagnostic process. Uses language appropriate for disability awareness.
Provides medical management/prevention/treatment information	Can compile resources and recommendations for medical management, prevention, treatment, and surveillance information.	Aware of current medical management, prevention, surveillance, and treatment of genetic conditions and/or birth defects.	Describes recommendations for medical management, prevention, surveillance, and treatment of genetic conditions and/or birth defects. Appropriately uses the continuum of directiveness/non-directiveness.
Reviews genetic and/or prenatal testing options and possible b/l/results	Compiles organized info describing the technical and medical aspects of diagnostic and screening tests and reproductive options, including associated risks, results, benefits, limitations, sensitivity and specificity. Includes visual aids to facilitate decision making.	Review the technical and medical aspects of diagnostic and screening tests and reproductive options, including associated risks, results, benefits, limitations, sensitivity and specificity.	Facilitates informed decision making via informed consent regarding testing. Considers or makes patient aware of contributing factors such as discrimination, issues of financial or reimbursement context, their values, and adheres to patient autonomy.
Results disclosure	Adequately prepares for results disclosure - including consideration of items such as timing, context of family history, age, etc	Provides a balanced description of diagnoses and discusses positive, negative, or inconclusive test result with patient via phone or in person. Can include development of visual teaching aids or provision of educational materials.	Interprets results and discusses them with the family/pt with values and language appropriate for family. Reviews etiology and implications of result.
Research options/consent	Appreciate the value of research in genetic counseling	Demonstrate awareness of how to identify research opportunities for patients as relevant.	When indicated, discuss research opportunities and/or consent the patient for the study in compliance with site and IRB standards

Rapport/ Contracting	Initiate the GC session. Create an agenda for the session and present it to the client.	Elicit the clients' concerns, perceptions, expectations, and knowledge of genetic counseling and the purpose of the visit. Describe the genetic counseling process.	Apply the client's perceptions and expectations of GC and the purpose of the visit to the agenda. Amend/establish the agenda based on the clients' needs and understanding, and as needed throughout the session (not only at initiation).
Psychosocial assessment	Assess client's psychosocial needs, beliefs, or emotions. Identify and record basic elements (e.g. marital status, occupation, age, gender)	Elicit and/or evaluate social and psychosocial histories to recognize and record more detailed elements of psychosocial assessment (e.g. unresolved grief, fear, anger)	Develop and/or discuss a plan with patients for needed psychosocial work, state, or needs (e.g. crisis intervention, referral, decision-making tools, reaction to illness)
Psychosocial support/counseling	Build alliance with patient/family; Use basic psychosocial skills (e.g., use empathic statements appropriately, use active listening, open ended questions, reflection, normalization). Attend to verbal and non-verbal clues.	Discuss clinical information while assessing client's reaction and gauging understanding of information; use psychosocial strategies to address client needs (e.g. build self-esteem, understand their experience, validate their belief) and to facilitate their understanding, retention, perception, and decision making. Recognize instances of transference and/or countertransference.	Provide short term, client-centered counseling, psychosocial support, and anticipatory guidance to the family as well as addressing client concerns. Help the client/family integrate the information into his/her life based on their values; integrate psychosocial activities with other activities of the GC session; use advance psychosocial strategies (e.g. confrontation, discussion their adaptation or coping mechanism). Maintains professional boundaries by ensuring directive statements, self-disclosure, and self-involving responses are in best interest of patient.
Resources identification/referral	Identify patient resources, including local, regional, and national support groups or resources. May include information on genetic discrimination and related legislation.	Evaluate the different resources/referrals available. Awareness of GC scope of practice.	Identify appropriate medical referrals independently (ie. knows when to refer for dietician, surgeon, etc); design, conduct, and assess the case management plan (resources/referrals).
Case processing/ Self-assessment/ Reflection	Identify difficult personal issues, values, biases, and case-related issues and discuss with supervisor; maintain patient confidentiality. Seek feedback and respond appropriately.	Build alliances with members of team and outside professionals; use strategies to resolve difficult personal and case-related issues. Can discuss what went well and what areas need to improve. Accept responsibility for one's physical and emotional health and its impact on professional performance.	Critically thinks about the session in active reflection. Recognize breaches of professional conduct in self or others (eg, conflict of interest, professional boundaries); plans and carry out a strategy to remedy the situation. Demonstrates ability to self-reflect and engage in self-care and initiative for life-long learning.

Note: The areas of competence are the ACGC education/management/counseling roles for the logbook. The rest of the table gives examples of cross-rotation expectations. It is not an exhaustive list and is intended to help guide students (and supervisors) toward understanding (and being able to effectively discuss) professional development of GC skills over time. Supervisors need to take these into account when filling out evaluation forms. It is not necessary for each student to meet each objective in order to complete a successful rotation. Fulfillment of roles should progressively advance and attention is drawn to beginner, intermediate, and advanced skills for each role above.