




 American Board of Genetic Counseling, Inc. Examination Specifications	Cognitive Level			Total
	Recall	Application	Analysis	
1. Gathering Initial Information & Medical History	9	11	6	26
A. Gathering Initial Information	2	7	5	14
1. Evaluate case information to determine: <ol style="list-style-type: none"> a. Appropriateness of services requested b. Urgency c. Need for consultation with other experts d. Need to obtain additional information e. Need to include relevant family members in the evaluation f. Need to include interpreters 2. Review and evaluate medical records and prior testing 3. Review of literature and other resources 4. Develop preliminary risk assessment and/or differential diagnosis 5. Identify, determine appropriateness of, and prepare for potential diagnostic and screening tests 6. Assess eligibility for, and impact of, insurance coverage 7. Seek input about or develop a preliminary care plan with the health care team				
B. Medical History	7	4	1	12
1. Elicit/Review history: <ol style="list-style-type: none"> a. Prenatal history b. Birth history c. Congenital anomalies/birth defects d. Developmental history e. Health problems and age of onset f. Hospitalizations and surgeries g. Current and past medications and exposures h. Reproductive history i. Review of systems 2. Discuss with client relevant outside records and previous test results				
2. Family History & Risk Counseling	6	12	12	30
A. Pedigree and Family History	4	5	1	10
1. Educate client about purpose for, and process of, family history 2. Elicit history and facilitate recall by tailoring questioning for the individual case				


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<ol style="list-style-type: none"> 3. Elicit family health history to identify common hereditary risk factors (e.g., cancer, cardiovascular disease, mental health disorder) 4. Document ethnicity and consanguinity 5. Construct a complete pedigree using standardized pedigree nomenclature 6. Identify the following: <ol style="list-style-type: none"> a. Family dynamics b. Diagnoses requiring confirmation c. Referrals or evaluations needed to identify diagnoses d. Reliability of primary historian 7. Identify and respond to emotional reactions to family history discussion 8. Educate client about importance of updating family history as changes occur over time 					
B. Risk Assessment and Risk Counseling		2	7	11	20
<ol style="list-style-type: none"> 1. Analyze pedigree: <ol style="list-style-type: none"> a. Assess etiology (e.g., hereditary, familial, sporadic, environmental) b. Determine mode of inheritance c. Identify ethnicity and consanguinity based risks d. Assess incidental genetic risks identified through pedigree and refer as appropriate 2. Integrate medical, laboratory, and genetic information 3. Modify differential diagnosis 4. Perform comprehensive risk assessment 5. Identify at-risk family members 6. Make recommendations for follow up of at-risk family members 7. Counsel clients about the following: <ol style="list-style-type: none"> a. Genetic risks b. Risk modifiers c. Chance of developing a specific disease 					
3. Testing & Diagnosis		10	28	17	55
A. Diagnosis and Natural History		4	8	2	14
<ol style="list-style-type: none"> 1. Formulate agenda for discussion of diagnoses and natural history 2. Integrate natural history, characteristics, and symptoms of working diagnosis 3. Incorporate client specific findings and needs into discussion of diagnosis and natural history 					

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<ol style="list-style-type: none"> 4. Collaborate on management plan as a member of the healthcare team 5. Provide guidance about clinical management to medical professionals 6. Tailor follow-up plan according to client circumstances 7. Convey information about the following: <ol style="list-style-type: none"> a. Basic genetic concepts b. Diagnosis or indication c. Etiology or mode of inheritance d. Natural history and prognosis e. Variable expressivity or penetrance f. Options for prevention g. Treatment options h. Reproduction options i. Management options j. Follow-up medical plan 				
B. Testing Options	3	10	5	18
<ol style="list-style-type: none"> 1. Identify most informative persons for testing 2. Provide guidance about genetic testing to medical professionals 3. Identify/Select most appropriate test(s) considering: <ol style="list-style-type: none"> a. Test methodology b. Insurance guidelines c. Clinical context d. Predictive value of tests 4. Explain testing options: <ol style="list-style-type: none"> a. Diagnostic b. Screening c. Predictive d. Carrier e. Research 5. Facilitate decision making and informed consent: <ol style="list-style-type: none"> a. Explain possible testing results and implications b. Discuss financial and insurance implications of testing c. Discuss risks, benefits, and limitations of testing d. Discuss alternatives to genetic testing e. Help client anticipate the range of emotional effects client and/or family members may experience f. Help client integrate their own values into making decisions about genetic testing 				

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6. Facilitate genetic testing: <ul style="list-style-type: none"> a. Select laboratory for testing b. Discuss test with laboratory c. Identify specimens for testing 				
C. Test Results and Discussion	3	10	10	23
1. Critically analyze test results, taking into consideration: <ul style="list-style-type: none"> a. Methodology and technology b. Literature and resources (e.g., genome browsers, models, databases) 2. Evaluate significance of test results for a patient depending on: <ul style="list-style-type: none"> a. Personal history b. Family history c. Clinical utility of test 3. Discuss results to include: <ul style="list-style-type: none"> a. Sensitivity, specificity, or positive/negative predictive value b. Implications of positive, negative, and ambiguous results c. Implications of secondary / incidental findings 4. Discuss recommendations for additional testing				
4. Communication & Psychosocial Counseling	7	20	12	39
A. Communication	2	7	3	12
1. Evaluate client understanding and response 2. Modify interaction based on client's understanding and response 3. Address client misconceptions 4. Adjust practices to accommodate telephone counseling or telemedicine 5. Adjust practices to accommodate telephone consultation with healthcare providers 6. Ensure appropriate communication of relevant case components to: <ul style="list-style-type: none"> a. Patients b. Families c. Healthcare providers d. Insurers e. Laboratories 				

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B. Contracting	1	3	3	7
<ol style="list-style-type: none"> 1. Establish rapport through verbal or non-verbal interaction 2. Establish rapport in a session with an interpreter 3. Prioritize agenda to focus on key information that must be conveyed 4. Establish a mutually agreed upon genetic counseling agenda with the client 5. Elicit client concerns, expectations, and perceptions and modify agenda as needed 6. Assess knowledge base of client 7. Outline the genetic evaluation process 8. Address anxiety or concerns articulated by the client including those: <ol style="list-style-type: none"> a. Precipitated by the request for services b. External to the consultation 				
C. Psychosocial Assessment	2	6	2	10
<ol style="list-style-type: none"> 1. Recognize factors that may affect the counseling interaction 2. Assess client's psychosocial needs and recognize need for referral 3. Assess client and/or family: <ol style="list-style-type: none"> a. Emotions, mood, and affect b. Support systems and barriers c. Defense mechanisms and coping strategies d. Cultural/Religious beliefs, traditions, and values e. Socio-economic background, experiences, and lifestyles f. Health literacy g. Health beliefs and attitudes 				
D. Psychosocial Support/Counseling	2	4	4	10
<ol style="list-style-type: none"> 1. Address client emotions and/or behavior using: <ol style="list-style-type: none"> a. Empathic responses (e.g., paraphrasing, summarizing, reflecting) b. Direct statements c. Questions d. Reframing e. Challenge/confrontation f. Shared language and mirroring g. Silence, vocal intonation, or body language 2. Employ active listening 3. Employ anticipatory guidance 				

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<ol style="list-style-type: none"> 4. Utilize cross-cultural genetic counseling techniques 5. Assess competence 6. Promote autonomy 7. Address family communication issues 8. Facilitate client decision making 9. Promote coping and adjustment 10. Practice within boundaries of client/professional relationship 11. Facilitate communication between the client and the healthcare team 12. Conduct a counseling session that demonstrates an appreciation of counseling theories 				
5. Resources/Ethics/Research/Education	7	9	4	20
A. Resources and Follow-up	1	2	1	4
<ol style="list-style-type: none"> 1. Advocate for clients in medical or non-medical settings 2. Address client's need for follow-up services 3. Address family's need for follow-up services 4. Evaluate resources and services: <ol style="list-style-type: none"> a. Support groups b. Other medical experts c. Client education materials d. Internet resources (e.g., social media, foundations, patient registries) 5. Refer to other professionals, agencies, resources, and services 				
B. Ethical/Legal	2	3	1	6
<ol style="list-style-type: none"> 1. Comply with privacy and confidentiality regulations regarding personal health information 2. Inform clients of potential limitations to maintaining privacy and confidentiality of genetic information 3. Adhere to the medical and legal requirements of case documentation 4. Discuss real or potential discrimination risks 5. Employ ethical frameworks to address clinical dilemmas 6. Seek consultation with ethical/legal experts 7. Comply with National Society of Genetic Counselors Code of Ethics 8. Evaluate the applicability of published position statements and practice guidelines 				

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9. Practice in accordance with institution-specific guidelines 10. Identify and manage real or perceived conflicts of interests				
C. Research	3	2	1	6
1. Comply with regulations for protection of human subjects in research 2. Enroll subjects in research studies 3. Serve as liaison for client participation in research studies 4. Translate research findings to clinical arena 5. Conduct and/or interpret data analyses 6. Submit abstracts to scientific meetings or professional conferences 7. Conduct presentations at scientific meetings or professional conferences				
D. Education/Policy	1	2	1	4
1. Provide education to: <ul style="list-style-type: none"> a. Genetic counseling students b. Genetic counselors c. Other healthcare students and professionals d. Public 2. Provide training and supervision 3. Develop educational materials 4. Promote new or existing services 5. Participate in development of institution-specific guidelines				
Totals	39	80	51	170