

# PERSPECTIVES *in genetic counseling*

Volume 19, Number 3

Fall 1997

## BRIDGING THE GAP FROM LANGUAGE STUDY TO LINGUISTIC COMPETENCE AND BILINGUAL GENETIC COUNSELING

by Amy Vance, MS, Kaiser Permanente, San Francisco

There is a shortage of bilingual genetic counselors. In many areas of the US, clients are monolingual and non-English speaking, which requires the counselor either to have bilingual skills or to rely on the use of interpreters. Most people study a foreign language as part of their secondary education curriculum but few utilize this education outside of the school setting. I believe that fluency in a language and cultural competency can be mastered by someone who is not a native speaker, with the goal of providing genetic counseling to non-English speaking clients. By sharing my personal experience, I hope to encourage others to become more comfortable with their existing language skills in their practice of genetic counseling.

...continued on page 5

## Strategic Plan: A Comparison and A Look Ahead

by Bea Leopold, MA, Executive Director

*"Vision and mission statements clearly allow an association such as ours to hyper-focus on where we want to go and what we want to do. A completed strategic plan creates a roadmap and sets the pace."* — Bea Leopold

In 1991, NSGC initiated the process of creating a strategic plan — beginning with the creation of a vision and mission. Once these statements were in place, a consultant guided us through the process of setting priorities. We continued by developing goals, setting timelines and naming who in NSGC's organizational structure would be held responsible for each component.

To elicit member input, a survey was mailed to 1096 Full, Associate, Student and Emeritus members in January 1993. Key to this survey were four questions rating membership satisfaction and another 16 rating membership benefits. Once analyzed, the data from this survey created the groundwork for NSGC's first strategic plan. Now, four years later and one year ahead of schedule, NSGC is beginning to set the stage for a second strategic plan. A survey, inserted into *Perspectives* (19:2 Summer 97), requested information of NSGC's 1476 Full, Associate, Student and Emeritus members. In Section I, this survey asked members to rank key emerging issues that will affect the genetic counseling profession. Section II re-evaluated the same membership satisfaction and member benefits.

In 1993, 39% of the membership responded; of those, 87% were full members. In 1997, 21% of the membership responded; of those, 89% were full members.

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**national society  
of genetic  
counselors, inc.**

**nsgc**

*The leading voice, authority  
and advocate for the  
genetic counseling profession.*

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NSGC acknowledges the  
American Cancer Society  
for a generous grant  
to support this newsletter.

Look for your free copy of  
*Cancer and Genetics:  
Answering Your Patients Questions,*  
in your Annual Education  
Conference Packet or in the mail  
with your '98 membership directory.

# Strategic Planning: A Comparison and...

## CLARIFICATION OF SURVEY RESULTS

Figures 1 and 2 compare the 1993 and 1997 Member Satisfaction Survey results, tools used in both cases to take the pulse of the membership prior to creating a strategic plan.

In the member satisfaction and member benefit sections of both the 1993 and 1997 surveys, only the two highest rankings were included. Our consultant's rationale was that if we want to look at what is *most valued* by our members, we need to focus on the *highest* rankings. Therefore, the values shown in Figures 1 and 2 represent the percentage of the total respondents who chose the two highest value scores for each of the 24 questions.

The first part of Section II (Fig. 1) addressed membership satisfaction. Members were asked:

- Are you satisfied with your membership in NSGC?

- Are you satisfied with information from the Executive Office?

- Are you satisfied with the *quality* of materials from NSGC?

- Are you satisfied with the *quantity* of materials from NSGC?

The satisfaction scale was rated from 1 (most satisfied) to 4 (least satisfied).

Section II of the surveys (Fig. 2) listed 20 member benefits using scale indicators of 1 (most valued) to 6 (negative value). In both sections, values of "No Opinion" and "Does Not Apply" were available, but not accounted for in this analysis.

## EMERGING ISSUES

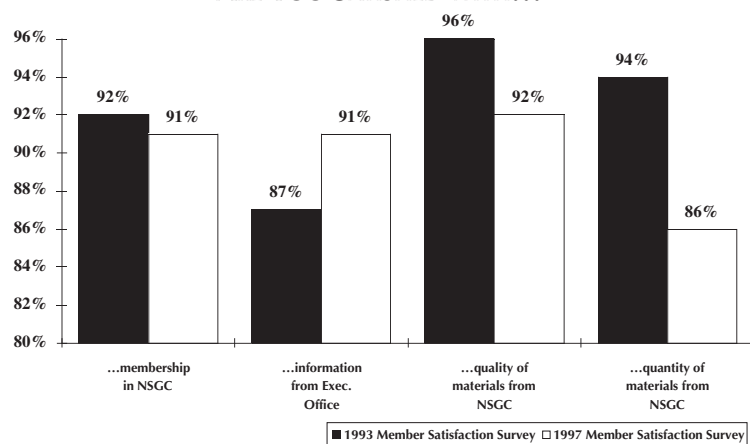
Glenn Tecker, President and CEO, Tecker Consultants, an association management consulting

firm, recommends that associations, particularly those in health care, reduce the traditional five-year strategic plan to two. Trends in strategic planning are to focus on the top 20% of the identified emerging issues.<sup>1</sup> Genetics, perhaps more than any other medical specialty, has experienced an explosion of new information and technologies, underscoring the importance of setting shorter term strategic plans.

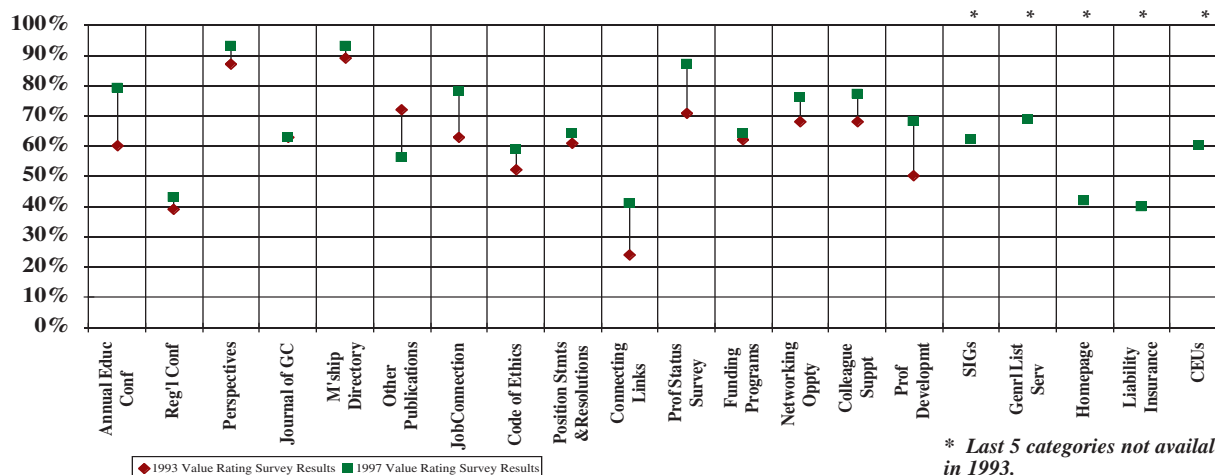
At the April meeting, the Board of Directors devoted a large block of time to discuss external and internal emerging issues facing the genetic counseling profession.

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**FIGURE 1: COMPARISON OF MEMBERSHIP SATISFACTION. ARE YOU SATISFIED WITH...**



**FIGURE 2: COMPARISON OF MEMBER BENEFITS, 1993 AND 1997 MEMBER SATISFACTION SURVEYS**



## ...A Look Ahead

External emerging issues were then ranked by the membership as follows:

EXTERNAL EMERGING ISSUES		Total N Points
■ Billing & reimbursement	234	585
■ Expanded roles/jobs in new markets	163	329
■ Need for outcome-based research	88	157
■ Public health policy	80	138
■ Career autonomy	70	128
■ Quality assurance of GC services	69	118
■ Issues of identity/identification	35	60
■ Competition for jobs	32	47
■ Expanded alliances	24	37
■ International voice and leadership	8	12

Of these, two issues of the 10, representing 20%, clearly emerged as the front runners: billing and reimbursement followed by expanded roles/jobs in new markets. Of the remaining issues, none received more than 10% of the total points.

Internal emerging issues identified by the Board were ranked by the membership as follows:

INTERNAL EMERGING ISSUES		Total N Points
■ Increasing # trng prog v. job paradox	151	341
■ Communications (internal & external)	138	270
■ Leadership development	114	227
■ Increasing staff or outsourcing	110	208
■ Meet educ needs of specialized members	97	184
■ Increasing diversity	74	156
■ Establish certified subspecialties	58	118
■ Board restructuring	16	33

Of these internal issues, the membership expressed preferences for two front runners: addressing the job paradox and increased communications.

Contrary to NSGC's first Strategic Plan, which was focused on internal issues, the membership is sending a clear message that external issues are the priority. This recommendation will be strongly reflected in NSGC's 2<sup>nd</sup> Strategic Plan.

These emerging issues, both external and internal, will not replace or displace our marketing efforts via GeneAMP.

Indeed, there is much work to be done.

### REFERENCE

- 1 Tecker, G., Crouch, B. Symposium for Chief Elected Officers & Chief Executive Officers, American Society of Association Executives, June 1997.

## MEET YOUR 1997/98 BOARD

We are pleased to announce the following elected, appointed and returning members who will serve as your Board in the coming year.

### Officers/Executive Committee

Maureen E. Smith, MS (3)\* . . . . . President  
Debra Lochner Doyle, MS (2) . . . . . President-Elect  
Elaine Sugarman, MS (1) . . . . . Secretary  
Kristine Courtney, MS (1) . . . . . Treasurer  
Ann Happ Boldt, MS (4) . . . . . Past President I  
Vickie Venne, MS (7) . . . . . Past President II

### Committee Chairs

Barbara J. Pettersen, MS (0) . . . . . Education  
Lisa Amacker North, MS (2) . . . . . Finance  
Louise Staley-Gane, MS (1) . . . . . Genetic Services  
Richard Dineen, MS (3) . . . . . Membership  
Kathy Schneider, MPH (2) . . . . . Professional Issues  
Chantelle Wolpert, MBA, PA-C (1) . . . . . Social Issues  
Liz Stierman, MS (4) . . . . . Editor, Perspectives

### Regional Representatives

Kathryn Spitzer Kim, MS (0) . . . . . Region I  
Kathleen Valverde, MS (1) . . . . . Region II  
Denise Tilley, MS (0) . . . . . Region III  
Mary Jarvis Ahrens, MS (1) . . . . . Region IV  
Katie Leonard, MS (0) . . . . . Region V  
Andrea Fishbach, MS, MPH (1) . . . . . Region VI

\*(n) represents previous years served on Board before this term

Thanks to the Nominating Committee for a job well done: Vickie Venne, Chair; Gretchen Schneider (I); Mimi Rietsch (II); Lisa Rimer (III); Kevin Josephson (IV); Becky Althaus (V) and Helen Hixon (VI).

## Fast Facts about NSGC's Board of Directors

... Since NSGC was incorporated in 1979, 114 different members have served on the Board.

... The average number of years members have served on the Board since 1979 is 3 years; average for the incoming Board — 1.8.

... A member must have served on the Board in at least one capacity before being placed on the slate as President-Elect.

... Officers and Regional Representatives are elected; Committee Chairs are appointed by the President.

## MORE OPPORTUNITIES TO SHAPE OUR FUTURE

It is hard to believe that my year as President is coming to an end. At times, it seems like it just began. This has been an exciting, rewarding, and, at times, challenging year! Now, as I get ready to pass the gavel to my friend and colleague, Maureen Smith, I am amazed at how much NSGC has evolved in one short year. I am thrilled to continue to report new projects and accomplishments to you.

■ Due to the unprecedented number of abstract submissions for the Annual Education Conference and an overall increase in *Journal of Genetic Counseling* submissions, this year's *Journal* will have an additional 150 pages. Acknowledging this trend, NSGC has committed to increasing both the number of issues — from 4 to 6 per year — and the number of pages — from 400 to 500 per year — beginning in 1998. This will ensure more timely publication of our research articles. We will be reapplying for a listing in Index Medicus to increase our visibility with our medical colleagues. Kudos to Bob Resta, Editor-in-Chief, and his Editorial Board for all of their hard work toward these ends.

■ As we go to press, *JAMA* is seriously considering publication of "Predisposition Genetic Testing for Late-Onset Disorders in Adults: A Position Paper of the NSGC," authored by Wendy McKinnon, Bonnie Baty, Robin Bennett, Monica Magee, Whitney Neufeld-Kaiser, Kathy Peters, Jill Sawyer and Kathy Schneider. Our position statement coincides with *JAMA's* genetic theme issue slated for this Fall. What an exciting opportunity for our profession to be recognized by such a prestigious and far-reaching medical journal. Great job to a hard working and persistent team!

■ NSGC's continual evolution has been realized by the success of our Special Interest Groups (SIGs). Co-chair Sylvia Au and member, Karen Greendale, of the Public Health SIG, provided invaluable input to me as I was asked to respond to the CDC's strategic plan, "Translating Advances in Human Genetics into Public Health Action." Dr. Muin Khoury from the CDC expressed a commitment to forming an effective partnership with NSGC — to work together toward our common goals. Another promising partnership to be forged is between the Psychotherapy and Expanded Counseling Skills SIG and the American Psychology Association's Council

on Genetic Issues.

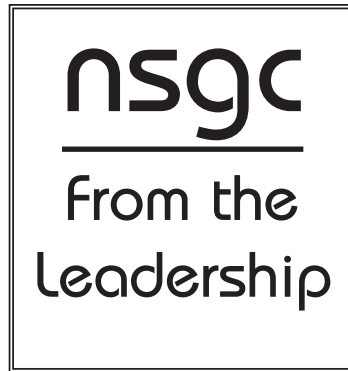
■ Given the continual genetic discoveries and advances, it is imperative that safe-guards be in place to prevent misuse of information. One such safeguard involves the licensure of genetic counselors to protect the public from potential misuse by unqualified individuals. Licensure in California may become a reality in the near future. A recent questionnaire of genetic counselors in California showed that 90% of the respondents are in favor of licensure. I sent a letter of support on behalf of NSGC toward this goal.

■ I have appointed a Communication Task Force, under the direction of Vickie Venne. They have been charged with evaluating NSGC's current communication activities and creating a plan to assure that quality and consistent information is available to all NSGC members. The plan will include recommendations for both internal and external communication activities. The members of this task force include Beth Balkite, Kate Dietrich, Jill Fischer, Joy Redman, Bob Resta, Ellen Simpson, Liz Stierman and Kathy Valverde. These recommendations will be incorporated into our next Strategic Plan (See Emerging Issues subhead, page 3).

■ Ginny Corson will represent NSGC at the Cystic Fibrosis Follow-up Workshop (in response to the NIH Consensus Development Conference on Genetic Testing recommendations) October 15-16 in Bethesda. This meeting will bring together representatives of relevant health care and genetic organizations and consumers to examine the consensus recommendations and develop guidance about if, when and how they should be implemented.

In closing, I would like to recognize one special individual, Betsy Gettig. During my first year in graduate school at University of Pittsburgh, Betsy, who was just becoming active in NSGC, told us enthusiastically about how we could shape the future of the genetic counseling profession by becoming involved in NSGC. She significantly influenced my decision — I made a promise to myself that I, too, would contribute to NSGC. Thank you, Betsy. It has been an honor and a privilege to follow in your footsteps.

**Ann Boldt, MS**  
**President**





from page 1

## ...from Language Study to Linguistic Competence

I, like many students in US schools, studied Spanish in middle school, high school and college. I learned the language easily, but never considered myself a fluent speaker. In the summer after my first year of graduate training, I vacationed in Mexico, resurrecting my rusty Spanish skills and conversing reasonably well. Realizing that Spanish skills would give me a highly competitive resumé, I enrolled in a conversational Spanish class in my second year of graduate study.

### Having a Goal is Key

My Spanish class focused mainly on writing and speaking. I discussed my goal with the professor — to provide genetic counseling services in Spanish. She allowed me to compose mock genetic counseling sessions about a variety of situations for my writing assignments. With her guidance, I was able to develop several constructs from which to work. I enrolled in Spanish classes for the remainder of the time that I was in graduate school, brushing up on grammar, learning about Latino culture and practicing speaking.

Although no Spanish medical terminology classes were available, I used the Genetic Counseling Glossary<sup>1</sup>, family history forms that had been translated in Spanish and many patient brochures

written in Spanish — all available from a variety of sources. These were invaluable in helping me learn the Spanish translation of medical terms commonly used in genetic counseling sessions. I relied on my Spanish medical dictionary<sup>2</sup> for words which I did not know.

After completing the course, I felt comfortable in my language ability. I was able to provide genetic counseling for maternal age in Spanish easily. Comfort with a wide range of other counseling situations came with practice.

### Benefits and Offers

Bilingual skills are becoming increasingly desirable in the competitive workplace. I believe that this skill helped me obtain numerous job interviews in California and ultimately secure an excellent job in the highly competitive Bay Area. Many genetic counselors have training which they can refine with some additional study to become fluent in a non-native language.

### References

- 1 *Genetic Counseling Glossary, Spanish Translation of English Terms*, New Jersey Medical School, Center for Human and Molecular Genetics, Doctors Office Center, 90 Bergen Street, Newark NJ, 07103-2714. ©201 982-2202. Cost \$6.00.
- 2 *Diccionario De Terminos Medicos, Ingles-Espanol, Espanol-Ingles*. Torrez, Ruiz. Sexta Edicion, 1989. Alhambra Press, Spain.

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## Celebrate Ourselves!

■ This Fall, **Ann C. M. Smith** will accept an honorary Doctor of Science degree from her alma mater, The Colorado College. Her undergraduate Biology professor, Dr. Werner Heim, who steered her towards genetic counseling, nominated her for this momentous award.

■ **Judith Benkendorf** presented to leaders in medicine and health policy makers at the Sun Valley Forum on National Health in July. The Forum's goals were to discuss new diagnostic and therapeutic advances resulting from the recent advances in genetics and to identify shared health policy themes.

■ **Maureen Smith** has been invited to serve on the planning committee of American Cancer Society's 2nd Annual Conference on "State of the Art in Cancer Genetics," to be held in 1998.

■ **Diana Pinales-Morejon** spoke at the American Psychological Association's Annual Meeting in Chicago. Her topic was cross cultural issues.

■ **Debra Lochner Doyle**, serving as Principal Investigator on a Disabilities Prevention Cooperative, has been awarded a \$1.4M 4-year grant by the Centers for Disease Control to study secondary disabling conditions experienced by persons with mobile impairment.

■ **Elaine Hiller** is co-author of a paper accepted to the *American Journal of Public Health*, "Public participation in medical policy making and the status of consumer autonomy: The example of Newborn Screening Programs in the US."

■ **Nancy Steinberg Warren** and **Beth Fine** will present at the American Society of Reproductive Medicine (ASRM) this October in Cincinnati. They are the only non-MD presenters at this 2-day annual conference.



# GETTING TO KNOW YOU: AN INTRODUCTION TO...

by **June A. Peters, MS, NHGRI/NIH (Dept. Human Genetics, Univ Pittsburgh after 9/30)** and **Claudette Varricchio, DSN, RN, FAAN, Community Oncology and Rehab Branch, DCPC, NCI/NIH**

**T**wo important trends in contemporary genetic counseling are the increasing involvement of genetic counselors in clinical research and marketplace forces which are driving our profession to better define genetic counseling roles, processes, outcomes and niches.

The time has arrived for genetic counselors to become more involved in National Institutes of Health (NIH) efforts. Genetic counselors are becoming involved in genetic counseling research and training efforts in the National Human Genome Research Institute (NHGRI) and the National Eye Institute (NEI) and they have been recipients of NIH extramural grants. Yet for many genetic counselors, NIH remains a mystery. Although several cabinet level Departments within the US government's Executive Branch have significant ongoing genetic research, only one will be addressed in this article.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS is the US government's principal agency for protecting America's health, providing essential human services such as Medicare, Head Start, Maternal and Infant Health and medical and social science research. DHHS includes a number of agencies (See Table 1).

## NATIONAL INSTITUTES OF HEALTH

NIH, headed by Nobel laureate Dr. Harold E. Varmus, is one of DHHS's health agencies. Comprising 27 Institutes, Centers and Divisions, it is housed in 75 buildings on 300+ acres of campus-like property in and near Bethesda. NIH is organized

largely in Institutes dedicated to studying specific organ systems and disease entities, reflecting its early public health roots in managing infectious diseases and epidemics. NHGRI, upgraded in 1997 to full Institute status, is home to many facets of the Human Genome Project including the NIH-Ethical, Legal, Social Issues (ELSI) Program. However, research on genetic conditions occurs in virtually all of NIH's Institutes.

## NIH Mission

NIH's mission — "science in pursuit of knowledge to improve human health" — emphasizes innovative basic and applied research and researcher training in a context that promotes scientific integrity, public accountability and social responsibility.

NIH supports biomedical research and funds the research training. Intramural research is conducted by scientists within an NIH institute. Extramural research is funded by NIH grants or contracts and is conducted by scientists at institutions around the US and in other countries.

Priorities for funding are set by input from different levels: the President, Congress, NIH Boards of Scientific Directors, Institute Advisory Boards, staff and scientists. There also are opportunities for disease-specific constituency groups and special interest organizations to have input into setting NIH research priorities. NSGC representatives have worked to build relationships within NIH.

## NIH INTRAMURAL RESEARCH

Intramural research represent about 15% of the total NIH budget. It often includes basic laboratory research, research with model organisms, epidemiological studies and clinical trials. The staff includes scientists, physicians, dentists, veterinarians, nurses, a few genetic counselors as well as laboratory, administrative and support personnel. Each Institute supports post-doctoral fellows who often combine both clinical and basic science research.

## NIH EXTRAMURAL RESEARCH

Genetic counselors are probably most familiar with NIH extramural research, which receives about 85% of NIH's annual budget, including:

- GRANT AWARDS — Health-related research

**nih**  
**roadmap**  
**to funding**

**TABLE 1: AGENCIES WITHIN THE US  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

- National Institutes of Health (NIH)
- Food and Drug Administration (FDA)
- Centers for Disease Control and Prevention (CDC)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Indian Health Service (IHS)
- Health Resources and Services Administration (HRSA)
- Substance Abuse & Mental Health Svc Admin (SAMHSA)
- Agency for Health Care Policy and Research (AHCPR)
- Health Care Financing Administration (HCFA)
- Administration for Children and Families (ACF)
- Administration on Aging (AoA)

# ...THE NATIONAL INSTITUTES OF HEALTH

and research training projects make up the largest category of NIH funding. A variety of grant mechanisms exists, including traditional investigator initiated grants, program projects, research centers, small business grants and other miscellaneous mechanisms.

■ **COOPERATIVE AGREEMENTS** — Opportunities for research partnerships between NIH investigators and private investigators. The awarding Institute or Center has substantial involvement in carrying out the project's activities. Clinical trials and multi-center studies are often carried out under cooperative agreements.

■ **RESEARCH CONTRACTS** — Mechanisms by which NIH acquires specific goods or services from an outside contractor or supplier. Repositories for data, materials and tissue banks fall into this category as do some large scale testing efforts, specific vaccines, drug development and chemical screening.

## LEARNING WHAT'S AVAILABLE

Genetic counselors can become aware of NIH grant funding opportunities in several ways:

■ **PROGRAM ANNOUNCEMENTS (PAs)** — Formal statements of new, continuing, expanded or ongoing program goals and interests of an Institute. No new funds are allocated for PAs.

■ **REQUESTS FOR APPLICATIONS (RFAs)** — The means by which Institutes periodically stimulate grant submissions in a well-defined scientific area to accomplish a specific scientific goal. They are generally focused solicitations, a single application opportunity and have set aside funds to cover a certain number of projects.

■ **PUBLICATIONS** — The NIH Guide to Grants and Contracts, published weekly, lists PAs, RFAs and policy changes. This Guide is available only on the NIH website under Office of Contracts and Grants.

■ **OTHER MECHANISMS** — Individual Institute's websites, announcements in scientific publications, meetings, telephone or e-mail conversations with the staff. NIH's website is a source of much information about funding opportunities. NIH's website is

### CONTACTS

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Bethesda MD 20892-7720  
©301-435-0715  
Fax: 301-480-1987  
NIH website: [www.nih.gov](http://www.nih.gov)

<http://www.nih.gov>; NHGRI website is [www.nhgri.nih.gov](http://www.nhgri.nih.gov) and National Cancer Institute (NCI) website is [www.nci.nih.gov](http://www.nci.nih.gov).

## THE NIH GRANT FUNDING PROCESS

The NIH grant funding process is overseen by the Division of Research Grants (DRG) and the Institutes. DRG, although within NIH, is separate and is accountable to the Office of the Director. DRG is responsible for providing receipt, referral and review functions for all Institutes and Centers. Scientific Review Administrators from DRG Study Sections are responsible for peer review of grant applications. However, the DRG staff is not responsible for scientific management of or funding decisions about grant programs. The DRG website is [www.drg.nih.gov](http://www.drg.nih.gov), includes study section rosters, peer review notes and guidelines for the various funding mechanisms.

Investigators are free to contact an Institute for advice regarding ideas, budgets and priorities for grant ideas. The investigator then completes and submits an application form to the DRG.

The application undergoes two levels of review:

■ **INITIAL REVIEW GROUP (IRG)**, or Peer Review, determines scientific merit. IRGs consist of non-Federal scientists and are established according to scientific disciplines or medical specialties. A few genetic counselors have been asked to sit on IRGs. This is a professional activity that could be expanded further with increasing awareness of the value of having genetic counseling components in grant submissions. Generally 50-100 proposals are considered in each review round by each IRG and each Institute has several review rounds per year.

■ **NATIONAL ADVISORY COUNCIL (AC)** determines whether the applications meet the mission of the Institute. Their review of grant applications is influenced by broad matters of relevance and program goals.

Final funding decisions rest with the Institute's extramural program staff. They consider a scientific merit priority score determined by the IRG, advice from the Advisory Council, Institute priorities and other circumstances. Management and oversight of awarded grants are carried out by the designated extramural staff of each Institute.

## ACKNOWLEDGEMENTS

We have benefitted from the resources of the NHGRI, NCI, Office of Extramural Research and other Institutes of the NIH. Ideas and editorial assistance with the manuscript were provided by Eric Meslin and Lorna Patrick.

## GENEAMP DEADLINE EXTENSION ANNOUNCED

The GeneAMP Project is pleased to announce that the deadline for receipt of proposals for the 1998 marketing projects has been extended to *Thursday, November 13*.

Experience with the first round of proposals taught us that the Review Committee can efficiently deliberate and select proposals to be funded more expeditiously than initially thought. This extension will give interested members the opportunity to discuss ideas with GeneAMP leadership and potential collaborators at the Annual Education Conference in Baltimore.

**Project  
GeneAMP**

**To establish  
genetic counselors  
as integral, valued  
participants in every  
health care system**

Award notification will be made during the week of December 8th. Please remember, proposals must be *received by a Team Leader* by November 13.

For more information or help in developing a proposal, contact a Project Team Leader:

### Primary Care Providers:

Alison Warner	Seth Marcus
© 508-832-8711	© 847-723-7705

### Managed Care Organizations:

Debra Lochner Doyle	Amy Cronister
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### Consumers & Employers:

Melonie Michelson	Joy Redman
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	joyred@juno.com

**Law & Policy Makers:** To be announced.

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ekloza@fbr.org	800-848-4436
GeneAMP Co-Chairs	

## CyberGenes

### A Little This; A Little That

Seinfeld created a successful TV sitcom based on no theme, so I thought I'd try some "this and that" banter in this issue's column. The theme of this column is that there is no theme. There's a little something here for everyone. So if you don't like the beginning, just keep reading until you find something you do like.

### SAVE BIG BUCKS

First, an update on equipment. I know that many of you still do not have computer access. Have I got good news for you! Computer prices have come down dramatically in the last few years. For less than \$1000, you can purchase a new complete computer system and for a few extra hundred, you can get a printer in the deal, too. I would encourage those of you without computer access at work to consider getting online through a home computer. Another option is to purchase an older, used computer for only a few hundred dollars to help you get your feet wet and "webbed." [Sorry!!!]

### OH NO! NOT RESOURCELINK AGAIN!

Just a reminder about ResourceLink, a voluntary listing of NSGC members with their most recent address, phone and fax numbers, email addresses, primary area(s) of practice and whether they are interested in being a career resource. It is categorized by city and state or province. Updates are made bi-monthly, allowing information to be added or deleted quickly. There is always a need for more counselors to be listed. You don't need a computer to be listed on ResourceLink — just an interest in becoming a resource in your community. Want to check it out? A direct link to ResourceLink appears on the NSGC homepage.

### WEB SITES

I like to organize my web site listings by having a few bookmarks with links to many other sites. Here are some good ones:

Duchenne muscular dystrophy  
<http://www.mgen.pitt.edu/dmdrc.htm>

Office of Rare Diseases  
<http://cancernet.nci.nih.gov/ord/siteinx.htm>

Genetic Webliography  
<http://www.dml.georgetown.edu/~davidsol/len.html>

Steven Keiles, MS  
[steven.b.keiles@kp.org](mailto:steven.b.keiles@kp.org)



# NSGC Education to the Millennium: Plan Ahead

1997

## DNA: The New Frontier

■ **DATES & LOCATION:** Space remains available for the 16<sup>th</sup> Annual Education Conference, October 25 - 28 in Baltimore. If your registration is postmarked before September 23, add a \$35 late fee. If your registration is postmarked after September 23 or you register on-site, be prepared to add a \$60 late fee. *Do not mail registrations to the Executive Office after October 10.* Space is limited at this hotel. Let us know if you plan to attend.

■ As of September 1, the Cancer Short Course is filled.

1998

## Back to the Future: Genetic Counseling in the 21<sup>st</sup> Century

■ **DATES & LOCATION:** October 24 - 27, Hyatt Regency, Denver CO. This meeting precedes American Society of Human Genetics. A Short Course has not been scheduled due to lack of available meeting space.

■ **STATEMENT OF PURPOSE:** Focusing on emerging trends in healthcare, scientific research and legislation as they affect the genetic counseling profession, this conference will provide genetic counselors with the most current information, enabling them to incorporate new clinical and molecular advances into clinical practice. We will explore the social, ethical and legal impact of these advances on our patient population and ourselves as health care providers. Genetic counselors will have the opportunity to exchange ideas about marketing comprehensive genetic services to consumers and educating primary care providers of our unique role in patient care.

■ **CONFERENCE GOALS:**

- **EXPLORE RECENT DEVELOPMENTS** in the field of genetics, including clinical and molecular advances, new management, treatment and gene therapy options.
- **DISCUSS THE IMPACT** of both public and institutional policy changes on genetic services as well as their social and ethical implications.
- **IDENTIFY WAYS** in which genetic counselors can successfully navigate the changing health

care environment by marketing our skills, solidifying the continued availability of genetic services.

■ The success of our annual education conferences depends on the creativity and efforts of many. You are invited to attend a planning meeting to be held Sunday, October 26 during the 16<sup>th</sup> Annual Education Conference in Baltimore. Why not bring your ideas and suggestions and join the 1998 team!

■ **PLANNING COMMITTEE CHAIRS:**

*Conference Co-Chairs:* Lavanya Misra & Vivian Weinblatt

*Program Chairs:* Dawn Allain & Sue Moyer

*Workshop Chairs:* Lisa Steinberg & Stefanie Uhrich

*Practice-based Symposia Co-Chairs:*  
Nancy Steinberg Warren & Juliann Stevens-Harvey

*Abstracts Co-Chairs:* Kelly Ormond & Denise Tilley

*Communications Chair:* Jamie Israel

*Resource Center Chair:* Betsy Gettig

1999

■ **DATES & LOCATION:** October 16 - 19, Oakland (CA) Marriott City Center and adjacent Oakland Convention Center. Conference Co-Chairs are Linda Robinson and Laura Thomson. This meeting will precede American Society of Human Genetics, to be held in San Francisco.

■ **SHORT COURSE:** Space has been reserved for a one-day short course on Friday, October 15. Members with concepts for a short course are urged to contact the Executive Office for information. Deadline for applications: April 1998.

■ **BOARD REVIEW COURSE:** Look for information about the re-offering of our successful NSGC/University of Pittsburgh Review Course.

2000

■ Due to the scheduling of American Society of Human Genetics October 3 - 7, between Rosh Hashanah (Sept 30) and Yom Kippur (Oct 9), NSGC will not be scheduling a conference in tandem with ASHG. We are looking for an alternate time and location. Have a great idea? Contact Cindy Soliday, AEC Subcommittee Chair, [Cindy.E.Soliday@ncal.kaiperm.org](mailto:Cindy.E.Soliday@ncal.kaiperm.org).

## Annual Education Conferences

## An Interview with ISONG President-Elect, Carolyn Farrell

### How and when was ISONG started?

ISONG was incorporated in 1988, evolving from an informal group that met and formed the Genetics Nurse Network. ISONG currently has 160 members.

### What is ISONG's mission and statement of purpose?

ISONG's mission statement reads: To foster scientific and professional growth of nurses in genetics. This is currently under revision to expand and better define the role of the genetic nurse as integrating genetics into clinical practice, research and education to improve all aspects of genetic services.

### What are ISONG's current goals?

ISONG has developed a scope and standards of practice for nurses in genetics. This includes both the basic and advanced practice nurse, the latter having a master's degree with a broader educational and experiential base in genetics. Another goal of ISONG is the inclusion of genetics in both undergraduate and graduate nursing programs.

### What do you see as areas of overlap between NSGC and ISONG?

As a committed member of both organizations, I see overlap between the two, but more so, they are complementary. Both organizations have similar philosophies, both work on ethical, legal and social implications of genetics and both strive to promote

high standards in the field of genetics.

### What are the benefits for NSGC members belonging to ISONG?

NSGC members who also belong to ISONG would be able to build liaisons and interface with genetic nurses on a more regular basis. Joint membership could promote an awareness of how nurses and genetic counselors can interface in different settings and become more knowledgeable, utilizing each other's strengths in the workplace.

Members of both organizations can learn from each other's experiences, as both organizations face certain struggles in their respective fields.

### Do you see benefits for ISONG members to belong to NSGC?

Definitely. Membership is extremely valuable for education and networking. The NSGC meetings and sessions are also wonderful membership benefits.

### What do you see as the greatest challenge facing genetics right now?

This is not an easy question! One significant challenge facing genetics is the lack of awareness and recognition of genetics as a critical and essential component of health care — one that deserves professional, legislative and economic commitment.

*Stephanie A. Cohen, MS  
Indianapolis IN*

## In Passing

**W**e sadly note the loss of **Rita Beck Black** in July. Rita was an Associate Professor of Social Work at the Columbia School of Social Work and an Adjunct Associate Professor in Community Medicine at the Mount Sinai School of Medicine. She completed graduate studies at University of California, Berkeley. She received an MSW in 1976, an MS in Health Science with a concentration in Genetic Counseling in 1977 and a Doctorate in Social Work in 1978. She was board certified in genetic counseling and had been a member of NSGC since 1978.

Included in her many talents was her ability to create professional partnerships — between genetic counseling and social work, academia and clinical practice and consumers and professionals. She had a clear vision of the common interests and goals and independent strengths and contributions bridging her two professions.

Rita added to our literature on many topics, including psychosocial aspects of prenatal diagnosis, the effect of reproductive technology on women and the role of genetic support groups as an aid to our patients. She served on the editorial board of the *Journal of Genetic Counseling* from 1991-1995 and as a manuscript reviewer for the *American Journal of Medical Genetics* since 1989.

Donations in her memory may be directed to the American Cancer Society. Notes to her family can be sent to: 25 Shadow Lane, Larchmont NY 10538.

**O**ur deepest condolences to Leslie Vought and her family on the tragic and untimely death of their daughter and sister, **Olivia Kuenne**, on September 1. In lieu of flowers, the family requests donations be made to Olivia's Art Fund, Princeton Junior School, PO Box 672, Princeton NJ 08542.

Notes can be sent to Leslie and Chris at their home, 89 Cleveland Lane, Princeton NJ 08540.

## PRESIDENT, MEMBERS RECEIVED AT WHITE HOUSE

July 14 was an exciting day in the East Room of the White House! I was proud to represent the genetic counseling profession along with Joan Burns, Alliance of Genetic Support Groups; Beth Fine, ELSI Working Group; Don Hadley, NHGRI; and Jill Stopfer, National Action Plan on Breast Cancer, in a room of about 100 invited citizens.

Donna Shalala spoke first about the report she provided to the President regarding genetic discrimination and the need for federal legislation to prohibit insurance companies from denying coverage or increasing premiums. Check out <http://nhgri.nih.gov> for the full report.

Next, Congresswoman Slaughter (D-NY) spoke about her proposed bill to prevent genetic discrimination. Mary Jo Ellis Kahn, Co-Chair, National

Action Plan on Breast Cancer (with Francis Collins), told her deeply moving story about living with a family and personal history of breast cancer. She then introduced President Clinton, who spoke of his support for federal legislation to protect Americans from genetic discrimination by health insurance companies, managed care and others. President Clinton called for bipartisan support, and later, Senator Frist (R-TN) and Senator Jeffords (R-VT) also officially supported this legislation.

The next step will be passing this legislation in both the House and Senate. Possibly a NSGC representative will be needed to testify at the hearings. Let's get involved and work together toward this exciting goal.

*Ann Boldt, MS*

### Upcoming Meetings

#### October 18-19 • Cincinnati OH

"The New Genetics and Reproductive Decisions: Psychosocial and Ethical Issues," sponsored by American Society of Reproductive Medicine. Contact: ASRM Executive Office, ©205-978-5000

#### October 20 • San Francisco CA

"Genetics and Brain Disorders: Fact, Fiction and Ethics," sponsored by Stanford University Center for Biomedical Ethics and The Dana Alliance for Brain Initiatives. Contact: ©415-434-3388 or [www.caregiver.org](http://www.caregiver.org)

#### October 20-22 • Baltimore MD

"Forging New Directions into the Next Millennium," sponsored by Healthy Mothers, Healthy Babies Coalition Biennial National Conference. Contact: ©202-863-2441

#### November 1 • Baltimore MD

First Annual Meeting, Noonan Syndrome Support Group. Contact: Toni Pollin: [TPollin@aol.com](mailto:TPollin@aol.com) or Wanda Robinson: [wandar@bellatlantic.net](mailto:wandar@bellatlantic.net) or ©410-239-6926; or <http://www.execpc.com/~caac/ns/fall97/>

#### December 4 - 7 • Tampa FL

"Managing to Care: Policy, Program and Practice in Perinatal Health Care," sponsored by National Perinatal Association's Annual Clinical Conference & Exposition. Contact: ©813-971-1008; [NPAonline@aol.com](mailto:NPAonline@aol.com)

### Upcoming Meetings



1998

#### March 6 - 8 • Clearwater Beach FL

"Cancer Genetics for the Clinician," sponsored by the H. Lee Moffitt Cancer & Research Institute. Contact: 813-632-1775; Fax: 813-979-3787; [diamondm@moffitt.usf.edu](mailto:diamondm@moffitt.usf.edu)

### Spectral Karyotyping of Small Chromosomal Rearrangements

■ NHGRI is recruiting subjects for spectral karyotype analysis. This technique uses combinatorial labeling by fluorescent dyes and computer spectral analysis to detect small chromosomal aberrations.

The study involves a pre-enrollment record review and includes a paid trip to Bethesda for clinical evaluation and specimen collection. The eligibility criteria are:

1. Proband has abnormal karyotype, usually a derivative chromosomal translocation of unknown origin. Both parents karyotyped; source of material unclear.
2. Proband has some phenotypic abnormality — dysmorphic, medical, developmental or behavioral — judged to be due to segmental aneusomy.
3. Subject and both parents willing to participate; subject and at least one parent willing to travel to Bethesda.

For more information, contact Ann C. M. Smith, MA, Study Coordinator: ©301-402-2011; [acmsmith@nhgri.nih.gov](mailto:acmsmith@nhgri.nih.gov)

### Greig Cephalopolysyndactyly Syndrome

■ NHGRI is soliciting patients with Greig Cephalopolysyndactyly syndrome for a research study. The purpose of the study is to perform clinical and molecular characterization of sporadic and familial cases of this disorder. Subjects accepted into the study will receive paid travel to the NIH, a medical genetics evaluation, appropriate imaging studies and specimen acquisition for development of clinical diagnostics and genotype-phenotype correlation.

For more information, contact Kathy Peters, MS, Study Coordinator: ©301-402-9653; [kpeters@nhgri.nih.gov](mailto:kpeters@nhgri.nih.gov)

### Research Network





## Journal to Expand

■ Robert Resta, Editor, *Journal of Genetic Counseling*, announced its expansion beginning in 1998. "The increased number of high quality submissions has prompted this expanded schedule." The *Journal* will go to a bi-monthly production schedule and will be expanded to 500 pages, up from 400. The *Journal* is included as a membership benefit for all Full, Associate and Student members.

## New GC Program Opens Doors this Fall

■ Detroit's Wayne State University has been approved and will be accepting applications for Fall 1998.

✉ Contact: Anne Greb, Director, Wayne State University School of Medicine, 3216 Scott Hall, 540 E. Canfield, Detroit, MI 48201; ©313-577-5323; [cmmg@cmb.biosci.wayne.edu](mailto:cmmg@cmb.biosci.wayne.edu)

## AAAS Fellowship Applications

■ ASHG and the U.S. Department of Energy are again co-sponsoring the American Association for the Advancement of Science (AAAS) Fellowship Program, a program geared to educate and strengthen dialogue between scientists and legislators. A stipend approximating the Fellow's annual salary plus moving expenses are included. The deadline for receipt of applications at the ASHG office is January 15, 1998.

✉ For instructions, qualifications and an application, contact: ASHG, ©301-571-1825.

## Ethics Subcommittee Calls for Members

■ NSGC's Ethics Subcommittee serves the membership by providing consultation and interpretation of the Code of Ethics for use not only by individual counselors in practice, but also for issues that face the NSGC as a whole. Three new positions for three-year terms will open on this standing subcommittee starting this fall. Ethics Subcommittee members must be full members of NSGC in good standing, be able to attend the next three Annual Education Conferences and should have pertinent interest and experience in ethics.

✉ Contact any committee member for information and inquiries: Robin Gold (Chair), Barbara Bernhardt, Karen Eanet, Deborah Holsinger, Katherine Hunt, Linda Nicholson or Lorna Phelps.

To apply for membership, submit a letter of interest and a current CV by **October 15** to: Robin Gold, Sinai Hospital, Dept of OB/GYN, 6767 W. Outer Drive, Detroit, MI 48235-2899; ©313-493-6060.

## AGI Report on Teratogens Available

■ "Environmental Effects on Reproductive Health: The Endocrine Disruption Hypothesis," published this Spring by the Alan Guttmacher Institute (AGI) is now available at no charge.

✉ Contact: Chris Kirchgaessner at AGI, ©212-248-1111; [chrisk@agi-usa.org](mailto:chrisk@agi-usa.org).

## Patient Log

■ NSGC is increasingly being asked by the media and by legislators to provide families with stories and experiences. The Executive Office will begin collecting a database of members who have patients willing to speak out about their experiences with genetic disorders — "Living with..." stories; insurance experiences; educational, workplace and other discriminations; and advocacy activities. To protect the privacy of your patients, the database will list you as a contact. If you would like to help, request a form from the Executive Office.

## ABGC Boards: It's Never too Early!

■ Direct all questions about qualifications for sitting for the 1999 Board Examination, including requests for applications and logbook requirements, to: American Board of Genetic Counseling, 9650 Rockville Pike, Bethesda MD 20814-3998; ©301-571-1825; Fax: 301-571-1895; [srobinson@acmg.faseb.org](mailto:srobinson@acmg.faseb.org).

## Annual Education Conference Memos

■ *from the Resource Center* — Attention SIGs: Have you been developing materials — even work in progress — you would like to display in this year's Resource Center?

✉ Contact Rhonda Schonberg, 202-884-4166, [rlschonb@cnmc.org](mailto:rlschonb@cnmc.org).

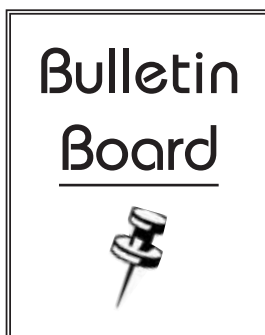
■ *advance planning* — The Professional As Person workshop will feature small groups that explore new ways of viewing, supporting, balancing and enhancing your personal and professional self.

You'll be able to choose among topics such as:

work and parenthood	work/home balance
religious/spiritual identity	working in isolation
veteran GCs avoiding burnout	professional dreams
personal experience with disease or loss	

If you are planning to participate, complete the form in the Conference Program Book, Professional As Person section, by 5:00pm on Saturday, Oct 25. This will enable the facilitators to hold a training session prior to the workshop. A box will be available near the registration area for completed forms.

■ **ABGC** — Business Meeting, Sun, Oct 26, 7:00am.





## Ideas Generate Possibilities

■ *Do you dream of winning the lottery? ...the Publishers' Clearinghouse Sweepstakes? ...A Grand Prize dream vacation? NSGC has a winning opportunity for you. Put on your thinking caps. It isn't too early to start planning your winning project!*

The Jane Engelberg Memorial Fellowship (JEMF) is open to genetic counselors who are NSGC full members in good standing and are certified in genetic counseling by the American Board of Genetic Counseling or the American Board of Medical Genetics. Individuals who have been granted active candidate status by the ABGC are also eligible to apply.

Applicants may elect to pursue Fellowship work on a part-time or full-time basis for a maximum of one year. The 6<sup>th</sup> Fellowship award, an annual \$25,000 grant by the Engelberg Foundation to NSGC, will be awarded to one or more genetic counselors for study, research, writing or exploration of new interests that strive to enhance

current or develop new skills, contribute to the body of knowledge in the field or expand professional roles. Applicants must demonstrate that the work supported by the Fellowship will produce results that

- will be of sufficiently broad interest to warrant professional publication and/or presentation *and*
- enrich the base of knowledge in the professional community concerned with genetic counseling.

Each year, the award is presented at NSGC's Annual Education Conference. A Program Application and Guideline prospectus will be mailed to full members in January for projects to be funded in 1998-1999. Applications are due **May 1, 1998**.

For information, contact:

Audrey Heimler, MS

PO Box 358

Morris CT 06763

Fax: 860-567-1340 • [AHeimler@juno.com](mailto:AHeimler@juno.com)

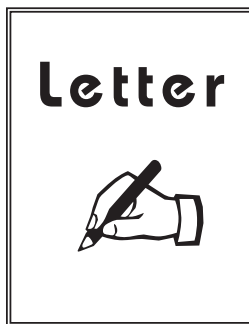
*No phone calls, please.*

## Applicant Acknowledges Process

### ■ To the Jane Engelberg Memorial Fellowship Advisory Committee:

This year, I submitted a grant proposal to the Jane Engelberg Memorial Fellowship Advisory Board that was not funded. I write now to let you know how much I appreciate the time spent by all who were involved with the review process. I know my submission, like the others, was thoughtfully read, discussed and critiqued. I thank the JEMF Advisory Board and NSGC for providing genetic counselors this funding opportunity.

I am indebted to the JEMF Advisory Board for the 2-page review of our submitted proposal. The comments are targeted and designed to be constructive. My intent is to use your suggestions to revise this proposal for submission to another funding source. When I gathered my courage to write a grant, it was something I needed to *do*, rather than think about, having this opportunity so readily and easily available as part of my NSGC membership. Moreover, the prospectus distributed by JEMF gave this novice a much welcomed helping hand by way of a checklist for grant content.



Trite as it may sound, I worked day into night and learned ever so much about grant writing and the research support services available through my institution. I expected to finish with a better grasp on proposal development. What I did *not* anticipate was the exhilarating momentum that built as the process unfolded, enhancing my sense of what is possible.

A goal of mine is to let genetic counselors know of my rich experience and encourage others to apply for JEMF funding. With one award per year and the credentials of winners usually daunting, many of us hesitate to compete. This grant is truly open to any NSGC full member, with or without prior grant writing experience. I especially want counselors to know that the planning is fun, the process enlightening and the unfolding a prize in itself. Lastly, I learned that an individual opportunity for such an award motivates, but a flawed product and its critique teaches.

**Lyn Smith Hammond, MS**  
**Charleston SC**

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# It's A Small World: Genetic Counseling Making Inroads

## In Japan — West Meets East

I had the pleasure of presenting at the International Cancer Control (UICC) meeting and the 3rd annual meeting of the Japanese Society for Familial Tumor in Kobe, Japan this past Spring.

At the Familial Tumor meeting, my presentation focused on the history and training of genetic counseling in the US. At the UICC, I participated in a workshop, "Counseling Issues and Practices." I was the first invited non-physician to explain cancer risk counseling.

I learned that in England, BRCA 1 and 2 research is qualitative. My colleague has an office where patients who have experienced genetic counseling can go and just talk. These sessions are tape recorded and transcribed. The voices and stories are quite compelling and to see the work as a research project was fabulous.

The image of genetic counseling was positive, and there seemed to be great interest in developing counseling programs in Japan and India. Other countries, due to their health care systems, were planning physician-based approaches.

It appears that most of the BRCA 1 mutations — there is not a great deal of breast cancer in Japan — are missense mutations, somewhat different from the US experience. HNPCC and FAP counseling is common in Japan. A Japanese man with HNPCC explained that he was never told of his cancer, a common practice in Japan, but was told he needed colon surgery and to change his diet. It is now more common to inform patients about their cancer, but in most rural areas (the bulk of Japan) people are often not told the diagnosis due to the shame that may be incurred from extended family members.

The most interesting session was an informal gathering of colleagues from NCI, Switzerland and England with 15 Japanese oncology nurses. With a superb interpreter, we spent about two hours discussing our roles and how genetic testing might be better explained to families in Japan. Regardless of your language or culture, the reaction to hereditary conditions is emotional and fairly universal.

I would be honored — to use a Japanese expression — to answer questions or forward any conference abstracts to NSGC members.

*Betsy Gettig, MS*

## In Europe — Master's Counseling is Rare

Buongiorno! We had the honor and pleasure of meeting with colleagues from Italy, France, the Netherlands, Sweden and the United Kingdom at the European Society of Human Genetics Conference in Genoa Italy, May 17-20. We participated in a satellite meeting, "Education, Training and Responsibilities of Non-Medical Genetic Counselors."

While we were generally well received, there was some unspoken resistance to the American model of masters level genetic counseling. In most European countries, with the exception of the UK, genetic counseling is primarily provided by physicians or PhD biologists. In some countries, such as France, there is strong opposition to non-MDs providing genetic counseling services.

Dr. Domenico Coviello of the University of Genoa organized our satellite meeting and was interested in establishing training programs for genetic nurses in Italy based on our curricula and experiences.

In the UK, genetic nurses/counselors are integral in the delivery of genetic services and closely parallel our roles in the US. This is not surprising, since the one masters level genetic counseling program is directed by a University of California-Berkeley graduate, Lauren Kerzin-Storarr. The genetic nurses/counselors in the UK are organized as a special interest group, The Association of Genetic Nurses and Counselors, under the British Society of Human Genetics. We are excited about future collaborative opportunities between our two organizations.

Although each European country works within its own health care system, the issues that confront medical geneticists and other genetic professionals are universal. A European network, the Concerted Action on Genetic Services in Europe, is composed of medical geneticists from 35 countries. For more information, visit [http://ourworld.compuserve.com/homepages/rodney\\_harris](http://ourworld.compuserve.com/homepages/rodney_harris).

This experience was invaluable in showing us how advanced we are as a profession. We were proud to represent the profession, NSGC and ABGC.

*Ann Boldt, MS*

*Karen Greendale, MA and Beth Fine, MS*

## International Voice



## Employment Opportunities

■ **LITTLE ROCK AR:** BC/BE Genetic Counselor. Join statewide PN genetics svc: GC for wide variety of indications; case mgmt & follow up; terat; MSAFP/double scrng; med student educ; rsrch. CONTACT: Barbara Karczeski, MS, Univ Arkansas for Medical Sciences, 4301 W Markham, Slot 506, Little Rock AR 72205; ©800-358-7229; Fax: 501-296-1701. EOE/AA

■ **SAN DIEGO CA:** BC/BE Genetic Counselor; Spanish, exp in cancer genetics desirable. Join busy multidisc team: PNDx, triple marker, U/S, terat, dysmorph, craniofacial, cancer. Some evenings. CONTACT: Paula Weber, Genetic Services, Kaiser Permanente, 4647 Zion Ave, San Diego CA 92120; ©626-564-3320; Fax: 619-528-6453. EOE/AA

■ **LONG BEACH CA:** BC Manager/Genetic Counselor w/ 3-5 yrs exp; strong interpersonal, communication, organizational, & computer skills. Mngmt exp pref. Oversee couns staff in accordance w/ estab policies and budgets; ensure admin protocols support needs of clin staff re: quality pt care. CONTACT: Deirdre Purple, Human Resources, Genzyme Genetics, PO Box 9322, BB-885, Framingham MA 01701; ©508-872-8400; Fax: 508-872-8400. EOE/AA

■ **SAN FRANCISCO CA:** BC Genetic Counselor. Fluency in 2nd language pref. (P/T-80%). Join busy PNDx ctr: full range of svcs; exploring cancer risk couns; variety of ethnic & economic backgrounds. CONTACT: Erreca Batchelor, Manager, California Pacific Medical Center, 3700 California St-Ste G330, San Francisco CA 94118; ©415-750-6400; Fax: 415-750-2306. EOE/AA

■ **SAN JUAN CAPISTRANO CA:** BC Genetic Counselor w/3-5 yrs exp req, pref in strong academic setting where state-of-art lab svcs were priority. Central role in quality genetic tstg & consultation w/ efforts devoted to couns, case mgmt & promotional activities associated w/ molec dx lab. CONTACT: Kelly Fliege, Human Resources, Quest Diagnostics Nichols Institute, 33608 Ortega Hgwy, San Juan Capistrano CA 92690; ©714-728-4431; Fax: 714-728-4901. EOE/AA

■ **COLORADO SPRINGS CO:** BC/BE Genetic Counselor to join expanding high risk OB practice at community hosp. All aspects of PNDx. Fly to outrch clin in SE CO monthly. CONTACT: Jody Stephens, RN or Elena Strait, MS, Perinatal/Genetics, Memorial Hospital, 1400 E Boulder, Colorado Springs CO 80909; ©719-365-5960; Fax: 719-365-5977. EOE/AA

■ **GAINESVILLE FL:** BC/BE Genetic Counselor for active, univ-based peds genetics prog: Coord onsite and satellite pediatric clins w/ oppty for tchg & rsrch. CONTACT: Heather Stalker, MSc, University of Florida, Div Pediatric Genetics, Box 100296, Gainesville FL 32610; ©352-392-4104; Fax: 352-392-3051; [Stalkhj@peds.ufl.edu](mailto:Stalkhj@peds.ufl.edu). EOE/AA

■ **ATLANTA GA:** BC/BE Genetic Counselor. Join growing team in high risk priv perinatal practice w/ multi locations: preconceptual, perinatal and neonatal GC. Educ residents; rsrch oppty. Send resumé & salary req. CONTACT: Phillip L. Potter, MD, 340 Blvd, NE-Ste 103, Atlanta GA 30312; ©800-932-7822; Fax: 404-265-4323. EOE/AA

■ **DECATUR (ATLANTA) GA:** BC Genetic Counselor w/ 2-3 yrs PN exp req, fluency in Spanish desired, well organized, abil to handle variety of skills. Join team of 12 GCs in academic environ-

ment w/ regl/outrch affiliates, priv practices.

CONTACT: Cathy Wuchenich, MS, Emory Genetics, 2711 Irvin Way, Ste 111, Decatur GA 30030; ©800-366-1502; Fax: 404-297-7512; [cat@atlanta.com](mailto:cat@atlanta.com). EOE/AA

■ **CHICAGO IL:** BC/BE Genetic Counselor. ART prog: egg donor scrng, implementing first trimester PAPP-A-U/S scrng prog. PN couns for cvs & amnio, MSAFP, & preimplantation genetics. CONTACT: Melody White, MS or Yury Verlinsky, PhD, Dept Medical Genetics, Illinois Masonic Medical Ctr, 836 W Wellington, Chicago IL 60657; ©773-296-7095; Fax: 773-871-5221; [mwhite2@rush.edu](mailto:mwhite2@rush.edu). EOE/AA

■ **CHICAGO IL:** BC/BE Genetic Counselor. Excellent interpersonal & organizational skills a must. Join growing Cancer Risk Clinic: all aspects of GC/case mgmt for family hx of cancer; coord molec tstg; partic in rsrch protocols; oppty for tchg & rsrch; dev multidisc strategies for CA risk assessmt. Environmt conducive to professional growth. CONTACT: Brian Spector, Financial Administrator, University of Chicago Medical Center, 5841 S. Maryland Ave, MC 2115, Chicago IL 60637; ©773-7702-0454; Fax: 773-834-0188;

[blspector@mcis.bsd.uchicago.edu](mailto:blspector@mcis.bsd.uchicago.edu). EOE/AA

■ **BOSTON MA:** Genetic Associate w/ Masters in GC/related field, some exp pref, not req. Join busy PNDx, molec DNA Dx progs; MSAFP; rsrch oppty available. CONTACT: Aubrey Milunsky, MD, Ctr for Human Genetics, Boston Univ School Medicine, 80 E Concord St, Boston MA 02118; ©617-638-7083; Fax: 617-638-7092. EOE/AA

■ **DETROIT MI:** BC/BE Genetic Counselor w/min 2 yrs exp req; cancer couns exp pref. Join active team in large, multi-disc Cancer Prog to develop genetics couns & testing svc; cvg for other hosp genetics clins. Educ, rsrch & publcn opptys. CONTACT: Jacquelyn Roberson, MD, Dept Medical Genetics, Henry Ford Hospital, 2799 W. Grand Blvd- CFP-4, Detroit MI 48202; ©313-876-3115. EOE/AA

■ **GRAND RAPIDS MI:** Genetic Counseling Program Coordinator w/ BC/BE & 2 yrs exp in clin genetic svcs req. Partic in planning & developmt of oncology GC program in collab w/ others on health care team. Perform GC & partic in rsrch studies. CONTACT: Camille VanDyk, Butterworth Hospital, 100 Michigan, Grand Rapids MI 49503; ©616-391-1760; Fax: 616-391-2780. EOE/AA

■ **RALEIGH NC:** BC/BE Public Health Genetic Counselor; 1 yr exp or equivalent combo of training & exp: liaison w/ reg'l med genetic ctr; coord satellite clins; peds & PN coun; prof & lay educ; gather & tabulate reg'l data. Contact: Elizabeth G. Moore, MCH, PO Box 29597, Raleigh NC 27626-0597; ©919-715-3420; Fax: 919-715-9633. EOE/AA

■ **CAMDEN NJ:** BC/BE P/T temp Genetic Counselor. Motivated, enthusiastic personality. Potential for permanent status. GC & tching opptys: PN, ped, adult, subspecialty & satellite clins. CONTACT: Lori A. Reed, MS, The Children's Regional Hosp @ Cooper Hospital Univ Medical Ctr, 636-638 Benson St-3rd Fl, Camden NJ 08103; ©609-968-7253 or 609-652-6200. EOE/AA

...continued on next page



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The opinions expressed herein are those of the authors and do not necessarily reflect those of the editorial staff or NSGC.

*Next issue December 15*

*Submission deadline November 10*



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## EMPLOYMENT OPPORTUNITIES

- **NEWARK NJ:** BC/BE Genetic Counselor fluent in Spanish. Broad range of GC in outrch PN/ Ped acad setting. Opptys for clin rsrch & tchg.  
CONTACT: L. Suslak or G. Rodriguez, UMDNJ/ NJ Medical School, 90 Bergen St-St 5400, Newark NJ 07103; ©973-972-3300; Fax: 973-972-3310. EOE/AA.
- **LAS VEGAS NV:** BC/BE Genetic Counselor in private practice: full service PNDx & trtmt in busy office of 4 perinat'gists & 1 GC.  
CONTACT: Van R. Bohman, MD, The Perinatal Center, 3196 S. Maryland Pkwy-St 209, Las Vegas NV 89109; ©702-732-9332; Fax: 702-734-2101; [lip@anv.net](mailto:lip@anv.net). EOE
- **MANSFIELD OH:** BC/BE Genetic Counselor. Coord satellite genetics prog: all aspects of GC; genrl adult & peds clins; PN & outreach educ. Work closely w/ satellite clins.  
CONTACT: Linda Williams, VP, Medical Rehab Svcs, The Rehab Center, 270 Sterkel Blvd. Mansfield OH 44907; ©419-756-1133; Fax: 419-756-6544. EOE/AA
- **OKLAHOMA CITY OK:** BC/BE Genetic Counselor w/ min one yr clin exp req. Perform PN coun; assist w/ genetic evals in outreach clins; interact w/ referral sources; serve as resource to public & prof; coord specimen collection for genetic tstg. Some travel to outreach clins.  
CONTACT: Hillcrest Healthcare Employment, 110 W 7th St, Ste 105, Tulsa OK 74119; ©918-579-7870; Fax: 918-579-7875. EOE/AA

- **HOUSTON TX:** BC/BE Genetic Counselor in lab setting. Exp req.  
CONTACT: Sue Richards, PhD, Baylor DNA Diagnostic Laboratory, One Baylor Plaza-T536, Houston TX 77030; ©713-798-6528; Fax: 713-798-6584; [carolynr@bcm.tmc.edu](mailto:carolynr@bcm.tmc.edu). EOE/AA
- **BURLINGTON VT:** BC/BE Genetic Counselor, exp pref. Univ based, statewide pro: PN, ped and adult clin svcs; terat; rsrch; prof ed; involve in statewide discussion of ELSI issues.  
CONTACT: Alan Guttmacher, MD or Wendy McKinnon, MS, Vermont Reg'l Genetics Ctr, Box B-10, 1 Mill St- Ste 3-1, Burlington VT 05401; ©802-658-4310; Fax: 802-860-7542; [alan.guttmacher@uvm.edu](mailto:alan.guttmacher@uvm.edu) or [mckinnon@salus.med.uvm.edu](mailto:mckinnon@salus.med.uvm.edu). EOE
- **LYNCHBURG VA:** BC/BE P/T or F/T Genetic Counselor. GC & tchg oppty in progressive high risk OB clin svg 8-county region.  
CONTACT: Janet Hundley, Centra Resource Coordinator, Virginia Baptist Hospital, 3300 Rivermont Ave, Lynchburg VA 24503; ©804-947-3208. EOE/AA
- IN CANADA**
  - **NORTH YORK, ONTARIO, CANADA:** MS Genetic Counselor, w/ exp in similar setting pref. Join provincial reg'l genetics network, providing svc to broad population: PNDx, peds & adult genrl GC; HD predictive tsting prog. Work closely w/ cyto, molec & Maternal Serum Scrng labs. Current rsrch: predictive tsting for BrCa, biochemical marker scrng, early amnio.  
CONTACT: Anne Neidhardt, Program Director Genetics, North York General Hospital, 4001 Leslie St, North York, ON CANADA, M2K 1E1; Fax: 416-756-6727; [aneidhar@nygh.on.ca](mailto:aneidhar@nygh.on.ca).