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 attributed to competent genetic counsellors. The logbook cases should show evidence of a well-rounded experience in genetic counselling (i.e. counselling for a variety of genetic conditions and counselling situations).

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

Information for Clinical Supervisors:
The clinical supervisor must have had direct involvement in the supervision and/or intimate knowledge of the candidate's role in the case, i.e. attendance during counselling session, 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)". Only one supervisor is permitted to sign each logbook page.

Logbooks must include <u>50 cases</u> that satisfy the following criteria:

1. Cases selected for the logbook must be numbered from 1 to 50.

2. All cases must be from the 5 year period prior to the application deadline.

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

4. Each "Clinic type" must be represented by a minimum of five cases and a maximum of 15 cases.

5. Each case should include at least three management roles and each management role must be performed in at least 10 cases. Management roles "D" through "I" must be performed in-person or through videoconferencing. Performing these roles ("D" through "I") by telephone alone is not acceptable.*****

   ****Given the ongoing pandemic, telephone genetic counselling sessions that occur between March 1, 2020 and April 30, 2024 may be included in the logbook cases.***

6. No more than five cases with the same "Clinic type" (out of the maximum number of 15) may

have the same “Reason for referral”. E.g. Maximum of 5 pediatric cases seen for seizures or maximum of 5 adult cases seen for query connective tissue disorder.

7. Each logbook sheet must include the supervisor’s name, credentials, and signature.** Faxed, scanned, and electronic signatures will be accepted; 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.

***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 must be supervised by a genetic counsellor certified by CBGC, ABGC, GCRB (UK) or 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 must be supervised by a genetic counsellor certified by CBGC, ABGC, GCRB (UK), HGSA (Australia), or a physician with the following credentials: ABMG, CCMG, CSPQ (Medical Genetics) or FRCPC (Genetics).*

Further guidance about completing the logbook forms is provided on pages 3-6.

How to Complete the Logbook Forms:

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 from 1 to 50. Any logbook entries numbered after 50 will not be reviewed and will not be considered to be part of the logbook. Candidates have to cross out any entries that they do not want to be counted as one of their 50 cases. Entries that have been crossed out should not be numbered.

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

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

Clinic type
Candidates must indicate <u>one</u> 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 reason for referral should be indicated; these cases cannot be used another time in the logbook under a different clinic type.

1. <u>Reproductive Risk:</u> Clients (any age) whose primary concerns relate to genetic risks for their future offspring. These clients may or may not be pregnant at the time of the appointment. E.g. Clients seen for AMA, carrier screening, consanguinity, reproductive loss/infertility, known translocation, possible teratogenic risks, family history of genetic condition.

2. <u>Prenatal Screening:</u> Clients (any age) who are pregnant and concerns have been identified regarding the fetus of the current pregnancy.
   E.g. Prenatal screening results, identification of ultrasound markers, congenital anomalies

3. <u>Pediatric:</u> Clients (individuals <u>≤</u> 18 years) who are seen for diagnosis and/or management of a genetic condition or possible genetic condition. These sessions may or may not involve a physical examination by a geneticist. Children with specific cancer syndromes should NOT be included in this clinic type.
   E.g. In-patient with refractory seizures, newborn with clubfoot and polydactyly, family history of hypertrophic cardiomyopathy

4. <u>Adult:</u> Clients (individuals <u>≥</u> 19 years) who are seen for diagnosis and/or management of a genetic condition or possible genetic condition. These sessions may or may not involve a physical examination by a geneticist. This clinic type also includes clients seen for presymptomatic counselling for adult-onset disorders.
   E.g. Family history or personal history of hemochromatosis, rule-out Marfan syndrome in a 22 year old, predictive testing for HD

5. <u>Cancer:</u> Client (any age) who is seen regarding a hereditary cancer syndrome. Clients may be seen for a personal and/or family history of cancer, or predisposition testing.
   E.g. Clinical diagnosis of FAP, family history of breast cancer, testing for Lynch syndrome, family history of MEN.

Appointment type
Beginning in January 2023, candidates must indicate the appointment type for each case and use the updated logbook form.

P. Candidate met with the client in-person

T. Candidate met with the client by telephone or other audio method (i.e., could hear the client but not see them).

V. Candidate met with the client by videoconferencing (i.e., a technology that allows you to hear and see the client, such as Telehealth, Teams, or Zoom).

Management roles
Candidates should indicate all roles performed in 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 indicate the primary diagnosis or reason for each referral. This should be a condition or diagnosis, not a gene name. It is appreciated that other issues, concerns, or reasons for referral may be identified when a client is seen. In these cases, one "reason for referral" that best describes the MAIN or INITIAL reasons for referral should be indicated.

Note: Unaffected OR affected individuals who: have a family history of cancer, are having predisposition testing for cancer, or are reviewing results from hereditary cancer testing count as the same "Reason for referral" (e.g. breast cancer). Similarly, individuals who have a personal or family history of mental health issues/psychiatric conditions count as the same "Reason for referral" (e.g. psychiatric conditions).

Some examples of accepted abbreviations for Reason for Referral

+ – and
? – Query
Δ – Deletion
abn – Abnormality
Ca – Cancer
CHD – Congenital heart defect
chr – Chromosome
Consang. – Consanguinity
DD – Developmental delay
EDP – Exposure during pregnancy of ?
FHx – Family history of
FTS – First trimester serum screening
ID – Intellectual disability
IPS – Integrated prenatal serum screening
MCA – Multiple congenital anomalies
MSS – Maternal serum screening
P – Prenatal
R/O – Rule out
RSA – Recurrent spontaneous abortions
U/S – Ultrasound

Examples:

1. A pregnant patient is seen for a previous pregnancy that 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

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: R/O 22q Δ

5. A man is seen due to a family history of hemochromatosis.
   Clinic type #4 Reason for referral: FHx 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, poly

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

   *Note: Examples 7-9 count as the same reason for referral. See “Reason for referral” section above for more details.

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.

Logbook issues
1. 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.
2. If the Certification Board deems that one or more cases are not appropriate or that the logbook does not meet the requirements above, candidates may be contacted and asked to revise the logbook/submit additional cases OR the application may be declined. Examples of issues with the logbook include, but are not limited to: entries are not numbered in numerical order, reasons for referral are too long, and/or too many cases have the same reason for referral.
3. Candidates who fail to provide a complete logbook will not be eligible to write the exam and will have forfeited one examination cycle. A new application can be submitted the following calendar year.

Note: If a candidate is unsuccessful on the examination or has requested a deferral, the logbook remains valid throughout the eligibility period of their application. For example, candidates who fail the examination are eligible for two re-examination attempts and are not required to submit a new logbook for these two subsequent attempts.