



ABGC Spotlight: Rawan Awwad, MS, CGC

This ABGC Spotlight features Rawan Awwad, MS, CGC, a genetic counselor who has made a significant impact overcoming obstacles and embracing opportunities along the way. With over 17 years of experience in reproductive and pediatric genetics, Rawan's expertise is truly laudable, but her journey was shaped by twists, turns and, ultimately, her unwavering love for genetics. Today, she is a genetic counseling director at the Fairfax EggBank, and she has made a major contribution to the field through her work as co-founder and president of the Arab Society of Genetic Counselors (ASGC). Driven by a deep-rooted commitment to improving access to genetic services for Middle Eastern and Arab patients globally, Rawan's culturally sensitive approach and dedication to her patients has made a difference in the lives of many.

Read on to explore Rawan's experiences in clinical and industry settings, her contributions to the genetic counseling community and her dedication to empowering patients through compassionate and informed care.

Can you tell us about your background and how you became interested in genetic counseling?

I'm originally Palestinian from the city of Ramallah. I moved to the United States at the age of 18 to pursue a higher education.

I majored in biology and minored in psychology and really wanted a career that would combine the two, but I didn't know what that would be. I stumbled upon genetic counseling in my search and knew immediately that it would be a fitting career for me. However, as an international student at the time, I did not have all the resources I needed to consider that path. It was not feasible to take out a student loan, and visa status was a challenge. I ended up applying for a PhD program in genome science and technology, hoping to do research in behavioral genetics.

Like several other GC stories I hear, I felt there was something else for me beyond bench work and scientific rigor. Even after passing all my preliminary exams and becoming a PhD candidate, I felt stuck and uninspired, as if something was missing. I decided to graduate with a master's degree and moved home to Palestine to be with my family. I worked in a research lab until I stumbled upon a weeklong course in genetic counseling offered by the European School of Genetic Medicine. I loved every lecture! It became clear that I needed to tackle all obstacles and find a way to combine my love for the ever-evolving field of genetics/genomics with patient counseling. In 2004, I got into a U.S.-based program that provided me with the support I needed. I am grateful every day that I have a career I love.



Rawan Awwad, MS, CGC

You have provided genetic counseling in the U.S. and in Palestine. How did you learn to adapt?

When I moved back to Palestine to work in 2008, genetic counseling services didn't exist in the area. In fact, they remain largely unavailable to Palestinians in the West Bank and Gaza Strip. The only option I had was to create a position for myself. I volunteered for over a year with a few geneticists at one of the largest Israeli hospitals in the area. I also applied for and passed the Israeli board exam, which granted me a license to practice in Jerusalem. I was ultimately able to secure a part-time job. Due to the political situation and restrictions on Palestinians' movement between cities, I had to think outside the box. I traveled to patients' homes for consultations. I transported samples between cities for genetic testing to be coordinated. It was the most chaotic yet rewarding experience I've had to date. I still remember many of my patients from that time. My favorite counseling session was using a chalkboard at someone's house to explain mitochondrial disease. There were several kids in that session smiling at me with amusement.

My favorite counseling session was using a chalkboard at someone's house to explain mitochondrial disease.

The biggest similarity in practice between the U.S. and Palestine was the patients' reactions to the education they received. It turns out that our counseling skills are universal and can be successfully applied when the approach is patient centered. Taking into consideration the local culture is important for building a successful patient-counselor relationship. Wherever I practice, I notice that most patients enter a counseling session with a certain degree of hesitation and/or skepticism, and with little to no fail, they typically leave feeling informed and heard. I absolutely love witnessing their transformation.

In terms of differences in practice, there were several. I found the scope of practice of a genetic counselor in the U.S. to have more autonomy. There were also differences in pay scales and growth opportunities. The most striking difference that I noticed, however, was the approach to ethical issues in clinical care and genetic testing. Things that I thought would be of major ethical concern were not viewed in the same light. There is more of a directive approach to clinical care in the Middle East, which may even be favored by patients. I had to adapt to a style of practice that was the most useful to the local population, but still interject my viewpoint and standards of practice. I learned to advocate for patients where and when needed. Discussing cases with other genetic counselors from around the world was my safety net, and I appreciated the platform that the National Society of Genetic Counselors (NSGC) provided us to make these connections.

Tell us about your career path. What made you transition from clinical GC to working in an industry setting?

The first seven years of my career were spent in clinical, in-person settings doing primarily reproductive and pediatric genetic counsel-

ing. They were crucial in developing core clinical skills and learning how to work in health-care teams. The remainder of my career has been spent in industry roles, either providing patient consultations, clinician support, clinical liaison work, preimplantation genetic testing (PGT) case management, donor-recipient case management, and/or serving as the genetic expert in various projects.

The transition to industry was coincidental yet transformative in that it allowed me a work-life balance that I was craving as a new mother. It was during my in-person clinical position as a pediatric GC in Detroit when I was approached by a known genetic testing lab to see if I would be willing to work as a contractor for their newly established genetic counseling service. This was back in 2012 when such services were just being established in the industry. I was curious to try it as a secondary position. Fast forward to when I had my first baby in 2013, and I had no idea I would feel so attached to her. The option of a part-time role at my clinical job wasn't available so my lab contract role became my only position at that time. It allowed me to stay home with my baby during the day, and work evenings when my husband returned from work. Although I miss being with, and learning from, all the brilliant doctors and nurses I worked with, remote work has gifted me time with my children. I have now been working remotely for 11 years, doing a combination of industry and clinical work.

Seeing how influential GCs are in shaping and managing genetic testing products in the industry allowed me to gain a new perspective for how we can be involved in patient care. My view on genetic counseling practice evolved from thinking it's exactly what I learned in school during my clinical rotations to realizing that the skills I gained can be transferable to serve in various scopes of practice. Also, genetic testing products have increased in number and complexity since I graduated in

2006. The way information was conveyed to patients in my one-on-one sessions needed to shift from detailed explanations of various concepts to distilling the most pertinent details to fit the patient's needs and attention span. I find that contracting, noting client cues, observing patterns or inconsistencies in discussions with clients, handling situations with empathy and using techniques such as reflection and confrontation, among other counseling skills, have allowed me the same success in both clinical and industry settings.

I stumbled upon a weeklong course in genetic counseling offered by the European School of Genetic Medicine. I loved every lecture!

You have been involved in developing an organization for Arab Society of Genetic Counselors (ASGC). What was the impetus for developing this organization?

The ASGC was born out of a desire to make a difference in the lives of Arab patients who are either underserved or not served to the maximum potential due to cultural barriers, political turmoil, or lack of services. The idea crystallized during a casual phone conversation I had with a Lebanese genetic counselor living in California. We both worked briefly in our home countries and observed the dire need for our services there. However, we were not able to continue our services long distance after returning to the United States despite trying. Through word of mouth, we recruited other Arab GCs to gauge interest, and were pleasantly surprised by the number of GCs who were yearning to connect for similar reasons. Over a period of three years, we went from a casual group of like-minded GCs to becoming a registered non-profit corpo-

Due to the political situation and restrictions on Palestinians' movement between cities, I had to think outside the box.

ration with tax exempt status. The GCs who have been serving with me at the ASGC have become more like family. We endured a lot of ups and downs but stuck together through all of it. You can learn more about the ASGC at www.asgcsociety.org.

The ASGC creates resources, raises awareness, and encourages networking and collaborations among genetic professionals in order to extend quality genetic services to Arab patients globally. The goals of the ASGC are to:

- Extend genetic counseling services to underserved Arab populations by making available a growing registry of genetic counselors who are Arabic speaking and/or currently based in Arab countries.
- Provide education to Arab patients on indications for seeking genetic services in order to reduce healthcare disparities.
- Advocate for Arab patients among clinicians by raising awareness on their unique cultural, religious, and social characteristics.
- Support genetic counselors and other genetic professionals who are serving

Arab Patients by creating resources and networking opportunities.

- Elevate the status of genetic counseling practice in the Middle East and North Africa.

The ASGC is headquartered in Michigan, United States, and has membership and participation from around the world. Membership is free and is open to all GCs, other genetic professionals, and students who are interested in the ASGC mission and goals. We welcome ideas, discussions and volunteers.

How do you stay up to date with the latest research and developments in the field, and what resources do you find most helpful for this?

Other than skimming through new publications and attending national conferences, I find that professional groups specialized in PGT and gamete donation to be incredibly helpful. I'm part of the ASRM Genetic Counselors Professional Group and the NSGC ART/Infertility SIG. I am also part of a closed scientific group that discusses current PGT-A literature,

as well as a recently formed Donor Gamete GC group. All of these groups have been valuable at creating space to discuss very specific topics relevant to my work. I find the discussions we have to be engaging and highly enlightening. They keep me thinking and researching and never stagnant. They also allow me to network with like-minded individuals which has greatly advanced my career.

There have been times when specific resources needed to do my job were not available, such as expert opinion pieces or national guidelines on certain topics. For a couple of these situations, my network of GCs and I got together and created them for ourselves. We thought that creating them would allow consistency in practice but also highlight that genetic counselors can become experts in subspecialties of genetics. One of these resources is the recently published ASRM Committee Opinion on the Indications and Management of PGT-M which was largely needed. There is also another resource we're working on that will shed light on the management of medical updates in third party reproduction. ○

An Update on August Exam & Testing Issues

During the CGC August exam cycle, approximately 38 of the 470 individuals scheduled to take their exams may have been impacted by a series of technical issues with our exam provider, PSI. ABGC's board and leadership wanted to provide some background on why the issues occurred and an update on where they currently stand.

Each testing cycle, ABGC's goal is to provide all CGC candidates with a positive testing environment. We understand that any testing issue or complication can cause undue stress to the candidate. We were able to extend the test window through September 10 to accommodate all candidates that were scheduled and eligibility to test during the August testing cycle. We continue to work with PSI to understand the technical issues that took

place and mitigate any additional customer service miscommunications that transpired from PSI to our candidates.

Below is an account of what transpired:

On August 11, test takers began receiving error messages when launching their exams through PSI test centers and live remote proctoring. This was due to both an overall software system upgrade by PSI and an update that asked for Diplomate social security numbers to verify exam eligibility.

PSI was able to resolve this issue on August 15, and during the period from August 11-15, was able to manually update and register all test takers.

On August 17, a secondary issue arose from the software upgrade that resulted in many Diplomates having duplicate entries within

PSI's system. This prevented Diplomates from being able to take their exams. PSI was able to correct this issue on August 18 and communicated with those affected and assisted in rescheduling their exams. ABGC was informed of this issue after the solution was in place.

Lastly, on August 22, PSI began to receive reports that candidates trying to take their remote proctored exams were receiving an error when opening the browser. PSI was able to resolve this issue on the morning of August 23. At that time, PSI communicated directly to all scheduled test takers to reschedule their exams for the following week.

ABGC and PSI worked with all test takers to ensure they are rescheduled to take their exam if they were affected by any of these issues. ○

Introducing Your New ABGC Diplomates

February's ABGC Certification Examination welcomed 116 new Diplomates as certified genetic counselors. ABGC wishes each one a sincere congratulations, and we hope all Diplomates will join us in welcoming them, whether online or in person at the next genetics event!

In this article, find out more about a few of these new Diplomates — their passion for the field decision to take the exam, and their career journeys through now. We look forward to welcoming even more CGCs after the results of August's exam are in!

Ashlyn Stackhouse, MS, CGC



Who she is: I'm delighted to be a pediatric genetic counselor in my home state, North Carolina. I grew up in a small town in the foothills of the

mountains where beauty is all around. I completed my undergraduate education at The University of North Carolina at Chapel Hill (UNC-Chapel Hill) with a major in biology and minors in chemistry and neuroscience. Before completing graduate school, I was a part of the Theology, Medicine, and Culture Fellowship at Duke Divinity. After an incredible and formative year as a fellow, I attended the Virginia Commonwealth University's Genetic Counseling program from 2020 through 2022 where I was also a Virginia Leadership Education in Neurodevelopmental Disabilities (VA-LEND) trainee. I was thrilled to be offered a pediatric genetic counseling position at my old stomping ground of UNC-Chapel Hill and love what I do.

Why she took the exam: One of the main reasons was in preparation, since North Carolina is in progress of becoming a licensure state. Another was to check my own knowledge and ensure that I am providing my patients and their families with the best competent care.

Why she's passionate: My passion was first sparked by my own diagnostic odyssey that has involved an extraordinary genetics team. Much of their impact inspired me to want to help others in a similar way. It is a gift to get to walk with patients and their families through part of their journey. Helping them navigate through the complexities of a potential genetics diagnosis is something I am keenly aware of. Getting to know their stories and support them to be the best they can be is something I am committed to. The people we work with fuel my passion and make me grateful to be a genetic counselor every day.

Her advice: Join a study group as you prepare for boards!

Christina Spears, MS, CGC, LGC



Who she is: I received my Master of Science in Genetic Counseling from The Ohio State University in 2022. I accepted a Faculty position at The Ohio State University as an

assistant professor, where I help run the High-Risk Breast Cancer Clinic as a genetic counselor and also see patients for surgical decision making. My passions outside of work include dogs, murder mystery podcasts/books/documentaries and going to the Columbus Crew soccer games!

Why she's passionate: My mom's diagnosis of breast cancer introduced me to the world of genetic counseling and is the reason I pursued a career in the field: to help people like my mom's genetic counselor helped her during her diagnosis.

Her advice: There are so many different indications and opportunities for genetic counselors today whether that is working in a lab doing variant interpretation, report, writing, research, teaching or seeing patients in so many different clinical specialties (prenatal, neuro, cardio, etc.). What you think you want to pursue can change over time and that's okay!

Ellen Kassay, LGC, CGC



Who she is: I am a graduate from the Boise State University Program, where I earned my Genetic Counseling master's degree in 2022. I received my

undergraduate degree from Northern Arizona University in 2016. I currently work in Helena, MT at Shodair Children's Hospital and see a variety of patients including pediatrics, general adult and cancer. I am also contracted with Billings Clinic primarily focusing on cancer genetics. I love working as a genetic counselor and have fantastic colleagues. In my free time I mountain bike, climb and ski.

Why she took the exam: I took the CGC exam to be able to be licensed in MT. I had my provisional license for nine months and was looking forward to getting my certification.

Why she's passionate: I am passionate about genetic counseling because it gives me the opportunity to educate patients and their families about genetic syndromes. I love to be a part of the process and be a support and guide when it comes to the genetic odyssey that so many families face.

Her advice: My advice would be to expect the unexpected. Continue to educate yourself so you remain a reliable source for genetic information.

Gina Sanchez, MS, CGC, MB(ASCP)



Who she is: Genetic counseling is my second career after being in the laboratory workforce for around seven years. I am passionate about providing

equitable healthcare to Spanish-speaking patients, increasing the diversity of the genetic counseling field, and fighting for reproductive rights.

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NSGC Conference Session Spotlights:

Data Sharing Techniques & the Future of Genetic Counseling in Primary Care



*Jehannine Austin,
PhD, FCAHS, CGC*



*Sasha Bauer,
MS*



*Megan Bell,
ScM, CGC*



*Natasha Berman,
MA, MS, MPH, CGC*



*Precilla Carrion,
MSc, CGC, CCGC*



*Jessica Garsed,
MLIS*



*Miranda L.G. Hallquist,
MSc, CGC*



*Cindy James,
ScM, PhD, CGC*



*Mylynda B. Massart,
MD, PhD*



*Christine Munro,
MS, MPH, CGC*



*Chloe Reuter,
MS, LCGC*

The National Society of Genetic Counselors' (NSGC) 42nd Annual Conference is right around the corner, and it promises to be an exciting event showcasing the latest advancements in the genetic counseling profession. This gathering offers a unique platform for education, community-building, and fostering collaboration among ABGC Diplomates and genetics professionals alike. In this article, we provide an exclusive sneak peek into two educational sessions that offer invaluable insights into data-sharing strategies and the future of genetic counseling in primary care settings.

Session Title: How to Efficiently and Effectively Share Your Data: Publications and Beyond

Presenters: Jessica Garsed, MLIS; Miranda L.G. Hallquist, MSc, CGC; Cindy James, ScM, PhD, CGC, Chloe Reuter, MS, LCGC

Are you in the middle of a research project but unsure how you'll disseminate the results? Whether you're a genetic counselor in a clinic, laboratory, or research role, this session is for you! The presenters will provide

a practical overview of research dissemination as well as tools attendees can use as they move their projects toward a dissemination goal. Through brief didactic talks and workshop discussions, this session will cover topics including data readiness, selecting a dissemination method, writing a manuscript and more. Read on for a taste of the session's subject matter.

What are some effective alternative methods for disseminating research data beyond traditional publication channels?

Jessica Garsed, MLIS: I would not discount the value of getting involved with more general audience vehicles (newspapers, popular science publications, podcasts, etc.). It's important to get accurate information out there to the non-genetics/non-scientific population in a way that's comprehensible.

Chloe Reuter, MS, LCGC: Genetic counselors can consider sharing their research or quality improvement data through internal institutional talks, patient brochures, online resources, pre-print publications and social media.

What practical tips can help genetic counselors get started and organized when writing research manuscripts?

Jessica Garsed: Being aware of and availing oneself of any library/information services available is important. There might be literature search services, instruction in database searching and/or document delivery of full texts that can make the discovery process smoother and more cost-effective. I also recommend using a citation manager to keep sources organized and to streamline the manuscript writing process.

Chloe Reuter: Leverage mentors, identify target journals, develop a formatted outline and find a writing buddy.

What are some important considerations during the journal submission process for genetic counselors?

Jessica Garsed: Do your due diligence to make sure that you are selecting a reputable publication, preferably one indexed in MEDLINE. Find and follow the journal submission guidelines.

Chloe Reuter: Consider pre-submission inquiries to journals. Understand the journal requirements for documents and formatting. Remember to thoughtfully craft a cover letter. Be prepared to suggest peer reviewers.

Session Title: Moving Genetic Counseling Into Primary Care: The Future of Our Profession

Presenters: Prescilla Carrion, MSc, CGC, CCGC; Sasha Bauer, MS; Natasha Berman, MA, MS, MPH, CGC; Mylynda B. Massart, MD, PhD; Jehannine Austin, PhD, FCAHS, CGC; Christine Munro, MS, MPH, CGC; Megan Bell, ScM, CGC

Moderator: Vivian Pan, MS, CGC

In this session, the current state of genetics will be examined, with a specific focus on the barriers and challenges that genetic counselors and equitable genomic care face. Attendees will explore a reportedly novel genomic service pathway in a primary care setting, analyzing how this approach addresses major concerns related to quality genomics care. Different models of genetics within primary care settings will be reviewed, along with the barriers to integrating genetic counselors in this space. The session aims to encourage the consideration of potential benefits and reimagine the possibilities of where genetic counseling can effectively be practiced. Read on for a preview of what you'll learn at this session!

What are the key challenges faced by genetic counselors in providing equal access to genomic care for all individuals?

Presenters: Many patients do not access genomic care because they are not identified as needing it. This could be because limited clinician knowledge of and/or experience with genomic medicine can contribute to misconceptions and decreased comfort related to who and/or how to refer. Time constraints in regular clinics can pose an additional challenge. Patients may also be lacking in understanding how to request genomic services. If patients are identified, other barriers include the need to leave the medical home to travel to a specialty site, inability to take time off from work, insurance coverage and cost (or assumptions about potential cost) and a general lack of genomics clinicians. There is a breadth of literature that establishes that genetics is not being provided equitably to

all, and it is our responsibility as genetics providers to help address this problem. We strongly believe that having genetic counselors within the primary care team can help address equitable access to genomic care.

How does integrating genetic services into primary care settings potentially improve the quality of genomics care?

Presenters: There is the opportunity for cross-education and the identification of patients that may otherwise not be flagged. Meeting the patient where they are may decrease barriers to access, such as finding transportation to a new place, and reduce anxiety by staying in the medical home. The added value of genetics in primary care is identifying more people who need genetic services and once identified, rooted in the continuum of care: the ability to have continuity over the lifespan and recurring engagement with patients and their families as our understanding of genetics and genomics and their own personal/family history change over time. We already recognize there is often more than one genetic concern per patient; this will become more common. To have a trusted advisor to integrate and relate different issues is very valuable.

What are some innovative approaches to incorporating genetic counselors within primary care, and what barriers do they face in this integration?

Presenters: There are many models for incorporation such as integrating a genetic counselor directly into the clinic, such as having genetic counselors as genomic preceptors for clinicians or referrals to genetic counselors as the genomic expert within a practice. One of the primary barriers is the current inability of genetic counselors to consistently bill services and the subsequent administrative support for their position.

Can you share some potential benefits of reimaging the practice of genetic counseling and exploring alternative settings for its delivery?

Presenters: We know that there are limitations, especially in getting the right people to genetics, and we consider that having genetic

counselors be more primary care-focused may be one way to address many of these issues. Incorporating genetic counseling in primary care has led to a return to the roots of genetic counseling (prior to the advent of genetic testing) and the ability to use the entirety (and beyond) of our graduate education. It can provide an alternative route to specialization for genetic counselors, which is reasonable given our more generalized education. We consider that having primary care-focused genetic counselors may be one way to address many of the limitations experienced in the delivery of genetic counseling and genomic care. Our reimagining allows for a pivot from reactive genetic counseling to proactive genetic counseling, whereby we can seek out potential patients through the electronic health record and clinical decision support systems.

How can primary care settings contribute to ensuring that equitable genomic care is accessible to a broader population, and what changes are needed to make this a reality?

Presenters: We believe that primary care is one of the best possible tools to improve equitable genomic care because primary care practices are located in all settings in this country. They are typically first-contact care and sometimes the only medical care available to people in their community. This includes serving all races and ethnicities, all sexes and genders, and people who are not economically advantaged or who are impacted by other social determinants of health. Strengthening genetics-primary care relationships, having genetic counselor support to overcome clinician knowledge and misconceptions regarding genomic care, incorporating genetic counselors into medical residency programs and having a consistent ability to bill for genetic counseling services are just a few approaches to improving equitable access.

These sessions — along with the many others showcased at this year's conference — are sure to ignite discussions and inspire action, empowering genetic counselors to embrace innovation and shape the future of their field. Get ready to sharpen your focus and reflect on your passion at this year's conference — and **be sure to register if you haven't yet!** ○

Introducing Your New ABGC Diplomates

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Why she took the exam: I think it shows patients that I have passed the national certifying exam and will make me a better overall candidate for states where certification is required for licensure.

Why she's passionate: I think it is very important to have providers who look like their patients and can speak the same language as them. I am passionate about providing genetic counseling services to patients in Spanish and advocating for them.

Her advice: Find a mentor to help with applications and who can review your personal statements and help connect you with others in the field.

My passion was first sparked by my own diagnostic odyssey that has involved an extraordinary genetics team.

Leah Hammond, MSc, CGC



Who she is: I graduated from the University of Toronto MSc Genetic Counselling Program in June 2022. Currently, I work as a prenatal genetic counselor at the

Montreal Jewish General Hospital. Pre-GC me: I completed an undergraduate degree in biology and a master's degree in human genetics at McGill University. I also worked for a science education company, where my science communication skills and creativity were constantly put to the test (gel electrophoresis blob tag, anyone?).

Why she's passionate: This job enables me to share what I find cool about genetics in a way that is relevant to others.

Her advice: Most of us are excited by at least one aspect of genetics. Lean into that as you study for the board exam, to help you push through the sections you find more difficult.

Meaghan Leslie, MSc, MSc, CGC



Who she is: Meaghan Leslie is a genetic counsellor at the Juravinski Cancer Centre in Hamilton, Ontario, Canada. She completed three degrees at the

University of Toronto, including an Honors Bachelor of Science in Human Biology, a research-based master's degree in molecular genetics and most recently, a master's degree in Genetic Counseling. Meaghan also has volunteer experience with LifeLabs Genetics and Distress Centres of Greater Toronto. In her free time, Meaghan enjoys keeping active and supporting her favorite basketball team, the Toronto Raptors.

Why she took the exam: The Genetic Counseling program at the University of Toronto provided me with the knowledge and skill set to become a well-rounded GC. I decided to take the CGC exam as it was time to put the theory into practice — to officially become a certified genetic counselor and a part of the ABGC community. I am so glad that I did!

Why she's passionate: The role that genetic counselors play in patient education has always drawn me to the profession. I thoroughly enjoy explaining fundamental genetics concepts to patients, tailoring counseling sessions based on the unique background of a given patient and contributing to their learning. It is incredibly gratifying to provide the patient with knowledge to support them in their informed decision-making.

Her advice: Talk to your colleagues and mentors to learn about their experiences in preparing for and maintaining certification, as well as being a part of the ABGC community. My colleagues were extremely insightful in guiding me throughout the process. ○

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