

Genetic Counseling Roles Performed by Student (minimum frequency of role completion by end of rotation 5):

*Must have at least 1 role in each of the following 3 session areas to count as a participatory case

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| <p>Pre-Session Roles</p> | <ul style="list-style-type: none"> ○ <u>Case prep</u> (10): Perform comprehensive review of relevant information about the client and the indication for genetic counseling prior to the session. ○ <u>Evaluate genetic testing options</u> (10): Determine appropriate genetic testing strategies based on test methodology purpose, validity, reliability, and ethical considerations ○ <u>Utilize variant interpretation resources</u> (5): Know when and how to use variant interpretation resources appropriately. ○ <u>Interpret genetic testing results</u> (10): Interpret genetic testing results within the context of clinical presentation and be knowledgeable of testing next steps. ○ <u>Develop a counseling plan/agenda</u> (10): Create a thorough plan and agenda for the session that includes pertinent education and counseling issues specific to the client’s indication. ○ <u>Incorporate primary literature into counseling process</u> (10): Know how to critically interpret and apply data and literature appropriately given the individual client. ○ <u>Evaluate and assess applicable research options</u> (5): Locate and evaluate information on applicable research opportunities from appropriate sources and communicate these options when appropriate. |
| <p>In-Session Roles</p> | <p>Intake</p> <ul style="list-style-type: none"> ○ <u>Build rapport</u> (10): Use attending skills to actively engage the client throughout the session. ○ <u>Engage in contracting</u> (10): Gain understanding of the client’s prior knowledge of the referral and/or indication and their goals for the session. ○ <u>Set mutual agenda</u> (10): Integrate client’s perceptions and expectations to the session goals and agenda. ○ <u>Collect family history/pedigree</u> (10): Elicit an organized, comprehensive, and targeted family history and recognize patterns of inheritance. ○ <u>Collect medical, pregnancy, and/or developmental history</u> (10): Elicit organized, comprehensive, and targeted histories from the client and/or family. ○ <u>Perform risk assessment calculations</u> (10): Perform appropriate mathematical calculations or utilize optimal risk models. <p>Education</p> <ul style="list-style-type: none"> ○ <u>Educate about personal and/or recurrence risks</u> (10): Provide clear and accurate explanations of recurrence risks in a variety of medical and family history scenarios. ○ <u>Tailor communication to client</u> (10): Clearly communicate information to individuals with varying levels of understanding and engagement. ○ <u>Create and/or utilize visual aids</u> (10): Identify or create effective visual or other counseling aids. ○ <u>Discuss diagnosis and natural history</u> (10): Convey all necessary genetic, medical, and technical information about the (possible) genetic diagnosis or birth defect including etiology, natural history, and prognosis. ○ <u>Communicate genetic testing options and possible benefits/limitations/results</u> (10): Recommend and explain appropriate testing options, including possible results and their implications, to the client based on available clinical and laboratory data. ○ <u>Facilitate decision making</u> (10): Facilitate the client’s ability to make a decision that is in alignment with their personal values. ○ <u>Provide medical management info</u> (10): Describe recommendations for medical management based on the individual client including prevention, surveillance, and/or treatment of genetic conditions or birth defects. |

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| | <p>Counseling</p> <ul style="list-style-type: none"> ○ <u>Perform psychosocial assessment</u> (10): Evaluate client’s feelings, beliefs, and emotions to identify underlying un verbalized and verbalized psychosocial needs or emotions. ○ <u>Provide psychosocial support/counseling</u> (10): Provide short term, client-centered counseling, psychosocial support, which may include anticipatory guidance to the client throughout the session. ○ <u>Promote psychosocial adaptation</u> (10): Help the client integrate information about risks or diagnosis into their life based on their values. |
| <p>Post-Session Roles</p> | <ul style="list-style-type: none"> ○ <u>Coordinate genetic testing with consideration of individual circumstances and systemic barriers</u>(5): Order genetic testing with consideration for client’s support and financial resources and potential barriers. ○ <u>Coordinate referrals with consideration of individual circumstances and systemic barrier</u> (5): Discuss and execute referrals with consideration for client’s support and financial resources and potential barriers. ○ <u>Identify resources and support materials</u> (10): Find beneficial local, regional, and national support resources and materials. ○ <u>Complete written documentation of clinical encounters</u>(10): Formulate original, clear, concise, and accurate medical documentation including clinic notes, results letters, or other forms of documentation needed by the clinic and/or client. ○ <u>Engage in case processing, self-assessment, and reflection</u> (10): Effectively reflect on personal performance and feelings from sessions by accurately identifying areas of strength and improvement and developing concrete strategies for growth. ○ <u>Incorporate previous feedback</u> (10): Integrates previous feedback in an appropriate manner |