Genetic Counsellor interview questions

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What to expect

Genetic counsellor interviews assess both clinical reasoning and how you support people through difficult decisions. You will likely face case-based questions, behavioural questions about counselling, and ethical scenarios. Employers want to know you can interpret genetic information accurately and communicate it with care.

- **Clinical reasoning and case-based:** You are given a pedigree or test result and asked to interpret it, assess risk, or plan next steps.
- **Behavioural and counselling:** Questions about past experiences supporting patients, handling emotional conversations, or working in a team.
- **Ethical and scenario-based:** Dilemmas around confidentiality, duty to warn, informed consent, or conflicting family interests.
- **Technical and tool knowledge:** Questions about software such as Progeny or ClinVar, variant classification, and staying current in the field.
- **Process and coordination:** Walk-throughs of how you take a family history, arrange testing, or communicate results to referrers.

Interviews are typically panel-based, with a clinical geneticist, a senior genetic counsellor, and sometimes a HR representative. The session may start with a phone screen, then a face-to-face or video panel. Expect a mix of case discussion and behavioural questions, and possibly a short written or pedigree exercise.

1. Walk me through how you construct a pedigree and take a family history for a patient referred with a possible inherited cardiac condition.

Why they ask

This tests your systematic approach and attention to detail, which are core to accurate risk assessment.

How to structure your answer

A walk-through structure works best: start with the reason for referral, then describe your step-by-step process, including standard symbols, confirming diagnoses, and reviewing the pedigree with the patient.

Example answer

“I start by confirming the reason for referral and what the patient already understands about their family history. Then I use Progeny Pedigree Software to build a three-generation pedigree, beginning with the patient and moving outwards. I ask about ages, diagnoses, and causes of death, and I use standard symbols for consanguinity, pregnancy losses, and adoption. I confirm any reported diagnoses with medical records where possible. Once the pedigree is drawn, I review it with the patient to check accuracy and fill any gaps. I also note ethnic background, as this can guide testing options. Finally, I document the pedigree in the patient's record and use it to discuss whether genetic testing is appropriate.”

2. Tell me about a time you had to explain a complex genetic result to a patient who was anxious or upset. How did you handle it?

Why they ask

This looks at your counselling skills, empathy, and ability to communicate clearly under emotional pressure.

How to structure your answer

Use STAR: describe the Situation, the Task, the Action you took, and the Result. Focus on how you tailored your communication and supported the patient.

Example answer

“I once met with a young woman who had been referred for testing after her mother was diagnosed with a BRCA2 variant. She was very anxious and initially said she did not want to know her result. I acknowledged her fear and gave her time to talk through her concerns. I explained that we could discuss the result at her pace and that she could bring a support person. When she was ready, I gave her the result in a private room, using plain language and checking her understanding. I then outlined her options for surveillance and risk-reducing surgery, and we made a follow-up appointment. She later told me that having control over the pace made a difficult conversation manageable.”

3. A patient's genetic test reveals a pathogenic variant in a cancer predisposition gene. She is reluctant to tell her adult children about their risk. What do you do?

Why they ask

This is an ethical scenario that tests your understanding of confidentiality, autonomy, and duty to warn.

How to structure your answer

For a judgement-under-pressure question, acknowledge the patient's autonomy first, then explore her concerns, provide information about the benefits of disclosure, discuss limits of confidentiality, and document your actions.

Example answer

“I would start by acknowledging that this is her decision and explore why she is reluctant. She might fear causing anxiety or family conflict. I would provide written information she could share, and offer to facilitate a family meeting if she wishes. I would explain that her relatives could benefit from knowing their risk, as there are surveillance options that can reduce harm. I would also clarify the limits of confidentiality, including that if there is a serious risk to identifiable relatives, the clinical team may need to consider a duty to warn, but this is rare and handled with care. I would document our discussion and offer ongoing support, whatever she decides.”

4. How do you stay current with variant classification and new genetic testing technologies?

Why they ask

This assesses your commitment to professional development and technical currency.

How to structure your answer

Give a direct answer with concrete examples: databases, conferences, journal clubs, and HGSA membership.

Example answer

“I am a member of the HGSA and the ASGC, and I attend their annual conferences and webinars. I regularly use ClinVar and Genoox to check variant classifications, and I follow updates from the ClinGen expert panels. In my current team, we have a monthly journal club where we review new papers on genetic testing and counselling. I also complete the HGSA continuing education requirements, which keeps me up to date with changes in variant interpretation and testing technologies.”

5. Describe your approach to coordinating a genetic testing referral and ensuring results are communicated to the patient and their GP.

Why they ask

This tests your process management and communication with referrers.

How to structure your answer

Walk through the steps in order: receive referral, triage, consent, sample collection, follow-up results, letter to GP, and patient support.

Example answer

“When a referral comes in, I review it to confirm the clinical question and whether testing is appropriate. I contact the patient to schedule an appointment, explain the testing process, and obtain informed consent. I arrange the sample collection and send it to the laboratory, tracking progress. When results return, I review them with the clinical geneticist if needed. I then meet with the patient to explain the results, and I write a letter to the referring GP summarising the findings and recommended next steps. I also offer a follow-up call for the patient and ensure any family follow-up testing is arranged.”

6. Give an example of a time you worked with a multidisciplinary team to manage a complex case.

Why they ask

This looks at teamwork and your ability to collaborate across specialties.

How to structure your answer

Use STAR, focusing on the team members involved, your role, and the outcome.

Example answer

“I worked with a paediatric patient who had a suspected metabolic disorder. The team included a clinical geneticist, a metabolic physician, a dietitian, and a social worker. My role was to take a detailed family history, coordinate testing for the child and parents, and support the family through the diagnostic odyssey. I attended case conferences and ensured the family understood each step. When the diagnosis was confirmed, I helped the family connect with a support group and arranged genetic counselling for the parents about recurrence risk. The coordinated approach meant the family received a clear plan and felt supported throughout.”