

CASE (number)

Title of case

GENETIC REASON FOR REFERRAL

COUNSELLING REASON FOR REFERRAL

As perceived by the client:

As perceived by the counsellor:

PRE COUNSELLING CONTACT

BACKGROUND

Demographics, social issues, family dynamics

COUNSELLING SESSION ONE:

Present:

Outline of session:

Issues raised by consultands:

Issues raised by the counsellor:

As well as a description of the case, the Board is also looking to see what the role of the counsellor has been in the case and the skills and interventions the genetic counsellor utilised in the case. The Board is also looking to see what the significant counselling issues were raised in the case, that they have been identified by the AGC and discussed in the counselling discussion (i.e. that the counselling discussion is relevant to the issues raised by the case).

COUNSELLING SESSION ONE (cont'd):

Outcome of counselling:

SUBSEQUENT CONTACT:

Outcome of contact:

COUNSELLING SESSION (Two/ Three – optional)

It is expected that candidates who are submitting latter cases (i.e. from 10 onwards) that some cases contain more than one genetic counselling session. This enables the candidate to demonstrate that they are managing more complex cases and their skill development continues to evolve i.e. breadth of skills the counsellor is able to utilise in their practice.

COUNSELLING SUPERVISION:

Nature and content of supervision received specific to the case.
What has the AGC learned from supervision?

GENETIC SUPERVISION:

Nature and content of supervision received specific to the case.
What has the AGC learned from supervision?

SUMMARY OF ISSUES:

Summarise the issues the case raised and choose one or two to expand on in the discussion

DISCUSSION OF COUNSELLING ISSUES:

In the counselling issues discussion you should be able to highlight the important counselling issues and discuss in detail the counselling interventions you used and demonstrate that those interventions are based on sound understanding of counselling theory.

Choose one or two important issues, which the case raised to explore in the discussion with support from the literature. Relate the theory to the case throughout the discussion.

Minimum word count: 400 - 600

As candidate moves through Part 2, the Board is looking at their professional development. It is expected that this be demonstrated and reflected in the increasing complexity of cases presented, the breadth of skills the counsellor is able to utilise in their practice, the depth of case analysis, and a greater level of self-awareness.

GENETICS:

Minimum word count: 400

Summary of condition

eg CF is an A/R disorder due to mutations in the CFTR gene and is characterised by effects ...

Demographics

prevalence, ethnic influences, age of onset and natural history

Clinical features

Genetics

inheritance pattern and recurrence risks
gene/biochemistry/pathology as applicable
genotype phenotype correlations

Management

Prenatal diagnosis

REFERENCES:

See page 35 of the training guidelines for information re referencing.

References should be recent, accurate and complete.

Patient brochures/literature and websites are NOT a suitable reference source.