#### THE UNIVERSITY OF ALABAMA AT BIRMINGHAM.

SCHOOL OF HEALTH PROFESSIONS

# UAB Genetic Counseling Program Clinical Training Video

## Case Requirements and Benchmarks

#### OUTLINE

- 1. Understand the definition of participatory and non-participatory cases
- 2. Review ACGC Standards for case logbooks
- **3.** Define UAB-specific case benchmarks
- 4. Outline what needs to be recorded for each case in eValue



### Participatory and Non-Participatory Cases

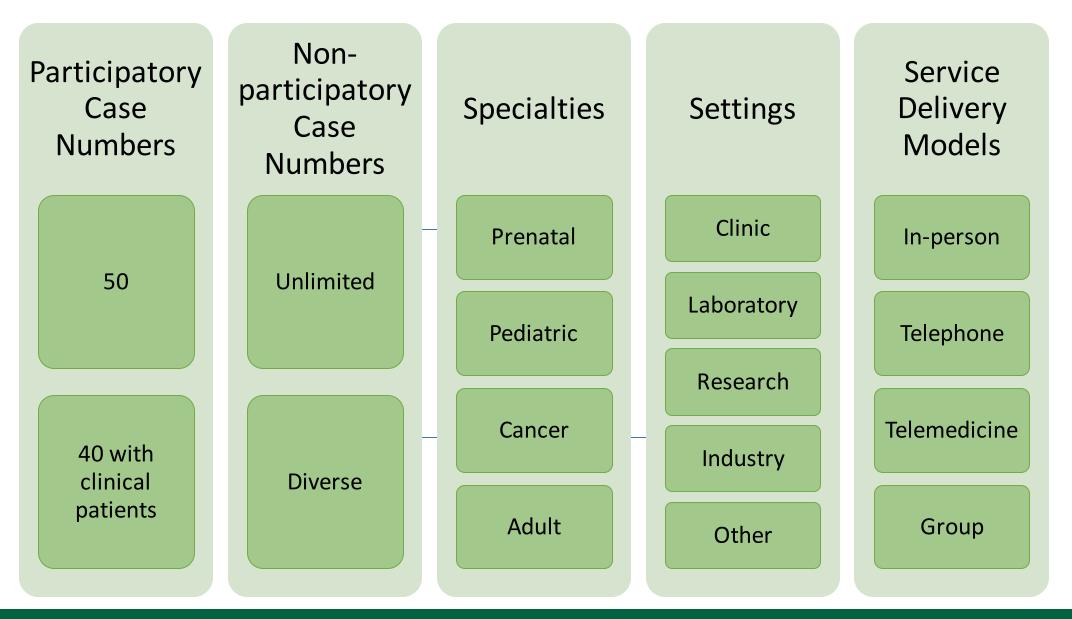
#### Participatory

- **Definition:** encounter with an individual that supports the development of the ACGC Practice Based Competencies
  - Must complete at least 3 case roles
  - At least one role each in presession, in-session, and postsession areas
- Supervision: certified GC w/ 1 year of experience
- Examples: clinical patient, research patient, standardized patient

#### **Non-Participatory**

- Definition: any experience that <u>does meet the</u> requirements of a participatory case, but does enhance the student's acquisition of the ACGC Practice Based Competencies
- Supervision: non-certified GC or none
  - MD, PhD, CRNP, etc
- Examples: observation, international fieldwork experiences, public health genetics-related activities, utilization management, customer liaison encounters, sales and marketing experiences, involvement with support or advocacy groups

## ACGC Logbook Requirements





## UAB-Specific Case Benchmarks

| Rotation #                             | 1                | 2                  | 3    | 4      | 5      |
|--|------------------|--------------------|------|--------|--------|
| Semester                               | Summer           | Fall               | Fall | Spring | Spring |
| Length                                 | 4-6 weeks        | 7-8 weeks          |      |        |        |
| Time in<br>Clinic                      | 3-4<br>days/week | 2-3 half-days/week |      |        |        |
| Participatory<br>Case #<br>Requirement | 12               |                    | 2    | 4      |        |

#### Information for eValue Case Log Form

- Rotation/Case Number
- Case Date
- Fieldwork Site
- Fieldwork Supervisor
- Case Category: Participatory or Non-participatory
- 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
- **Case Type**: Clinic Patient, Simulated Patient, Research Participant, Professional/Customer, Healthcare Provider or Other
- **Specialty Type:** Cancer (adult and peds), Pediatric (<18), Adult (≥18, includes preconception), Prenatal

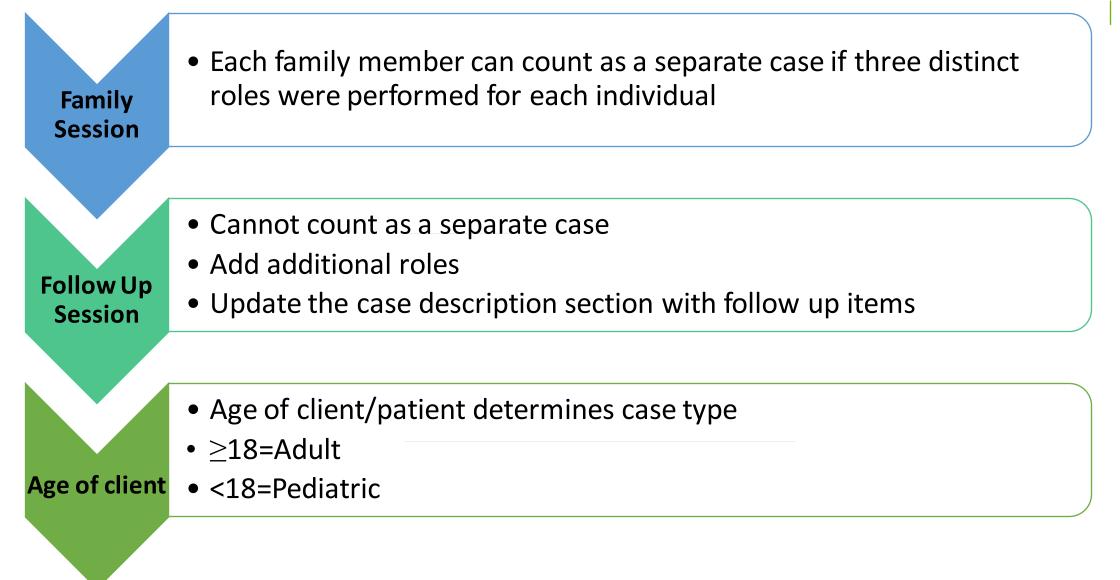
- **Practice Setting**: Clinical, Laboratory, Industry, Research, Other
- Stage of Lifecycle: Adult, Pediatric, Pre-conception, Prenatal
- Diagnosis/Indication
- Did the client require an interpreter
- Client's ethnic and racial background
- Case Roles
- Level of Student Participation: Observed only, <25% participation, 25-50%, 51-75% 76-99% 100%, N/Adirect interaction did not occur
- Case Description
- Case Self-Reflection
- Supervisor Comments

|                | Area                   | Genetic Counseling Role  |  |  |
|----------------|------------------------|--|--|--|
| Socion         |                        | Case prep  |  |  |
|                |                        | Evaluate genetic testing options   |  |  |
|                |                        | Utilize variant interpretation resources*  |  |  |
|                | Pre-Session            | Develop a counseling plan/agenda   |  |  |
| Session        |                        | Interpret genetic testing results  |  |  |
| Deles          |                        | Incorporate primary literature into counseling process   |  |  |
| Roles          |                        | Evaluate and assess applicable research options*   |  |  |
|                |                        | Build rapport  |  |  |
|                |                        | Engage in contracting  |  |  |
|                | In-Session: Intake     | Set mutual agenda  |  |  |
|                | III-Session: Intake    | Collect family history/pedigree  |  |  |
|                |                        | Collect medical, pregnancy, and/or developmental history   |  |  |
|                |                        | Perform risk assessment calculations   |  |  |
|                |                        | Educate about personal and/or recurrence risks   |  |  |
|                |                        | Tailor communication to client   |  |  |
|                |                        | Create and/or utilize visual aids  |  |  |
|                | In-Session: Education  | Discuss diagnosis and natural history  |  |  |
|                |                        | Communicate genetic testing options and possible benefits/limitations/results                    |  |  |
|                |                        | Facilitate decision making   |  |  |
| 10x each role  |                        | Provide medical management info  |  |  |
| by graduation  |                        | Perform psychosocial assessment  |  |  |
| by graduation  | In-Session: Counseling | Provide psychosocial support/counseling  |  |  |
|                |                        | Promote psychosocial adaptation  |  |  |
| *=5x each role |                        | Coordinate genetic testing with consideration of individual circumstances and systemic barriers* |  |  |
| by graduation  |                        | Coordinate referrals with consideration of individual circumstances and systemic barrier*        |  |  |
| 7.5            | Post-Session           | Identify resources and support materials   |  |  |
|                | F 03C-3C551011         | Complete written documentation of clinical encounters  |  |  |
|                |                        | Engage in case processing, self-assessment, and reflection                                       |  |  |
|                |                        | Incorporate previous feedback  |  |  |

| PBC(s)   | Role(s)  |
|--|--|
| 1.a. Demonstrate knowledge of genetics and genomics principles and concepts.   | • Case prep  |
| 1.b. Apply knowledge of genetic conditions to the delivery of genetics services.   | <ul> <li>Develop a counseling plan/agenda</li> <li>Discuss diagnosis and natural history</li> <li>Provide medical management info</li> </ul>   |
| 1.c. Demonstrate knowledge of genetic testing methodologies and variant interpretation.  | <ul> <li>Evaluate genetic testing options</li> <li>Utilize variant interpretation resources</li> <li>Interpret genetic testing results</li> </ul>  |
| 2.a. Analyze family history to estimate genetic risk.  | <ul> <li>Collect family history/pedigree</li> <li>Collect medical, pregnancy, and/or<br/>developmental history</li> </ul>  |
| 2.b. Calculate risk using probability methods and risk models.   | <ul> <li>Perform risk assessment calculations</li> </ul>   |
| <ul><li>2.c. Integrate clinical and laboratory data into risk assessment</li><li>2.d. Order genetic tests guided by client-centered risk assessment.</li></ul>   | <ul> <li>Communicate genetic testing options and<br/>possible benefits/limitations/results</li> </ul>  |
| 3.a. Use applicable counseling skills and theories.  | <ul> <li>Perform psychosocial assessment</li> <li>Provide psychosocial support/counseling</li> </ul>   |
| 3.b. Establish a working alliance with client.   | <ul> <li>Build rapport</li> <li>Engage in contracting</li> <li>Set mutual agenda</li> </ul>  |
| 3.c. Promote psychosocial adaptation.  | <ul> <li>Promote psychosocial adaptation</li> </ul>  |
| 3.d. Facilitate client's decision making process.  | <ul> <li>Facilitate decision making</li> </ul>   |
| <ul><li>4.a. Tailor communication to specific individuals and audiences.</li><li>4.b. Use a variety of approaches to communicate genetics and genomic information.</li></ul>   | <ul> <li>Tailor communication to client</li> <li>Complete written documentation of clinical encounters</li> <li>Create and/or utilize visual aids</li> </ul>   |
| 4.c. Convey probabilities based on client's risk perception and numeracy.  | <ul> <li>Educate about personal and/or recurrence risks</li> </ul>   |
| <ul> <li>5.a. Critically interpret data and literature.</li> <li>5.b. Apply data and literature considering its strengths, weaknesses, and limitations.</li> <li>5.c. Demonstrate knowledge of how genetic counselors engage and contribute to the research process</li> </ul> | <ul> <li>Evaluate and assess applicable research options</li> <li>Incorporate primary literature into counseling process</li> </ul>  |
| <ul><li>6.a. Demonstrate how disparities, inequities, and systemic bias affect access to healthcare for diverse populations.</li><li>6.b. Describe the financial considerations in the delivery of genetic services.</li></ul>   | <ul> <li>Coordinate genetic testing with consideration of<br/>individual circumstances and systemic barriers</li> <li>Coordinate referrals with consideration of<br/>individual circumstances and systemic barriers:<br/>and systemic situations and barriers</li> </ul> |
| 6.c. Advocate for continuity of care.  | <ul> <li>Identify resources and support materials</li> </ul>   |
| 7.d. Engage in self-reflective practice to promote ongoing growth<br>and development.  | <ul> <li>Engage in case processing, self-assessment, and<br/>reflection</li> <li>Incorporate previous feedback</li> </ul>  |

Each role is aligned back to the Practice Based Competencies

#### **Case Nuances**



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# **THANK YOU FOR WATCHING** Case Requirements and Benchmarks