

Genetic Counseling Skills Communication Checklist (GCSC) ©

Permission from the primary GCC developers Katherine Heymeyer or Deborah Cragun (dcragun@usf.edu) and completion of coder training and assessment modules are required before use

Circle the Setting: Cancer; Prenatal; Pediatric; Cardiac; Neuro; Other _____ **Case Number:** _____ **Overall subjective rating of case (1 to 10)** _____

Process categories are in bold below - The number of items you check off in each category will be added to get a total

1. Building Rapport NOTE: Several items in this category go by very quickly at the start of the visit so pay close attention		category total:	
1. Attend to environment (<u>in person criteria</u> - ensure patient is comfortable, minimize noise and visual distractions, place self on same physical level, no physical barriers between, ensure everyone is seated, special needs addressed) or (<u>phone criteria</u> - ensure it is a good time to talk or they are in a place where they can talk and that they can hear and be heard)	<input type="checkbox"/>	Notes:	
2. Greet patient/family (e.g., identify all people present, verbal greeting, handshake, involve child in pediatric setting)	<input type="checkbox"/>		
3. Start off positive early in session (e.g., thank them for coming, give a sincere compliment, apologize if clinic is late or trouble getting there)	<input type="checkbox"/>		
4. Introduce self and state title or role** [must do both toward for skill completion]	<input type="checkbox"/>		
5. Show respect (e.g., few interruptions at the start, not hurried, allow patient to share their story, be non-judgmental, ask only one question at a time)	<input type="checkbox"/>		
6. Employ active listening skills (e.g., neutral utterances, summarizing, eye contact, open posture, head nod)*** <u>phone</u> only needs first 2 items	<input type="checkbox"/>		
7. Use supportive/collaborative statements (e.g., "we are here to help you...", "I am here to support you", state a willingness to work together)**	<input type="checkbox"/>		
8. Facilitate two-way communication with patient throughout the session	<input type="checkbox"/>		
2. Mutual Agenda Setting & Session Structuring NOTE: Items 1-3 should be done within first part of session- however numbers 4-6 can be throughout		category total:	
1. Establish <u>mutual</u> understanding of reason(s) for visit (e.g., why they came in, referral reason, etc.) [Both must acknowledge reason to check]	<input type="checkbox"/>	Notes:	
2. Elicit patient's agenda/goals (e.g., ask what concerns them most, what is important to them to talk about, what they hope to gain from the visit, etc.) [Question must be open-ended or elicit an open-ended response from patient. Do check if patient volunteers their agenda without asking]	<input type="checkbox"/>		
3. Summarize <u>mutual</u> agenda (lay out what will be discussed, give overview of visit) [Must include relevant agenda items identified by patient if any; if item 2-2 is NOT checked off then this should NOT be checked. Do check if multiple attempts to elicit agenda reveals patient clearly has no agenda]	<input type="checkbox"/>		
4. Encourage patient to ask questions during session, give them permission to interrupt with questions or to request more or less detail at any point	<input type="checkbox"/>		
5. Follow-through with most of the key agenda items (redirect patient if needed, ensure patient concerns are addressed, etc.) [If agenda is unclear, do NOT check. Note: agenda doesn't have to be followed exactly as long as it is mostly completed and patient concerns are addressed]	<input type="checkbox"/>		
6. Assess and address patient needs throughout with flexibility in prioritizing patient's needs (e.g., disclosing test results up front, answering their questions when asked, address patient's immediate concerns before completing provider's agenda, re-negotiate agenda, etc.)	<input type="checkbox"/>		
3. Risk Communication NOTE: If there are two risks communicated, add up both column 1 and 2 and divide by 2 to get the category total		category total:	
Select up to 2: e.g., chance patient/fetus has genetic condition (i.e., inheritance), risk of showing symptoms, risk of procedures, risk to family	1	2	Notes:
1. Present key risk(s) as percentages and/or frequencies [Do NOT check if they used relative risk or odds ratios or only descriptive terms (high/med/low)]	<input type="checkbox"/>	<input type="checkbox"/>	
2. Avoid numeracy overload (e.g., select only the most important and relevant numbers, round to whole numbers) [Do NOT check if more than 4 risk numbers are presented unless patient requests - can check if patient explicitly requests more numbers]	<input type="checkbox"/>	<input type="checkbox"/>	
3. Visual risk presentation used (graph, pictograph, chart, table, hand gesture/fingers to explain inheritance) [Do NOT check if only pedigree is shown]	<input type="checkbox"/>	<input type="checkbox"/>	
4. Frame risk to reduce bias (probability of happening; probability of not happening) [Both are needed to check as complete]**	<input type="checkbox"/>	<input type="checkbox"/>	
5. Assess or clarify patient risk perceptions (e.g., "how does this number sound to you?"; "I can see why it may feel like 100% when so many in your family have cancer but your risk is actually ...") [Check if patient volunteers risk perception without being asked]	<input type="checkbox"/>	<input type="checkbox"/>	
6. Contextualize risk (e.g., Give personalized risks, show or refer to their pedigree, or compare risk to baseline population or age-related risks)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Recognizing and Responding to Emotions and Prior Experiences		category total:	
1. Invite them to share experiences (e.g., ask how situation impacts them or affected their life) [Check if patient voluntarily shares experiences]	<input type="checkbox"/>	Notes:	
2. Acknowledge prior experiences (e.g., briefly summarize their experience or use reflections e.g., "that sounds like a hard situation")	<input type="checkbox"/>		
3. Recognize and acknowledge emotions that patient shows signs of or that they bring up (e.g., "I can see talking about this makes you sad")	<input type="checkbox"/>		
4. Elicit or inquire about emotions not clearly expressed (e.g., ask how they feel, use advanced empathy) [Check if patient voluntarily shares emotions]	<input type="checkbox"/>		
5. Explore emotions/concerns or ask if patient would like to talk about their emotions/concerns (e.g., discuss why they feel that way, explore underlying causes/contributing factors that impacted their experience/emotion, ask "Would it help to talk more about what may be contributing to your worry?")	<input type="checkbox"/>		
6. Provide time/space to process emotions or experiences (e.g., allow silence to let patient feel emotion or time to converse with their partner/family)	<input type="checkbox"/>		
7. Provide support (e.g., normalize, say "I'm sorry that...", limit liability, give a tissue, validate) [Does NOT include informational support]	<input type="checkbox"/>		
8. Maintain an affect that matches the patient's emotions or is suitable to the situation during the session	<input type="checkbox"/>		
5. Educating NOTE: The following do NOT relate to risk provision/inheritance or summary of steps to take after the visit		category total:	
1. Elicit patient's prior or desired knowledge (e.g., ask what they already know or want to know, "Can you tell me what you have already read or been told about...?"; "We can talk about X, Y, Z - which of these is most important to you" [Questions must be open-ended or elicit an open-ended response]	<input type="checkbox"/>	Notes:	
2. Tailor information to patient's needs/wishes/goals/culture/situation (ensure personal relevance) [Do NOT check if only risk is tailored]	<input type="checkbox"/>		
3. Simplify information to reduce cognitive load (e.g., use plain language, define terms, chunking, repetition of key points, logical flow) ***	<input type="checkbox"/>		
4. Use visual(s) that illustrate key points (e.g., review written info, draw things out, show test results or pedigree;) [Do NOT check if only hands used]	<input type="checkbox"/>		
5. Give written material summarizing educational information (e.g., pamphlets, print-outs, patient letter to be sent) [Do NOT check if only test result given]	<input type="checkbox"/>		
6. Eliminate information that is overly detailed or does not achieve session goals [Check if patient asks for the extra details]	<input type="checkbox"/>		
7. Summarize main <u>education</u> message(s) (only check if clearly/concisely summarized by patient or provider) [Do NOT check if more than 5 main messages]	<input type="checkbox"/>		

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6. Checking for Understanding <i>Note: Do NOT include understanding of risk, risk perception, or summary of steps to take after the visit</i>		category total:	
1. Invite/elicited patient input/thoughts/attitudes/reactions to or about the information provided in the session (e.g., "What are your thoughts about what I just told you?") [Check if patient volunteers info]	<input type="checkbox"/>	Notes:	
2. Use of teach-back or a question/statement that gets the patient to summarize the information in their own words	<input type="checkbox"/>		
3. Explicitly ask what questions patient has [Must be an open-ended question or elicit a response beyond yes or no]	<input type="checkbox"/>		
4. Elicit patient perspective of how educational info impacts or could impact patient's life or family, etc. [Check if patient volunteers this info]	<input type="checkbox"/>		
5. Patient asks 3 or more relevant questions throughout that demonstrate they are following the conversation, clarifying, or understanding	<input type="checkbox"/>		
7. Facilitating Decision Making <i>NOTE: If two decisions, add both columns and divide by 2 for total. Do NOT include summary of steps to take after the visit</i>		category total:	
Select up to 2 key decisions: e.g. have genetic testing, continue pregnancy, healthcare follow-up, share test result with family, etc.	1	2	Notes:
1. List or ensure patient is aware of medically appropriate options or actions that can be taken (<i>NOTE: doing nothing may be an option worth noting</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Explore potential outcomes of options (e.g., <i>benefits/utility, risks/limitations, most likely outcome, best & worst case scenario, possible test results</i>)**	<input type="checkbox"/>	<input type="checkbox"/>	
3. Provide or use decision aids (e.g., <i>decision trees, decision guides; or walk them through steps of Ottawa Decision Framework, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Support patient (pt.) autonomy (e.g., acknowledge no single right choice, support pt choice, explain why pt involvement needed, include family to extent pt desires, do NOT give unsolicited advice without clearly stating valid reason - "standard medical guidelines state..." or "perhaps ___ is best because...")**	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provider or patient lists pros/cons or provider gives scenarios of what others have done and why [Must balance to include both pros/cons or present why some choose option X and others choose option Y]	<input type="checkbox"/>	<input type="checkbox"/>	
6. Help patient clarify and align their values/goals/priorities with options/actions (e.g., <i>discuss what is most important to patient, point out what fits their values, have patient summarize their reasons for option they selected, summarize and verify the reasoning heard from the patient</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Assess patient's readiness to make decision or take action and try to resolve conflict/ambivalence/uncertainty (if any)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Limit the number of options or break into step-wise decision (e.g., <i>Do NOT give them a choice of multiple labs; decide first if testing is desired and then decide what type of testing (no more than 3 options at a time)</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
8. Promoting Patient Activation <i>NOTE: Items in this category can happen throughout session except thanking the patient for Item 8-4 (must be done at the end)</i>		category total:	
1. Detail and summarize an action plan of next step(s) [Patient and/or provider can do this, but next steps must be clear and include some detail like who, what, where, when]	<input type="checkbox"/>	Notes:	
2. Elicit facilitators to help successfully enact plan (e.g., <i>support systems, coping mechanisms, existing resources, how they dealt with challenge(s) in past, etc.</i>)	<input type="checkbox"/>		
3. Elicit barriers to action plan and, <i>if there are potential barriers</i> , discuss ways to overcome them (e.g., <i>develop contingency plan</i>)	<input type="checkbox"/>		
4. Build confidence (e.g., <i>affirmations, encourage patients to take actions like writing down questions or engaging in coping strategies that may work for them, acknowledge patient strengths, at end of session thank patient for coming in or for effort made during the session</i>)**	<input type="checkbox"/>		
5. Encourage hope (e.g., <i>positive reframing, potential for future treatments, ongoing research, use uncertainty to encourage hope, share positive patient stories</i>) [Do NOT check if it is unrealistic, false reassurance, or if the provider negates or fails to acknowledge the patient's negative experiences]	<input type="checkbox"/>		
6. Provide support resources and/or referrals [Must be more than just summary of info; Check if resource needs were assessed/offered but patient declined]	<input type="checkbox"/>		
7. Obtain agreement/commitment on action plan from patient (e.g., <i>patient summarizes what they will do, patient agrees on next steps (nodding or verbal)</i>)	<input type="checkbox"/>		
8. Invite patient contact (e.g., <i>give contact information, invite patient to call with questions or concerns</i>)	<input type="checkbox"/>		

** Two skill examples needed to justify completion

*** Three or more skill examples needed to justify completion (they may use one multiple times or use multiple different examples)

Directions:

- Review the entire checklist (as well as the definitions below these directions) before you begin observing **each** session.
- Print out the first 2 pages of the checklist or zoom out of the interactive PDF so that both pages are clearly visible
- Independently watch the session and check off items as they are completed using the check box located directly to the right of each skill description.
 - Items with two or three asterisks means that at least two or three examples within need to be done in order to consider the item complete.
 - Items should be checked if the counselor completed them (not based on how well you think they were done). Otherwise, they should be left blank.
- Try to circle examples/take notes to justify what you did or did not check. List skills you feel are done poorly in notes (but still check skill off if completed). Try to note why you think something was done poorly or extremely well. Describe other skills you think may be noteworthy (even though pedigree and info gathering are NOT part of the checklist, they can still be commented on).
- Always review the checklist again in its entirety directly after the session to ensure you didn't miss anything. If there are items you are unsure were completed, put make note of these items in the notes section to the side. These should be discussed among coders.
- After you are sure the checklist is complete, total the number of items you checked off for each process category and list that number next to 'category total'. For example, if 4 of the 8 items are checked off in the "Building Rapport" category then that category total would be 4.
 - The process for totaling "Risk Communication" and "Facilitating Decision Making" categories will differ whenever there are two risks or two decisions. In these cases, add the number of items checked for both columns and divide the sum in half so that the maximum total is always 6 or 8, respectively. For example, if there were 6 items checked for the first decision and 7 checked for the second then the final category total would be 6.5.
- Rate the overall session at the top using any number from 0 to 10, where 0 is the worst genetic counseling session possible and 10 is the best genetic counseling session possible.
- Once you have independently completed the checklist INCLUDING your overall rating- meet with your partner and/or group to discuss and come to consensus. **Record** the conversation.