PERSPECTIVES IN GENETIC COUNSELING

NATIONAL SOCIETY OF GENETIC COUNSELORS, INC.

Volume 9, Number 2, June 1987

RESULTS OF THE NSGC PROFESSIONAL STATUS SURVEY

Debra L. Collins

Since the first professional status survey in 1980, the professional issues committee has received continuous requests for data on the responsibilities of genetic counselors (Table 1). The committee has, therefore, collected data periodically on its full members and published those data in *Perspectives*. The questions have changed over the years to reflect the changing needs and interests of the membership. The most frequently requested information concerns salary data, with growing interest in faculty and reimbursement issues.

This survey was mailed to 406 full members of NSGC in November 1986. Two hundred and forty-nine surveys (61%) were returned. Of those, eight were not tabulated because the respondent no longer works in genetic counseling or a related field. The following data summarize the remaining 241 valid surveys.

TABLE 1
PERCENTAGE OF TIME SPENT IN SPECIFIC JOB RESPONSIBILITIES BY GENETIC COUNSELORS EMPLOYED FULL TIME/PART TIME

RESPONSIBILITY*	0% FT&PT	01-49% FT/PT	50-100% FT/PT
Prenatal diagnostic counseling	58	100/20	51/12
General genetic counseling	56	135/31	13/06
Specialty disease counseling	153	69/15	00/04
Teaching	114	98/24	03/02
Clinic coordination	167	57/11	03/03
Research	157	66/12	02/04
Lectures	119	103/19	00/00
Administration/management	130	82/18	06/05
Newborn screening	224	11/05	01/00
Laboratory	234	03/01	01/02
Satellite clinics	184	48/06	04/01
Support groups	202	32/07	00/00
AFP screening	159	57/14	09/02
Teratogen counseling	237	03/00	00/01
Graduate students supervision	238	03/00	00/00
AIDS counseling	239	00/02	00/00
Other (unspecified)	239	00/02	00/00

*Some respondents indicated multiple answers

Demographics

As with past surveys, most respondents are females (95%) with master's degrees in genetic counseling or human genetics (87%). Many are less than 34 years of age (64%), and about half have had five or more years of experience (57%). Table 2 lists the regions in which the respondents are located. The majority of counselors are employed by university medical centers (55%). In addition, 30% of respondents work in public and private clinic facilities, 6% work in private practice, and 1% are in nonclinical, education settings (Table 3).

Certification

Fifty-eight percent of respondents are certified by the American Board of Medical Genetics; an additional 37% are eligible; and 5% are not certified either because they plan to take the exam in 1987 (24%), do not consider it a requirement of employment (21%), feel it is too costly (11%), plan to take it later (8%), or have other reasons. Certification benefits include an

TABLE 2
EMPLOYMENT BY REGION

REGION	N	%
I	18	7.5
II	75	31.1
III	25	10.4
IV	38	15.8
V	23	9.5
VI	59	24.5
Not stated	3	1.2

Region I	(ME, NH, VT, MA, CT, RI, Canadian Maritime Provinces)
Region II	(NY, NJ, PA, DE, MD, WV, VA, Quebec, Puerto Rico, Virgin Is.)
Region III	(NC, SC, KY, TN, GA, FL, AL, MS)
Region IV	(OH, IN, IL, WI, MI, MN, MO, IA, NE, KS, Ontario)
Region V	(MT, WY, ND, SD, UT, CO, NM, OK, AR, LA, TX, Manitoba, Saskatchewan, Alberta)
Region VI	(WA, OR, ID, NV, CA, AZ, HI, AK, British Columbia)

TABLE 3
EMPLOYMENT BY WORK SETTING

WORK SETTING	N*	%
University medical center	133	55.2
Private hospital/medical facility	46	19.1
State/county/federal employee/public health	21	8.7
Outreach/satellite/field clinic	15	6.2
Private practice setting/clinic/consultant	14	5.8
Health maintainance organization	9	3.7
Private foundation or national organization	9	3.7
Decentralized diag. lab/private diag. lab	4	1.7
Nonclinical/educational/university	3	1.2
Regional center	3	1.2
Public/municipal hospital	2	.8
City diagnostic lab	1	.4

*Some respondents indicated multiple answers

increase in job status (33%), an increase in salary (22%), personal rewards (10%), and an increase in job flexibility (4%). Seventy percent of all 241 respondents stated no particular benefit. Many counselors' employers (29%) demonstrated support for certification by funding all or many of the expenses for this examination.

Teaching, Research, and Faculty Appointments

The data show respondents are very involved in teaching and education. Forty-eight percent of the members deliver up to 10 lectures annually, while another 39% deliver between 20 and 100 lectures. Eight percent teach one complete semester course yearly, and an additional 4% teach between 2 and 7 semester courses. Many counselors coordinate between 2 and 50 conferences annually.

Most counselors (61%) are involved in research including clinical genetics, counseling effectiveness/techniques, teratology, molecular genetics, cytogenetics, population genetics, and prenatal diagnosis. Many (39%) have presented abstracts at national meetings. Nineteen percent have published 5 or more articles in the professional literature.

Genetic counselors oversee the academic work of graduate students in genetic counseling (35%), medical students and residents (26%), and other student health-care professionals (20%). Twenty-six percent of respondents hold a faculty appointment. The appointments include such titles as instructor (12%), assistant professor (3%), lecturer (3%), and associate professor (1%). Most of these appointments are in a medical school (80%), while others are in a nursing school (7%), school of public health (3%), or other university departments (10%).

Professional Issues

The majority of genetic counselors work full time (73%), although a growing number work part time (20%). Of those employed part time, 28% work 24-36 hours, while 53% work 20 hours or less, based on a 40-hour week; 20% did not indicate a percentage. Some of those working part time were unable to secure full-time positions in their chosen location (4%). Others (14%) preferred part time because of family responsibilities, other commitments, maternity, or other reasons. The majority of respondents hold the title genetic counselor (64%) or genetic associate (18%), while 7% are considered directors or supervisors.

Salary data are utilized frequently to negotiate for better renumeration (Table 4). The average salary is $28,600, without considering years of experience. Salaries are usually supported by the institution (44%); however, governmental agencies provide support for many positions (63%), private support funds some positions (13%), and third-party reimbursement funds others (12%). Fewer respondents are now dependent on grant funds, although 41% have some or total grant support. Most of those individuals (77%) felt the institution would support them if grant money were discontinued. In interviewing for new job positions, when applicable, 33% received funds toward reimbursing their interview travel expenses, and 19% received funds to help cover moving expenses.

TABLE 4
SUMMARY OF SALARIES

Years Experience	Median	Mean	Maximum	N
<1	24,000	24,344	28,000	9
1	22,000	23,278	32,300	18
2	24,500	25,139	34,000	30
3	25,000	25,961	35,560	30
4	27,250	27,132	35,152	12
5	28,250	28,844	41,800	28
6	28,000	29,039	44,000	21
7	31,803	31,149	39,000	19
8	31,750	31,315	41,000	8
9	32,500	35,020	50,000	10
10	29,000	32,092	50,000	12
11	30,450	32,238	40,086	13
12	32,974	31,075	33,852	4
13	37,000	34,200	40,000	5
14+	35,000	40,540	53,000	9

The majority of employers (91%) support continuing education through membership in professional organizations and attendance at national meetings. On average, two to three meetings per year are allowed, with funds averaging $1,000-1,300 annually. There is a variety of opportunities for expansion of professional roles and professional development including research involvement, teaching opportunities, consultation to other clinics, and supervisory and administrative responsibilities (Table 5).

Respondents report a variety of continuing education coursework (64%) in addition to professional meetings. This coursework includes counseling courses, computer training, and lessons in foreign language. One area for expansion of responsibility is involvement in specialty clinics (42%). There is a growing list of these opportunities (Table 6).

TABLE 5
OPPORTUNITIES FOR
EXPANDING PROFESSIONAL ROLE

OPPORTUNITIES	N*	%
Involvement in clinical research	120	49.8
Instruction at workshops/seminars	110	45.6
Increase of clinical responsibilities	105	43.6
Consultation to other specialty clinics	103	42.7
Coordination of parent/support groups	98	40.7
Supervision of students in health professions	80	33.2
Administration/management of program(s)	79	32.8
Supervision of support personnel	49	20.3
Appointment to faculty	43	17.8
Administration/management of grant(s)	32	13.3
Personal reimbursement for counseling services	27	11.2
Serve on statewide committees	1	.4
Work with computers	1	.4
Consultation to educational programs	1	.4
None	19	7.9

*Some respondents indicated multiple answers

Reimbursement for Services

Counselors see a number of patients alone, and bill for their services. Thirty-eight percent bill under their supervising physician's name alone; 15% bill together, using both their own name and their supervisor's name; 22% include their bill in the consultative clinic fee, and 7% bill in their name only (Table 7). Others do not charge or have other methods. Comparable percentages apply when patients are seen by both the counselor and a clinical geneticist, except for 1% who charge in their name only.

Administrative Responsibilities

Some genetic counselors have assumed increased administrative responsibilities. These respondents supervise other genetic counselors (17%), graduate students and other health professionals (9%), administrative personnel (54%), and data collection/computer staff (10%).

TABLE 6
SPECIALTY CLINICS
IN WHICH GENETIC COUNSELORS WORK

SPECIALTY CLINIC	N*	%
Craniofacial/cleft palate	31	12.9
Spina bifida	30	12.4
Muscular dystrophy	28	11.6
Cystic fibrosis	25	10.4
Sickle cell anemia	18	7.5
Hemophilia	17	7.5
Skeletal dysplasia	14	5.8
Teratology	13	5.4
Neurofibromatosis	9	3.7
Tay-Sachs disease	9	3.7
Down syndrome	8	3.3
PKU	7	2.9
Prenatal diagnosis/CVS	7	2.9
High risk O.B./maternal age	6	2.5
Orthopedics/collagen	6	2.5
Thalassemia	6	2.5
Cardiac	4	1.7
Neurology/neurogenetics/neurodevelopment	4	1.7
AFP/MSAFP	3	1.2
Developmentally disabled	3	1.2
Hearing impaired	3	1.2
Metabolic/biochemical	3	1.2
Ophthalmology/retina	3	1.2
Turner syndrome	3	1.2
Dysmorphology	2	.8
Huntington disease	2	.8
Mental retardation	2	.8
Recurrent miscarriage/infertility	2	.8
Speech/language disabled	2	.8
Cancer	1	.4
Dermatology	1	.4
Endocrine	1	.4
Fragile-X syndrome	1	.4
Genetics hotline	1	.4
Rett syndrome	1	.4
Tourette syndrome	1	.4
Wilson disease	1	.4
None	69	28.6
Not applicable	32	13.3

*Some respondents indicated multiple answers

TABLE 7
BILLING METHOD FOR PATIENTS COUNSELED BY GENETIC COUNSELOR ONLY

BILLING METHOD	N*	%
Bill under supervising physician's name only	92	38.2
Bill included in comprehensive clinic fee	52	21.6
Bill together under your name and the name of a supervising physician	36	14.9
Bill under your name only	17	7.1
No charge	13	5.4
Hospital charge	7	2.9
Nursing	1	.4
Depends on clinic	1	.4
Not applicable	36	14.9

*Some respondents indicated multiple answers

Comments

The history of the professional issues committee shows that surveys are valuable in providing comparative data for negotiating salary benefit packages. Specific information—including salary data by region—is available for any of the data presented.

The majority of respondents felt that a similar survey should be conducted at approximately two- or three-year intervals; some respondents suggested a limited survey on a yearly basis. Future members of the professional issues committee will make these decisions in collaboration with the membership.

I am grateful to Karen Chambers, who provided valuable assistance on this project.

Debra L. Collins, chair of the professional issues committee, is a genetic counselor at the University of Kansas Medical Center, Kansas City, KS 66103.

THE NOMINATION AND ELECTION PROCESS OF THE NSGC: PAST EXPERIENCE, CURRENT PRACTICES, AND DIRECTIONS FOR THE FUTURE

Deborah L. Eunpu

During the next several weeks, each full member of the National Society of Genetic Counselors will receive a ballot to fill five positions on the society's board of directors. This year, the membership will elect a president-elect, treasurer, and representatives for regions I, III, and V. This report highlights past experiences of the election process, summarizes the current practices of the nominating committee, and identifies how the nomination and election process might be improved. I also discuss the important role of the general membership in identifying qualified candidates for nomination.

The NSGC has conducted seven elections (1980-1986), in which the members have elected 37 officers and regional representatives. Of the 37, eight were elected initially as regional representatives and were later elected as officers. The remaining officers have served in only one elected office. Twenty-one of the 22 elected regional representatives had not previously been elected to an office.

Staggering elections and appointments ensures that at least half of the directors' terms carry over to the next year. However, when one looks at the history of the society, only two members of the current board of directors were also on the 1980 and 1981 rosters. Both are serving in different capacities from their original roles and have been off the board for some of the intervening terms.

The other area one can examine longitudinally is the representation of the six geographic regions among elected officers and representatives.

Elections of 1980-1986

Region	I	II	III	IV	V	VI
Number elected to positions	3	10	3	10	6	5
Approximate number of members in each region (1987)	45	200	65	100	55	185

No members from regions I or III have been elected officers, but those regions also have small numbers of members from which to identify candidates. Although the number of members increased in each region, the relative size of the regions has remained fairly constant.

Composition and Selection of the Nominating Committee

The composition of the nominating committee is specified in Article VII of the NSGC by-laws. The committee is comprised of a chairperson (the immediate past president) and four committee members representing four different regions. Traditionally, the regions that will be electing a representative make up three of the four regions represented on the committee. Nominating committee members may not serve on the board of directors in any other capacity and may not be nominated for elected office during their term on the committee. Each committee member serves for one year. At the end of its term, the committee elects successors to begin the process anew. In addition, a nominating committee member cannot serve another term on that committee in the two years immediately following his or her one-year term.

Responsibilities of the Nominating Committee

The general responsibilities of the nominating committee are to select the final slate of candidates for elected positions on the board of directors, prepare and count ballots, and select members of the succeeding nominating committee. Article VII of the by-laws specifies that no more than two nominees be presented for each position to be elected, and that the capability for write-in votes be provided for each position. A ballot must be distributed to all full members of the society at least 10 weeks prior to the annual meeting. Counting of ballots must occur at least six weeks prior to the annual meeting.

Selection of Nominees

Both the general membership and the nominating committee participate in the selection of the slate of candidates. Prior to the election, a general call for nominations is published in *Perspectives in Genetic Counseling.* That mechanism yields a small number of suggestions each year. In 1986 and 1987, the nominating committee sent a direct mailing to all members requesting their recommendations for the slate. In 1986, 23 members responded by submitting at least one suggestion for nomination. In 1987, 73 members responded and suggested a total of 42 individuals for possible nomination.

As more suggestions for nomination have been submitted, the criteria for nomination have become increasingly important. We view a strong recommendation or several suggestions of the same

potential nominee as important indicators of a candidate's strength. With greater membership participation in the initial phase of identifying qualified nominees, the nominating committee has the benefit of a broadened base from which to identify qualified potential nominees whom the committee might not have identified otherwise.

The nomination and election processes require input from both the general membership and nominating committee to ensure selection of the best possible leaders for the society. To improve the committee's ability to rank and select candidates from the members' recommendations, the committee will provide more guidance about the type of information that is helpful in identifying qualified candidates. The committee also will consider ways in which individuals with leadership potential who are not nominated or who decline nomination in a given year can be identified to subsequent nominating committees and the president for possible committee chair positions. The nominating committee welcomes comments or suggestions from the membership. The committee is merely a structure through which the members' recommendations can be filtered and processed in an organized way. Ultimately, the members and nominating committee share one common goal: to identify the best candidates for elected leadership in the NSGC.

Deborah L. Eunpu, past president I, is a genetic counselor at Children's Hospital, Philadelphia, PA 19104.

ANNOUNCEMENTS

1987 NSGC Education Conference

The seventh annual NSGC education conference will be held 4-6 October 1987 in San Diego, California. The conference is designed for genetic counselors and other health professionals interested in genetic services. The program theme "Strategies in Genetic Counseling: Tools for Professional Advancement" will focus on developing effective counseling skills, expanding areas of expertise, increasing job satisfaction, and enhancing the position of the profession within the health-care system. Included in the conference program is a reception, dinner, and show at Sea World, San Diego's renowned marine-life park attraction. For information about submission of abstracts and registration materials, please contact: Nancy Zellers, MS, 1987 Conference Chairperson, Division of Genetic Counseling, M0013, The New York Hospital, 525 East 68 Street, New York, NY 10021, phone: (212) 472-6825 or Trisha Frank, P.O. Box 3183, La Jolla, CA 92038, phone: (619) 454-1987.

Support Organization for Trisomy 18/13

There will be an international conference for families and professionals interested in the care of persons with Trisomy 18 or 13 on 31 July-2 August 1987. This conference will be sponsored by the Support Organization for Trisomy 18/13 (S.O.F.T.) and will be held at the Little America Hotel, Salt Lake City, Utah. Registration information is available from Debbie Stutz, Administrative Director, S.O.F.T., 3648 Valley West Drive, West Jordan, UT 84084, phone: (801) 569-1609.

We are conducting a questionnaire study to survey families that have had a child with Trisomy 18 or Trisomy 13. The survey seeks information about birth, growth and development, associated birth defects, immunizations, newborn course, and hospitalizations. The questionnaire has been sent to families on the S.O.F.T. mailing list. We are seeking additional families to complete the questionnaire and would like it to be available through medical professionals. If you would like a copy of the questionnaire, please contact: Bonnie J. Bary, MS, Department of Pediatrics, Room CRW 413, University of Utah Medical Center, Salt Lake City, UT 84132, phone: (801) 581-8943.

Colorado Foundation for Sturge-Weber

There is now a Colorado Foundation for Sturge-Weber; the ultimate goal is the establishment of a national foundation. The objectives of the foundation are to act as a support group for parents of Sturge-Weber children, foster research, and disseminate information to parents and the scientific community.

Those treating Sturge-Weber patients are encouraged to contact the foundation. In addition to providing a focal point for the accumulation of data pertinent to this syndrome, the information will help the foundation develop a profile of geographic distribution of the syndrome.

Karen Ball
Colorado Foundation for Sturge-Weber
3602 S. Ouray Circle
Aurora, CO 80013

New Editor for Perspectives

Effective with Volume 9, Number 3 (September 1987), the editor of *Perspectives in Genetic Counseling* will be Edward M. Kloza. All manuscript for *Perspectives* should be sent to Mr. Kloza at: P.O. Box 109D, Sebago Lake, ME 04075. Persons interested in working on *Perspectives* should contact Mr. Kloza at the same address.

Volume 9, Number 2, June 1987

Perspectives in Genetic Counseling is published quarterly by the National Society of Genetic Counselors, Inc. Editorial Staff, 1986-87: editor, Joseph D. McInerney; resources, Melonie Krebs; legislation and funding, Edward M. Kloza; book reviews, Joan FitzGerald; counseling case reports, Carla B. Golden. Manuscripts, correspondence, address changes, and inquiries concerning subscriptions should be sent to *Perspectives,* BSCS, The Colorado College, Colorado Springs, CO 80903. See Volume 7, Number 4 for instructions for contributors.

CASE REPORTS IN GENETIC COUNSELING

Case No. 7

To understand fully the following case reports, one must first understand a few basic facts about County Hospital (CH), a large 1,200 bed, urban, public hospital, in a large city. The patients are largely black and Hispanic, poorly educated, and categorically classified as the medically indigent. County Hospital runs a large out-patient facility, which served approximately 700,000 patients in 1986. Services at this out-patient clinic, including any type of prenatal diagnosis, are free of charge.

This hospital is run by medical and nonmedical administrators. Ultimate authority, however, resides in the county board, a governing body of nonmedical, elected officials. The hospital is funded largely through federal funds, and through state and county funds generated by real estate taxes. The overwhelming majority of patients do not have medical insurance.

CASE A

Mr. and Mrs. McD. were referred to the Division of Genetics by a CH perinatalogist at approximately 20-21 weeks gestation because an ultrasound examination at that time revealed a fetus with an encephalocele, an increased abdominal circumference, and severely decreased amniotic fluid volume. Further investigations led to the likely possibility that the fetus had Meckel-Gruber syndrome. Upon meeting Mr. and Mrs. McD., I took a family history, which included a previous second trimester pregnancy loss. Mrs. McD. has a 14-year-old son by a previous marriage.

Following several lengthy discussions that included Mr. and Mrs. McD., the perinatalogist, and myself, Mr. and Mrs. McD. decided to have an abortion. Hospital policy allows pregnancy terminations only in cases where the mother's life is threatened; abortions for other reasons, including anencephaly, have not been permitted. Therefore, the patients were given the option of going to another hospital for the abortion. Several phone calls to other hospitals revealed that pregnancy termination at 20-21 weeks would cost approximately $1,200; if the patient encountered any complications, the cost might escalate to $2,000, or more. Mr. and Mrs. McD. did not have insurance and could not afford the termination. I contacted a women's group for reproductive choice, which had helped another patient. However, the organization was not able to help fund a termination at that time.

Mr. and Mrs. McD. were obligated to carry this pregnancy until 34 weeks gestation, when Mrs. McD. spontaneously delivered a female with Meckel-Gruber syndrome; the child died shortly after birth.

Mr. and Mrs. McD.'s situation is not unique at this hospital, nor at other hospitals across the nation. Mr. and Mrs. McD., like many medically indigent couples, were not able to control their pregnancy as they wished because they could not afford to. An obvious question is, "Why are poor families denied equal medical services?" Is it right that the responsibility of determining and upholding hospital policies ultimately falls on nonmedical, elected officials acting in response to the majority of their constituents? Is it ethical to offer prenatal diagnosis without providing pregnancy termination in the event of an abnormal result? Would it be more ethical to violate the standards of care in our community by eliminating the option of prenatal diagnosis altogether at CH?

CASE B

Mr. and Mrs. P. were referred to the Division of Genetics at about 14 weeks gestation because Mrs. P. was 35 years old. Upon meeting this couple, it became clear that Mr. P. was very concerned about the cost of the amniocentesis. He explained to me that they had been to another hospital near the couple's home in an affluent suburb and received information about amniocentesis, but "did not want to pay that much." I explained to him that although out-patient services are free of charge, our limited budget and resources do not allow us to accept outside amniocentesis patients (patients who are not followed at CH), nor fluids from other institutions. (CH developed this policy in response to patients who have insurance or the resources to pay for prenatal diagnosis but who do not want to pay the portion of the bill the insurance would not cover, or who, for unknown reasons, do not want to pay for the procedure.) I also told Mr. and Mrs. P. that I could refer them to other institutions closer to their home that routinely take outside amniocentesis patients.

Mr. P. quickly explained to me that although they lived very far from CH, they would like to come to CH for prenatal care and delivery because they were recent arrivals in the United States, did not have insurance, and their private obstetrician was very costly. He would arrange for Mrs. P's medical records from her current obstetrician to be sent to the out-patient clinic at CH. Following the routine amniocentesis counseling, Mr. and Mrs. P. were scheduled to return in two weeks for the amniocentesis procedure.

I called Mr. and Mrs. P. when the results from the amniocentesis became available. They were pleased that the chromosomes were normal and the alphafetoprotein was within normal limits. Mr. P. explained that he and his wife were very dissatisfied with the care they were receiving at CH and had returned to their private obstetrician near their home. He requested that I send the results of the amniocentesis directly to their doctor.

I was very uncomfortable with this decision and felt that Mr. and Mrs. P. had skirted the rules designed to protect medical services for the truly medically indigent. How can services be provided equitably in a large bureaucracy that has neither a billing system for out-patient services nor a system to assess a patient's need? When a patient takes unfair advantage of our cost-free services, without recourse, where do we turn for a sense of fairness?

Luna E. Okada, MS, genetic counselor
Cook County Hospital
Chicago, IL 60612

POSITIONS AVAILABLE

Genetic Associate. The Jewish Hospital of St. Louis is currently seeking a genetic associate to join its obstetrical genetics team which currently sees approximately 1,200 patients per year. Primary responsibilities include prenatal diagnosis, reproductive loss and preconception genetic counseling, as well as staffing a phone consultation service for the medical and lay community. Must be able to function as a team member with medical geneticist, three genetic associates, and perinatal lab staff. Board eligible or board certification required; excellent university benefits, salary commensurate with experience. Send curriculum vitae to: James P. Crane, MD, Jewish Hospital of St. Louis, 216 South Kingshighway, St. Louis, MO 63110, phone: (314) 454-7835.

Genetic Associate. The Genetic Evaluation and Counseling Service, St. Vincent Hospital, has an immediate opening for a genetic associate. The growing Genetic Evaluation and Counseling Service is part of a regional perinatal center. St. Vincent Hospital is a 500+ bed, tertiary-care facility, with a warm, family atmosphere. We offer an excellent career opportunity in a prime, quality of life area. A master's degree in genetics is required. Submit resume to: Personnel, St. Vincent Hospital, P.O. Box 13508, Green Bay, WI 54307-3508, or call: Susan Coppernoll, RN, Director of Perinatal Services, at (414) 433-8317.

Genetic Counselor. The genetics program at the University of Miami School of Medicine, Department of Pediatrics, has a full-time, permanent position for a genetic counselor. Primary responsibilities include direct service (general genetics, prenatal diagnosis, teratology counseling, etc.), as well as education, outreach activities, and clinical research. Miami is a culturally diverse area and attracts patients locally, as well as from the Caribbean, South America, and Central America. The diversity of ethnic backgrounds and large patient population provide unique opportunities for a rich experience in clinical genetics. Salary is commensurate with experience and ability to grow professionally. Please send curriculum vitae and the names of three references to: Helen Travers, MS, University of Miami School of Medicine, Mailman Center for Child Development (D-820), P.O. Box 016820, Miami, FL 33101.

Genetic Associate. Tulane University School of Medicine has an immediate opening for a clinical coordinator for an active genetics program with a variety of inpatient hospital consultations, outpatient clinics, and statewide satellite clinics. Responsibilities include scheduling appointments, patient intake interviews, coordination of laboratory evaluation, follow-up counseling, and referral to service agencies. Additional duties involve the ongoing management of PKU multicenter research study. Educational role may include presentations on topics in genetics to public and professional groups. Salary negotiable. Contact: Jenny Miller, The Hayward Genetics Center, Tulane University Medical Center, 1430 Tulane Avenue, New Orleans, LA 70112, phone: (504) 588-5229.

Genetic Counselor. The Department of Medical Genetics at the University of South Alabama has an immediate opening for a full-time genetic counselor. The responsibilities of this position include counseling prenatal and clinical patients about diagnosis, prognosis, symptoms, recurrence risks, and health maintenance for genetic disorders; providing genetics education to civic and health groups; providing professional education to health-care workers; recording family and medical histories; performing patient follow-up; and collecting research data. A master's degree in genetic counseling and ABMG eligibility are minimum requirements. Forward resumes to: Cheryl Richardson, University of South Alabama, Office of Personnel Relations, AD 286, Mobile, AL 36688. The University of South Alabama is an affirmative action/equal opportunity employer, M/F/H.

Genetic Associates. The Division of Human Genetics, Department of Pediatrics, University of Connecticut School of Medicine, has two positions available for entry level genetic counselors. One position involves primarily assisting with the prenatal diagnosis service of this division, and entails family counseling, involvement in the serum AFP follow-up program, attendance at amniocentesis sessions, scheduling of patients, and other duties related to that service. The second opening involves assisting the Connecticut Pregnancy Exposure Information Service, a telephone counseling program regarding teratogens. The responsibilities are primarily directed to telephone counseling from information gathered from various sources and previously abstracted; some computer data entry is involved; occasionally, patients will be counseled in person. Both positions involve teaching physicians and genetic counseling students on genetics rotations, as well as talking to the lay public and health professionals. Both positions carry with them the title of instructor of pediatrics. Candidates must be ABMG eligible/certified. The Division of Human Genetics currently has five MD geneticists, seven genetic counselors, and provides a full range of genetic services. Applicants should submit their curriculum vitae and two letters of reference to: Suzanne B. Cassidy, MD, Division of Human Genetics, Department of Pediatrics, University of Connecticut School of Medicine, Farmington, CT 06032, phone: (203) 679-2676.

Genetic Associate. A position is open at the clinical faculty level (assistant in pediatrics) within the Division of Genetics, Department of Pediatrics, at the University of Florida. This is a diversified position that involves genetic counseling for prenatal diagnosis and a wide range of disorders in a pediatric population, education of health professionals, and participation in satellite and specialty clinics. A master's degree in genetic counseling and ABMG certification/eligibility are required. Application deadline is 1 August 1987; anticipated starting date is 1 September 1987. Send curriculum vitae and three letters of recommendation to: Charles Williams, MD, Associate Professor and Interim Chief, Division of Genetics, Box J-296 JHMHC, University of Florida, Gainesville, FL 32610. For more information, please call: Shearon Roberts, MS, or Jill Hendrickson, MD, at (904) 392-4101. The University of Florida is an equal employment opportunity/affirmative action employer.

Genetic Counselor. The Lutheran General Perinatal Center, located in suburban Chicago and affiliated with the University of Illinois, has a position available for a full-time genetic counselor. This rapidly-growing perinatal center is the largest prenatal diagnostic center in the area. The genetics staff includes three medical geneticists, one fellow, and three genetic counselors. Responsibilities include general genetics, prenatal diagnosis, maternal serum alphafetoprotein screening, specialty and satellite

clinics, and outreach education. The position requires board certification or board eligibility. For more information, please contact: Debra Rita, MD, Lutheran General Perinatal Center, 1875 Dempster Street, Suite 330, Park Ridge, IL 60068, phone: (312) 696-7705.

Genetic Associate. The Genetics Center of Case Western Reserve University, University Hospitals of Cleveland, has an immediate opening for a full-time genetic associate with a master's degree in genetic counseling or human genetics and who is ABMG eligible/ certified. This is an opportunity to join our expanding unit in a diversified position. Responsibilities include prenatal, pediatric, and teratogen counseling, as well as counseling and coordination of the maternal serum alphafetoprotein program and opportunities for research. Interested applicants should contact: Lois H. Dickerman, PhD, Genetics Center, 2058 Abington Road, Cleveland, OH 44106, phone: (216) 844-3936.

Genetic Counselor. The Foundation for Blood Research has an immediate opening for a board certified/eligible genetic counselor experienced with MSAFP screening to provide coordination, counseling, and education in conjuction with the foundation's prenatal testing and pregnancy loss programs. The genetic associate will be encouraged to take advantage of learning opportunities by working with foundation staff involved with clinical research. This position also involves genetic counseling in conjunction with prenatal diagnosis activities at the Maine Medical Center in nearby Portland. Send curriculum vitae to: Edward M. Kloza, MS, Foundation for Blood Research, P.O. Box 190 Scarborough, ME 04074.

Genetic Consultant. A newly established, full-time position for a genetic consultant is now available for a statewide newborn screening program (PKU, hypothyroidism, galactosemia, sickle cell anemia, MSUD, and biotinidase deficiency). The position will be located at the state offices of the Michigan Department of Public Health, Lansing. Duties will include coordination of follow-up on all presumptive positive screens; management of data base system; development of comprehensive education and training for newborn nurseries and other health-care providers; and interaction with the established medical management system to ensure appropriate diagnosis, treatment, counseling, and referral. The qualified applicant should possess two or more years of experience as a genetic counselor, and be ABMG eligible/ certified in genetic counseling. Salary will range from $30,000-$34,000 depending on experience. To apply contact: William I. Young, PhD, Coordinator, Michigan Department of Public Health, Bureau of Community Services, ERD - Genetics & Chronic Disease, P.O. Box 30035, Lansing, MI 48909, phone: (517) 335-8913.