

 ABGC Detailed Content Outline *	Cognitive Level			Total
	Recall	Application	Analysis	
I. CASE PREPARATION & MEDICAL HISTORY	5	12	9	26
A. CASE PREPARATORY WORK	2	4	6	12
1. Evaluate referral information to determine <ol style="list-style-type: none"> Appropriateness Urgency Need for consultation with other experts Need to obtain additional information Need to include relevant family members in the evaluation Need to include interpreters 2. Review and evaluate medical records 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	3	8	3	14
1. Elicit/Review general history <ol style="list-style-type: none"> Birth history Physical measurements Developmental history Health problems and age of onset Congenital anomalies/birth defects Hospitalizations and surgeries Current and past medications and exposures Reproductive history Review of systems 				


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2. Elicit/Review history and test results relevant to reason for referral <ol style="list-style-type: none"> Cardiology Gastroenterology Metabolic Neurology Obstetrics/Gynecology Oncology Pediatrics 				
II. FAMILY HISTORY & RISK COUNSELING	8	13	13	34
A. PEDIGREE AND FAMILY HISTORY	4	6	0	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 3. Establish roles of historians 4. Document ethnicity and consanguinity 5. Construct a complete pedigree using standardized pedigree nomenclature 6. Identify the following: <ol style="list-style-type: none"> Family dynamics Emotional responses Diagnoses requiring confirmation Referrals or evaluations needed to identify diagnoses 7. Educate client about importance of updating family history as changes occur over time				
B. RISK ASSESSMENT AND RISK COUNSELING	4	7	13	24
1. Analyze pedigree <ol style="list-style-type: none"> Assess etiology (e.g., hereditary, familial, sporadic, environmental) Determine mode of inheritance Identify ethnicity and consanguinity based risks 2. Integrate medical, laboratory, and genetic information				


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3. Collaborate with healthcare team to modify assessment 4. Modify differential diagnosis 5. Select risk assessment model based on client data 6. Perform comprehensive risk assessment 7. Identify at-risk family members 8. Counsel clients about the following <ol style="list-style-type: none"> Genetic risks Risk modifiers Disease risks 				
III. TESTING & DIAGNOSIS	13	25	12	50
A. DIAGNOSIS AND NATURAL HISTORY	6	9	2	17
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 4. Review management plan with healthcare team 5. Convey information about the following: <ol style="list-style-type: none"> Basic genetic concepts Diagnosis/indication Etiology/modes of inheritance Natural history & prognosis Variable expressivity & penetrance Options for prevention, treatment, reproduction, and management Follow-up medical plan 6. Tailor follow-up plan according to client circumstances				
B. TESTING OPTIONS	4	10	4	18
1. Identify most informative persons for testing 2. Identify and select most appropriate test(s)				


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3. Explain testing options (pre- and post-natal) <ul style="list-style-type: none"> a. Diagnostic b. Screening c. Predictive d. Carrier e. Research 4. Facilitate decision making and informed consent <ul style="list-style-type: none"> a. Explain possible testing outcomes and implications b. Discuss possible financial and insurance implications of testing c. Discuss technical limitations of testing d. Discuss potential risks and benefits of testing e. Discuss alternatives to genetic testing f. Help client anticipate the range of emotional effects client and/or family members may experience 5. 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	6	6	15
1. Evaluate clinical significance of test results depending on situational variables (e.g., methodology, clinical context, family history, paternity) and literature/resources <ul style="list-style-type: none"> 2. Discuss results to include <ul style="list-style-type: none"> a. Sensitivity and specificity b. Implications of positive, negative, and ambiguous results 3. Discuss recommendations for additional testing 				
IV. COMMUNICATION & PSYCHOSOCIAL COUNSELING	9	20	10	39
A. COMMUNICATION	2	4	4	10
1. Evaluate client understanding and response <ul style="list-style-type: none"> 2. Address client misconceptions 				


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3. Modify interaction based on client's understanding and response 4. Adjust practices to accommodate telephone counseling or telemedicine 5. Ensure appropriate written and oral communication of relevant case components to patients, families, healthcare providers, insurers, and laboratories				
B. CONTRACTING	1	4	2	7
1. Establish rapport through verbal and non-verbal interaction or through interpreters 2. Establish a mutually agreed upon genetic counseling agenda with the client 3. Elicit client concerns, expectations, and perceptions and modify as needed 4. Determine knowledge base of client 5. Assess client's ethno-cultural background, traditions, health beliefs, attitudes, lifestyles, and values 6. Outline the genetic evaluation process 7. Address anxiety for concerns articulated by the client including those <ul style="list-style-type: none"> a. precipitated by the referral b. external to the consultation 				
C. PSYCHOSOCIAL ASSESSMENT	3	6	2	11
1. Recognize factors that may affect the counseling interaction 2. Assess client and/or family <ul style="list-style-type: none"> a. Emotions and well-being b. Support systems and barriers c. Defense mechanisms and coping strategies d. Cultural/Religious beliefs and values 3. Evaluate social and psychological histories 4. Assess clients' psychosocial needs and recognize need for referral				

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D. PSYCHOSOCIAL SUPPORT/COUNSELING	3	6	2	11
1. Address client emotions and/or behavior using: <ol style="list-style-type: none"> Empathic responses (e.g., paraphrasing, summarizing, reflecting) Direct statements Questions Reframing 2. Employ anticipatory guidance 3. Utilize cross-cultural genetic counseling techniques 4. Promote competence and autonomy 5. Address family communication issues 6. Facilitate client decision making 7. Promote coping and adjustment 8. Modify interaction as needed for telephone counseling or telemedicine 9. Identify and respond to boundaries of client/professional relationship				
V. RESOURCES / ETHICS / RESEARCH / EDUCATION	5	12	4	21
A. RESOURCES AND FOLLOW-UP	1	2	1	4
1. Advocate for clients in medical and non-medical settings 2. Assess client's need for follow-up services 3. Evaluate resources and services <ol style="list-style-type: none"> Support groups Community agencies Other medical experts Client education materials 4. Refer to other professionals and agencies				
B. ETHICAL/LEGAL	2	4	1	7
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				

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3. Adhere to the medical and legal requirements of case documentation 4. Discuss real and 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. Practice in accordance with published position statements and practice guidelines 9. Practice in accordance with institution-specific guidelines				
C. RESEARCH	1	3	1	5
1. Comply with federal 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				
D. EDUCATION/POLICY	1	3	1	5
1. Provide education to <ul style="list-style-type: none"> a. Genetic counseling students b. Genetic counselors c. Other healthcare students and professionals d. Industry representatives e. Public 2. Provide training and supervision 3. Participate in professional development 4. Develop educational materials				
Totals	40	82	48	170

* Each ABGC examination will have 30 pretest items per form.

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