## HGSA Clinical Certification for Genetic Counsellors - Observed Logbook Case Form

Five cases at each Submission must be signed by an FHGSA certified genetic counsellor, FHGSA/FRACP clinical geneticist, or other medical specialist who was present during the majority of the session, and who meets the requirements for supervisors in the HGSA [Supervision Policy for Genetic Counsellors](https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx).

Further details or evidence may be requested by the [Certification Committee](https://hgsa.org.au/Web/Web/About/HGSA-Committees/Certification-Committee.aspx) at their discretion. This form should be viewed in conjunction with the [HGSA Competency Standards for Genetic Counsellors](https://hgsa.org.au/Web/Web/Consumer-resources/Policies-Position-Statements.aspx).

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| **OBSERVED CASE - Complete and present this form to the supervisor for signing.** |
| Date of contact (date of clinical interaction with supervisor present) |  |
| Primary Diagnosis/Reason for referral |  |
| Additional team member if present (e.g., GC, CG, other AND initials) |  |
| Clinical area (e.g. Reproductive, Prenatal, Paediatric, Adult, Cancer, other) |  |
| **Competency** | **Clinical Skill** |  |
| Risk assessment | Case preparation |  |
| Relationship development | Establish relationship with client and negotiate agenda |  |
| Clinical genetics | Take family history and pedigree |  |
| Take medical history |  |
| Client Centred Counselling | Evaluate social and psychosocial history |  |
| Risk assessment | Assess risk |  |
| Clinical genetics | Discuss condition and inheritance |  |
| Education and communication | Discuss testing options or results |  |
| Discuss reproductive options |  |
| Discuss research options |  |
| Client Centred Counselling | Provide psychosocial support |  |
| Promote and facilitate decision making |  |
| Acknowledge individual beliefs, values, and culture |  |
| Facilitate adaptation and coping |  |
| Client Centred Counselling/Case Management | Identify /refer to additional resources and services |  |
| Clinical Genetics | Arrange testing |  |
| Reflective practice | Recognise limitations in knowledge, and seek consultation/supervision |  |
| Case management | Document case appropriately and in a timely fashion |  |
| Provide summary letter to client and/or doctor |  |
| Reflective practice | Present/Discuss case in clinical meeting and/or supervision |  |
| Research/Literature Review | Critically analyse evidence to inform practice |  |

**Supervisor’s declaration: I have observed the majority of the session, and verify this case.**

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| Supervisor’s full name and qualifications |  |
| Supervisor’s signature |  | Date |