Journal of Community Genetics (2022) 13:365–369
https://doi.org/10.1007/s12687-022-00592-1

CORRECTION

Correction to: Co-designing models for the communication of genomic results for rare diseases: a comparative study in the Czech Republic and the United Kingdom

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Published online: 1 July 2022

Correction to: Journal of Community Genetics
https://doi.org/10.1007/s12687-022-00589-w

The original version of this article unfortunately contains mistakes introduced during the publishing process.

Tables 2, 3, 4 and 5 should be presented as below.

The original article can be found online at https://doi.org/10.1007/s12687-022-00589-w.

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Table 2 Themes from interviews with health professionals and discussion at the events

Czech site	UK site
Post-test care: need to follow up with families after results have been shared, and recommendations for improvements in this area	
Telehealth: improve accessibility to facilitate communication with families, including via email and/or digital consultation	
Multidisciplinary approach: improve collaboration with non-genetic specialties as well as with allied health care professions (e.g. integrated service models).	
Education: about genomics in general and rare disease in particular, particularly among non-genetic specialties and in collaboration with patient organisations.	
Counselling skills: psychosocial support on challenging aspects of the family journey (e.g. expectation management, valuing negative results, managing feelings of guilt)	
Lab reports: accessibility of language and content of the reports for families and non-genetic professionals.	
Family-facing educational and information materials (e.g. improvements to service website)	**Resources** (e.g. workforce shortages, commissioning)
Service environment (e.g. wheelchair access, a suitable waiting room, a feeding and changing room for babies and toddlers)	**IT and datasharing** (e.g. patient database)

Table 3 Touch points from family interviews

Czech site	UK site
Personal utility: benefits families identified, including but not limited to the clinical utility of results (e.g. psychological benefits, benefits to other family members and future patients)	
Making sense: the emotional impact of results and information overload at the consultation meant that time was needed to process the implications of the results.	
Unmet needs: following the communication of results families often reported having unanswered questions and experiencing challenges in using the new information to improve their care, even when a diagnosis was confirmed.	
Feelings of guilt and blame: families' sense of responsibility about causing the patient's disability and/or passing on the conditions, which could be induced and/or exacerbated by the results	**Communication at the point of testing**: lack of openness and transparency about the reasons for testing, the different types of possible results and the impact on family's expectations
Service environment: insufficiently spacious offices for large families, lack of barrier free-access and child-friendly spaces	**Communication about availability of results**: issues related the communication to inform families that the results are ready, including lack of notice, provision of impartial information and/or long waiting times for appointment, lack of consultation on family preferences

Table 4 Priorities for improvement

Czech site	UK site
Health professional priorities	
Post-test care: follow up with families after results have been shared	Post-test care: facilitate communication after results have been shared (e.g. telehealth)
Family-facing educational and information materials: provide resources and content of the service website	Multidisciplinary collaboration: information that can be used by non-genetic professionals (e.g. at the point of testing)
Lab reports: improve accessibility by and utility for families	Lab reports: clear and standardised reports to improve accessibility by non-genetic professionals
Family priorities	
Post-test care: follow-up consultation	Communication at the point of testing: transparency and expectation management
Psychosocial support: involvement of psychologist and/or social worker at results delivery	Post-test care: support and advice after results are shared
Information provision	Post-test care: named point of contact
Manage feelings of guilt and blame	Communication about results availability
Improvement of service environment	Multidisciplinary care: better coordination between genetic and non-genetic professionals
Shared priorities	
Follow-up consultation	Communication at the point of testing: transparency and expectation management
Managing feelings of guilt and blame	Named point of contact for follow up
Environmental improvements	

Table 5 Quality improvement interventions at the two sites

Czech site				
Priorities for improvement	**Post-test care**	**Managing feelings of guilt**		**Environment of the genetic service**
Quality improvement interventions	Follow up consultation	Workshop on psychosocial aspects of communication process	Educational resources for clinical geneticists and families	Environmental improvements
Prototypes	• Delivered by clinical geneticist who communicated the results • Approximately 1 month after the initial communication of results • For families who received a new diagnosis • Information on psychosocial support (e.g. disease-specific and generic support groups) to be included in the report following the communication of results • Families encouraged to prepare questions ahead of the follow-up consultation	• Focused on family's experience of guilt and self-blame in relation to the patient's disability and/or genetic findings • Designed and delivered by clinical psychologists cooperating with the Czech Association of Rare Disorders • Attended by 11 clinical geneticists from the service and 6 clinical geneticists from other services • Clinical geneticists had the possibility to discuss relevant cases from their practice	• Purchase of relevant literature (e.g. the book by Dr. Ivana Fitznerová: "We Have a Disabled Child " (Portál, Prague 2010)). • A total of 10-15 copies were made available at the service for health professionals and families • The resource was recommended to all families with a child affected by a possible genetic disorder • Families could borrow the book directly from the service	• Service staff designed a survey to gather the views of patients and families • The survey was administered to all patients and families visiting the service over a period of one month • Possible areas of improvement were identified, and priority was given to those that could be immediately addressed • Changes included the provision of toys and the decoration in the waiting room to make it more child-friendly, and the provision of informational materials for patients and families.

UK site		
Priorities for improvement	**Post-test care**	**Communication at the point of testing**
Quality improvement interventions	Named person for follow up and questions	Principles and recommendations to improve communication with families
Prototypes	Role profile: • Non-clinical role focused • Based within the genomic service • Sign-posting over the phone and face-to-face clinics • Accessible through referral by health professionals and family self-referral Duties and responsibilities: • Provide immediate psycho-social support • Assess patients/families and sign-post them to specialist support, including genetic counselling and/or community services • Liaise with genetic and non-genetic health professionals • Compile and update database of available social and community services • Patient advocacy, including attending consultations with families	Examples of principles and recommendations in relation to expectation management. • Principle: Avoid placing emphasis on "finding something" as this may increase families' expectations towards diagnosis. Practical recommendations: • Be clear about the likelihood of getting a diagnosis. • Normalise the situation: you can mention that many families do not receive a diagnosis and that support is available. • Principle: Be open and transparent. Practical recommendations: • Be clear about the difference the results could make. • Be honest about what families can expect from a diagnosis and prepare them for the fact that in many cases little is known about the condition. • Do not assume the family knows about rare diseases: be honest if you think the chid has an undiagnosed genetic condition.

This is being corrected in this publication.