HGSA Clinical Certification for Genetic Counsellors-Long/Ethics Case Template

**LONG/ETHICS CASE COVER PAGE**

|  |  |
| --- | --- |
| **Candidate Name** |  |
| **Date of Submission** |  |
| **Long Case Number** |  |
| **Long Case Title** |  |
| **Word Count (limit 4000 words not including references):** |  |

**Candidate’s Declaration**

**The content of this case is my own work and is a true representation of the clinical case and my involvement.**

|  |  |  |
| --- | --- | --- |
| Candidate’s signature |  | Date: |

**Supervisor’s Declaration**

**I was the candidate’s supervisor for this case. I have reviewed this case and it is an accurate description.**

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

**Please see the** [**HGSA Clinical Certification Policy for Genetic Counsellors**](https://www.hgsa.org.au/documents/item/10552) **for more information on completing Long Case reports.**

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# Case number:

# Case title:

## Referral details

## Pre counselling contact

## Background

Discuss demographics, social issues, family dynamics.

## Genetic counselling session [number]

Include a section with the following content for **each** genetic counselling session:

### Present in the session

(GC, supervisor, clients)

### Outline of session

As well as a description of the case, the Human Genetics Society of Australasia (HGSA) Board of Censors for Genetic Counselling (the Board) is interested in understanding the role of the candidate in the case, and the skills and interventions that the candidate used. The Board is also looking to see what significant counselling issues were raised in the case, that they have been identified by the candidate and discussed in the counselling discussion (i.e. that the counselling discussion was relevant to the issues raised by the case).

### Issues raised by consultand(s)

### Issues raised by the candidate

### Outcome of counselling

## Supervision

### Genetic counselling supervision

Discuss the nature and content of supervision received specific to the case, and what the candidate has learned from this. Include all individual or group supervision, as well as supervision with the candidate’s genetic counselling supervisor (see the HGSA [Supervision Policy for Genetic Counsellors](https://www.hgsa.org.au/documents/item/12314)).

### Genetic case review and consultation

Discuss the nature and content of clinical case review and consultation specific to the case, and what the candidate has learned from this. Case review and consultation may include meetings and discussions with clinical geneticists, other medical specialists, MHGSA or FHGSA laboratory scientists, or experienced researchers with appropriate research qualifications (usually a PhD) who provide expertise in the workplace (see the HGSA [Supervision Policy for Genetic Counsellors](https://www.hgsa.org.au/documents/item/12314)).

## Counselling/Ethics discussion (maximum 1500 words)

Choose one or two of the key issues and explain why these are the key issues in the case. Expand on this in the discussion below.

Submission of the ethics case may be made with Submission 1 or 2 and should be clearly identified in the cover letter for the submission. Although other issues may be summarised, due to word limit constraints, the candidate would not be expected to explore additional major counselling issues emerging from the case in detail unless directly relevant to the ethical issue(s).

With each submission, the Board of Censors is looking at the candidate’s professional development. It is expected that the candidate’s submissions will demonstrate and reflect:

* increasing complexity of cases presented
* increasing development and breadth of skills that the candidate uses in their practice
* increasing depth of case analysis, and a greater level of self-awareness

### Discussion of counselling issues (LONG CASE)

Expand on the key counselling issues highlighted above. Discussion of the issues should be in the context of the candidate’s own management of the case. In highlighting these issues, discuss the counselling interventions used. By a review of the relevant literature, demonstrate that the interventions or management of the case are based on a sound understanding of counselling theory or ethics.

Discuss the outcome of supervision in relation to your reflection on the case. Evaluate what went well, what might have been done differently, and how the experience of this case may influence the candidate’s future practice.

**OR**

### Discussion of ethical issues as applied to the case (ETHICS CASE)

The case should focus on an ethical issue and should demonstrate (*in addition to the general criteria for long cases*):

* The candidate’s awareness of the ethical issues surrounding genetic counselling and the principles that underpin practice. Theories covered may include Medical Principlism (autonomy, beneficence, non-maleficence, justice) or other relevant bioethical theories, such as the Ethics of Care, Religious Ethics, Feminism and Narrative Ethics.
* Any number of case-related ethical considerations may be included, and the discussion should emphasise these and any resulting counselling dilemmas that may have arisen.
* The case does not necessarily need to involve a dilemma, but must clearly outline an ethical issue, and must discuss direct application of ethical principles/theory in relation to the candidate’s reflection on the case. Examples of ethical issues include, but are not limited to non-disclosure, testing of children for an adult-onset condition, testing one person in a family where the result may reveal another person’s gene status, confidentiality issues when working with multiple relatives, paternalism, issues relating to autonomous decision-making, situations where beneficence and non-maleficence are in conflict regarding the same or more than one person.
* Reference to the [HGSA Code of Ethics for Genetic Counsellors](https://www.hgsa.org.au/documents/item/9589).

## Genetics discussion (maximum 600 words)

Rather than a general discussion, the genetics discussion should be applied to the specifics of the case and its management. This should include discussion of any genetic testing undertaken, including rationale, limitations, interpretation and implications of the results, as relevant.

## References

References in current APA format[[1]](#footnote-1). **Please carefully proof-read your style format and do not rely on automatic or suggested style formats.**

## Pedigree

An appropriately annotated pedigree[[2]](#footnote-2) for each case with nomenclature and annotation in line with Bennett et al. (1995, 2008) and Barnes (2020)[[3]](#footnote-3). Each generation should be numbered using Roman numerals.

1. American Psychological Association. <https://apastyle.apa.org/> [↑](#footnote-ref-1)
2. Bennett, R. L., Steinhaus, K. A., Uhrich, S. B., O'Sullivan, C. K., Resta, R. G., Lochner-Doyle, D., Markel, D. S., Vincent, V., & Hamanishi, J. (1995). Recommendations for standardized human pedigree nomenclature. Pedigree Standardization Task Force of the National Society of Genetic Counselors. *American Journal of Human Genetics*, *56*(3), 745–752.

Bennett, R. L., French, K. S., Resta, R. G., & Doyle, D. L. (2008). Standardized human pedigree nomenclature: update and assessment of the recommendations of the National Society of Genetic Counselors. *Journal of Genetic Counseling*, 17(5), 424-433. [↑](#footnote-ref-2)
3. Barnes, H., Morris, E., & Austin, J. (2020). Trans-inclusive genetic counseling services: Recommendations from members of the transgender and non-binary community. *Journal of Genetic Counseling*, *29*(3), 423–434. https://doi.org/10.1002/jgc4.1187 [↑](#footnote-ref-3)