# CBGC Certification Board Examination
# Logbook of Clinical Experience
# Instructions

The purpose of the logbook is to show that the candidate has been significantly involved in the evaluation and counselling of patients seeking genetic information and that they have the experience and expertise, which is attributed to genetic counsellors. The logbook cases should show evidence that the candidate has a well-rounded experience in genetic counselling as represented by counselling a variety of different genetic conditions and counselling situations.

1. Diversity in management roles will be considered when evaluating the logbook. Each case should represent at least three of the management roles indicated on the logbook form. Management roles "D" through "I" must be done in person or through videoconferencing. Performing these roles ("D" through "I") by telephone alone is not acceptable.**** Each management role must be performed in at least 10 cases.

   *****Given the ongoing pandemic, telephone genetic counselling sessions that occur between March 1, 2020 and April 30, 2023 may be included in the required logbook cases. The supervisor for each of these cases must have been present during the telephone session (e.g. on speakerphone or 3-way conference call). Last update January 2022.***

2. All cases must have been undertaken in the 4 year period prior to the application deadline. For a candidate who is unsuccessful or who has requested a deferral on the first certification examination attempt, their logbook may be used for TWO subsequent re-examination attempts.

3. Group and family counselling sessions count for only one logbook entry.

4. No more than 15 of the cases may be designated as having the same "Clinic Type".

5. Each "Clinic Type" must be represented by a minimum of five cases.

6. No more than five cases (out of the maximum number of 15) may have the same "Reason for referral".

7. Faxed or scanned signatures (clinical supervisors) will be accepted on the logbook. However, candidates should maintain the original document in the event the CBCG chooses to review the document. Only one supervisor is permitted to sign each logbook page.

8. Any candidate identified as misrepresenting their participation or the content of their logbook will be barred from any future CBGC Examinations. Supervisors who are identified as signing off on fraudulent cases will not be accepted by the CBGC for future logbook submissions.

## How to Complete the Logbook:

**Candidate full name**
Full name of the candidate (first [second] and last name) as it appears on their application form.

**Entry number**
Number logbook entries in numerical order from 1 to 50. Any logbook entries numbered after 50 WILL NOT be reviewed nor considered to be part of the logbook. Candidates can cross out any entries that they do not want to be counted as part of their logbook. These entries will not be counted as one of their 50 cases. Entries that have been crossed out should not be numbered. If logbook entries are not numbered in numerical order, the Certification Board may contact the candidate to request they edit their logbook.

**Date**
Date (DD/MM/YYYY) that the family, client, or group was seen. Cases do not have to be listed in chronological order.

**Case number**
Candidates must enter a case number that they can use to access the information pertaining to the case at their center. Patient name should not be used.

**Clinic types**
Candidates must indicate one clinic type that best describes each case. It is appreciated that other issues, concerns, or reasons for referral may be identified when a client is seen. In these cases, one "clinic type" that best describes the MAIN or INITIAL reasons for referral should be indicated; these cases cannot be used another time in the logbook under a different clinic type.

1. Reproductive Risk: Clients whose primary concerns involve issues related to genetic risks for their future offspring. Clients seen for AMA counselling, carrier screening, consanguinity, reproductive loss/infertility, translocation carriers, possible teratogenic risks, family history of concerns, etc. These clients may OR may not be pregnant at the time of the appointment. E.g. Patient is pregnant and has a family history of Fragile X syndrome.

2. Prenatal Screening: Clients who are pregnant and who have been identified to have concerns regarding the current pregnancy. These clients may be seen for prenatal screening results, identification of ultrasound markers, or congenital malformations.

3. Pediatric: Clients (individuals $\leq$ 18 years) who are seen for diagnosis and/or management of a genetic condition or possible genetic condition, multiple congenital anomalies, or birth defects. These sessions would typically involve a physical examination by a geneticist. Children with specific cancer syndromes would NOT be included in this clinic type.

4. Adult: Clients (individuals $\geq$ 19 years) who are seen for diagnosis and/or management of a genetic condition or possible genetic condition, multiple congenital anomalies or birth defects. These sessions may or may not involve a physical examination by a geneticist. This clinic type also includes clients seen for presymptomatic or predisposition counselling for "adult onset" disorders. E.g. family history or personal history of hemochromatosis, rule out Marfan syndrome in a 22 year old, presymptomatic testing for HD.

5. Cancer: Client (any age) who is seen with a primary concern regarding a specific cancer

syndrome. Clients may be seen for diagnosis, predisposition testing, or family history concern. E.g. child with FAP, woman with family history of breast cancer, somebody having predisposition testing for Lynch syndrome, family history of MEN. Unaffected OR affected individuals who: have a family history of cancer, are having predisposition testing for cancer, or are reviewing results from testing for cancer count as the same “Reason for referral” e.g. breast/ovarian cancer.

**Management Roles**

Candidates should indicate all roles pertaining to each case.

A. Case preparation involves reviewing all relevant information about the client and the indication for genetic counselling prior to the session. E.g. Literature search, presenting case to supervisor, chart review.

B. Medical history implies the eliciting of pertinent medical information including pregnancy, developmental and medical histories, and environmental exposures.

C. Pedigree involves the eliciting of information for and construction of a complete pedigree.

D. Risk assessment involves pedigree analysis and evaluation of medical and laboratory data to determine recurrence/occurrence risks.

E. Psychosocial assessment includes eliciting and evaluating social and psychological histories and assessing client's psychosocial needs.

F. Inheritance risk counselling involves educating clients about risks and modes of inheritance.

G. Testing options/results discussion includes explaining of the technical and medical aspects of diagnostic, predisposition, and screening testing including associated risks, benefits, and limitations. It also includes a clear interpretation of results.

H. Psychosocial support/counselling involves providing short-term, client-centered counselling, psychosocial support, and anticipatory guidance to the family as well as addressing client concerns.

I. Resource identification includes helping the client identify local, regional, and national support groups and other resources in the community.

J. Follow up includes conducting further literature review, reporting test results, writing letters to the family and/or referring physician(s), and maintaining contact with the family to address any additional concerns.

**Reason for referral**
Candidates must clearly enter the primary diagnosis or reason for each referral.

**Clinical supervisor**
*A minimum number of 15 cases must be supervised by a genetic counsellor certified by the CAGC or CBGC, ABMG, CCMG, ABGC, GCRB (UK) or HGSA (Australia). Clinical supervisors for any remaining logbook cases must have one or more of the following credentials: CCMG,*

*CSPQ (Medical Genetics) or FRCPC (Genetics).***

*****Effective 2023, new applications must include a minimum of 15 cases supervised by a genetic counsellor accredited by the Canadian Board of Genetic Counselling (CBGC) or the American Board of Genetic Counseling (ABGC). The remaining cases supervisors can be a genetic counsellor certified by GCRB (UK), HGSA (Australia), or a physician with the following credentials: ABMG, CCMG, CSPQ (Medical Genetics) or FRCPC (Genetics).***

****Effective 2024, new applications must include a minimum of 40 cases supervised by a genetic counsellor accredited by the Canadian Board of Genetic Counselling (CBGC) or the American Board of Genetic Counseling (ABGC). The remaining cases supervisors can be a genetic counsellor certified by GCRB (UK), HGSA (Australia), or a physician with the following credentials: ABMG, CCMG, CSPQ (Medical Genetics) or FRCPC (Genetics).***

The clinical supervisor must have had direct involvement in the supervision and/or intimate knowledge of the candidate's role, i.e. attendance during counselling session, and/or case review, and/or co-signing of patient documentation. The clinical supervisor must acknowledge the candidate's involvement in the case by signing where indicated at the bottom of each page of the logbook form. The Program Director of a Genetic Counselling Program can only sign the logbook forms when they have been directly involved in the supervision of the case.

Clinical supervisors must write their full name (first/second and last name) and indicate their credentials at the time of supervision of the case. A supervisor should indicate whether his/her name differs from his/her name at the time of certification. E.g. "Jane Catherine Smith, CCGC; maiden name: MacDonald (at the time of certification)".

**Page Numbers**
Candidates must write the page number for each logbook form at the bottom right corner of the logbook form (i.e. Page 1 of 5). Candidates can make as many copies of the logbook form as are required.

*The Certification Board reserves the right to contact candidates and supervisors to ask for clarification of any aspects of the logbook that is submitted as part of the application. If the Certification Board judges that one or more cases are not deemed appropriate, candidates will be contacted and asked to submit more cases. Candidates who fail to provide a complete logbook will not be eligible to write the exam and will have forfeited one examination cycle.*

Some examples of accepted abbreviations for Reason for Referral

+ – and
? – Query
Δ – Deletion
abn – Abnormality
AMA – Advanced maternal age
Ca – Cancer
FHx – Family history of
FTS – First trimester serum screening
ICEF – Intra-cardiac echogenic focus
ID – Intellectual disability
IPS – Integrated prenatal serum screening
MCA – Multiple congenital anomalies

CHD – Congenital heart defect
chr – Chromosome
Consang. – Consanguinity
CPC – Choroid plexus cyst
DD – Developmental delay
EDP – Exposure during pregnancy of ?
MSS – Maternal serum screening
P – Prenatal
R/O – Rule out
RSA – Recurrent spontaneous abortions
TMS – Triple marker screening
U/S – Ultrasound

Examples:

1 A pregnant patient is seen for a previous pregnancy which was terminated due to diaphragmatic hernia.
Clinic type #1 Reason for referral: P – prev. preg. c. diaphr. hernia

2 A non-pregnant patient is referred for advanced maternal age counselling, but thalassemia screening and her family history of intellectual disability (brother) are also discussed.
Clinic type #1 Reason for referral: AMA, thal, FHx ID

3 A child is seen with a congenital heart defect, developmental delay, short stature, and no diagnosis is made.
Clinic type #3 Reason for referral: CHD, DD, Short stature

4 A child is seen with a congenital heart defect, developmental delay, short stature, and the geneticist and/or referring physician is considering DiGeorge syndrome.
Clinic type #3 Reason for referral: CHD, DD, Short stature, R/O 22q Δ

5 A man is being seen due to a family history of hemochromatosis and he is going to have DNA testing.
Clinic type #4 Reason for referral: FHx + R/O hemochromatosis

6 A pregnant patient is referred due to the ultrasound finding of polyhydramnios and possible esophageal atresia.
Clinic type #2 Reasons for referral: U/S c. ? esophageal atresia, R/O chr. abn. poly

7 A woman or a man is being seen for a family history of breast/ovarian cancer.
Clinic type #5 Reason for referral: FHx breast/ovarian Ca

8 A woman or a man is being seen to discuss predisposition testing OR results from predisposition testing for BRCA1/2.
Clinic type #5 Reason for referral: Breast/ovarian Ca

9 A woman or man affected with breast/ovarian cancer is being seen to discuss genetic testing OR potential increased risks of cancer in other family members.
Clinic type #5 Reason for referral: Breast/ovarian Ca