

**FIELDWORK PLACEMENT
HANDBOOK
FOR TRAINEES AND SUPERVISORS**

*Master of Science in Genetic Counseling Program
School of Health Professions Baylor College of Medicine*

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INTRODUCTION

Our priority is that fieldwork training will serve as an enriching foundation for building successful future genetic counselors. Students and supervisors will meet all American Board of Genetic Counseling (ABGC) expectations regarding conduct as well as HIPAA guidelines. The Genetic Counseling Program (GCP) is an interdisciplinary program housed in the School of Health Professions (SHP). The fieldwork placement handbook serves as a resource and guideline for the expectations of the clinical rotation portion of the students' education for both students and supervisors.

Additional resources include:

SHP Student handbook: <https://www.bcm.edu/education/schools/school-of-health-professions/current-students/handbook/administration>

GCP student manual: <https://media.bcm.edu/documents/2018/07/bcm-gcp-student-manual-2018.pdf>.

GENETIC COUNSELING PROGRAM MISSION & VISION

Mission: The Baylor College of Medicine Genetic Counseling Program provides students with a transformative education in genomic medicine and the practice of genetic counseling. The outstanding clinical, laboratory, and research faculty will empower graduates to be empathic professionals with effective critical thinking skills.

Vision: As leaders of genomic medicine integration, our graduates will serve as indispensable navigators of genetic service delivery.

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PRACTICE-BASED COMPETENCIES

Graduates of the Baylor College of Medicine GCP will be prepared to meet the practice-based competencies expected by the American Board of Genetic Counseling (ABGC). The ABGC is the certifying organization for the genetic counseling profession in the United States and Canada. By standardizing competency expectations, the ABGC protects the public and promotes the ongoing growth and development of the genetic counseling profession. The components of a genetic counseling training curriculum must support the development of competencies categorized in the following domains:

Domains

I: Genetic Expertise and Analysis

1. Demonstrate and utilize a depth and breadth of understanding and knowledge of genetics and genomics core concepts and principles
2. Integrated knowledge of psychosocial aspects of conditions with a genetic component to promote client well-being
3. Construct relevant, targeted, and comprehensive personal and family histories and pedigrees
4. Identify, assess, order, facilitate, and integrate genetic/genomic testing in genetic counseling practice (including molecular and non-molecular testing that directly impacts assessment of inherited risk)
5. Assess individuals' and their relatives' probability of conditions with a genetic component or carrier status based on their pedigree, test result(s), and other pertinent information
6. Demonstrate the skills necessary to successfully manage a genetic counseling case
7. Critically assess genetic/genomic, medical, and social science literature and information

II: Interpersonal, Psychosocial and Counseling Skills

1. Establish mutually agreed upon genetic counseling agenda with the client
2. Employ active listening and interviewing skills to identify, assess, and empathically respond to stated and emerging concerns
3. Use a range of genetic counseling skills and models to facilitate informed decision-making and adaptation to genetic risks or conditions
4. Promote client-centered, informed, non-coercive, and value-based decision-making
5. Understand how to adapt genetic counseling skills for varied service delivery models
6. Apply genetic counseling skills in a culturally responsive and respectful manner to all clients

III: Education

1. Effectively educate clients about a wide range of genetics and genomics information based on their needs, their characteristics, and the circumstances of the encounter
2. Write concise and understandable clinical and scientific information for audiences of varying educational backgrounds
3. Effectively give a presentation on genetics, genomics, and genetic counseling issues

IV: Professional Development and Practice

1. Act in accordance with the ethical, legal, and philosophical principles and values of the genetic counseling profession and the policies of one's institution or organization

2. Demonstrate understanding of the research process
3. Advocate for individuals, families, communities, and the genetic counseling profession
4. Demonstrate a self-reflective, evidence-based and current approach to genetic counseling practice
5. Understand the methods, roles, and responsibilities of the process of clinical supervision of trainees
6. Establish and maintain professional inter-disciplinary relationships in both team and one-on-one settings, and recognize one's role in the larger healthcare system

FIELDWORK EXPECTATIONS

General Expectations:

- Each student will rotate through prenatal, pediatric, and adult sites. Cancer cases will be obtained primarily on pediatric and adult rotations. The program will provide students with a schedule of their fieldwork placements. The summer rotation will consist of a five week elective block. The decision regarding summer placements will be made by the Program in conjunction with the student. It is the students' responsibility to manage their schedules while on rotation, including communication with the rotation supervisor regarding didactic and thesis responsibilities. Students will be responsible for making up any missed rotation time at the discretion of the rotation supervisor and Program Leadership. Participation in cases will vary and will depend upon student and supervisor agreement. In the event a student does not meet the minimum number of cases for a rotation, additional days in clinic during the rotation may be required.

Basic Rotation Schedule

	Clinic Role	Time Commitment	Logbook Case Goals	Sites	Basic Expectations
Clinical Practicum I (Fall)	Observation	½ day per week	N/A	Rotation through prenatal, pediatric, and adult clinics (3 blocks, 6 weeks each)	Observe each clinic setting to better understand the site's nuances. By the end of Clinical Practicum I, students are expected to have taken one full pedigree in clinic. <i>A deidentified copy is due to the rotation supervisor by the end of the last block.</i>

Clinical Practicum II (Spring)	Active participation in clinic	1 -1 ½ days per week	12 cases per block	Rotation through prenatal, pediatric, and adult clinics (3 blocks, 6 weeks each)	The first week on a given rotation, students will observe cases. By the third week, students should be taking pedigrees and intakes and beginning to explain basic genetic concepts, with the goal of actively participating in sessions by the end of the rotation. <i>Clinical note assignment due by the end of week 4 on each block</i>
Clinical Practicum III (Summer)	Active participation in clinic – may be at a remote site*	5 days per week for minimum of 5 weeks	25 cases	Rotation in BCM Clinic or at a remote site	The goal of the summer rotation is to allow students to get a sense of practicing as a full time genetic counselor.
Clinical Practicum IV (Fall)	Active participation in clinic, student's desired specialty, remediation (if needed) and/or specialty rotation	2-3 days per week	25 cases per block or as assigned for elective rotations	Rotation through prenatal, pediatric, and adult clinics as well as elective [#] / specialty/ and/or remediation (if needed) in 4 blocks over two semesters (8 weeks each)	Students may observe a few cases in the first week on each block. For the remainder of each block (with the exception of the final specialty block), students are expected to be the primary counselor whenever possible. Supervisors may allow students to observe on a case-by-case basis. <i>Results tracking form due at the end of each of the first three blocks</i>
Clinical Practicum V (Spring)					

* Student placements are at the discretion of the Program Leadership. Students in good standing may elect to participate in an external summer rotation. In the event a student is in need of remediation, an external rotation will not be an option. Students should identify a desired external placement and discuss with Program Director and Associate Program Director prior to winter break.

Elective rotations are available at the discretion of Program Leadership to students in good standing. These electives may be to subspecialty clinics or for less traditional rotations focusing on interactions with other members of health care teams (ex. Child Life) or may focus on specialized roles of healthcare providers (ex. Billing & Insurance). Electives may have specific requirements for successful completion.

Lead Rotation Coordinator: Salma Nassef, MS, CGC

Lead Rotation Supervisors:

	1st Year Rotations	2nd Year Rotations
Prenatal	Sarah Huguenard, MS, CGC	Andrea Moon, MS, CGC
Pediatric	Haley Streff, MS, CGC	Andi Lewis, MS, CGC
Adult	Ash Byrnes, MS, CGC	Tanya Eble, MS, CGC

Clinical Documentation:

First year students:

Each student will create and turn in a completed note to the lead block supervisor during each block. **Notes are due by the end of week 4.** A skeleton template along with the case scenario and pedigree can be found in BOX>Clinical Rotations_Students>1st years.

Pediatric: developmental delay

Prenatal: abnormal serum screen

Adult: family history colon cancer

Additionally, students may be asked to create disease specific outlines prior to clinic and unique blurbs following clinic. No more than 3 clinic blurbs will be assigned per clinic day.

All student notes, templates, and blurbs must be password protected (password: GCprogram) and sent securely (add [secure] in the subject line) via email.

Second year students:

Students will be given templates for letter and progress note writing. Students are expected to complete progress notes and/or letters within 48 hours of seeing a patient. The number of assigned progress notes/letters may vary by site and will be assigned based on the documentation policy of the site. No more than 3 clinic notes/letter will be assigned per day. Students may be asked to create additional blurbs in addition to consult notes/letters. Writing should be the student's own, unique work. **All student notes, templates, blurbs must be password protected (password: GCprogram) and sent securely (add [secure] in the subject line) via email.**

Each student is responsible for tracking 6-10 unique results per block. A completed tracking form (found in BOX>Clinical Rotations_Students>2nd years) must be turned into the lead rotation supervisor at the end of each block.

Genetic Counseling Program Expectations:

- All students will have basic genetics knowledge and counseling skills as well as education in foundations of genetic counseling. The particular courses a student has completed will vary depending on the timing of their rotation.
- HIPAA training will be completed by all students prior to beginning their fieldwork placements.
- Formal feedback from each clinical site will be requested annually from students and faculty, but informal feedback to the Program Director or Associate Program Director

is encouraged at any time. This feedback will be incorporated into future clinical placements to the best of the Program's ability. Supervisors will not be given cumulative rotation specific feedback of a non-urgent nature until after the student has graduated. The Program will attempt to anonymize student feedback whenever possible.

- Each clinical site will have a site visit from program leadership approximately every three years. This is not necessarily a physical visit and will be mutually decided upon in advance.

By the end of fieldwork placement in the second year, the goal is for students to have achieved the following objectives. Not all objectives apply to every clinical experience, but they serve as a general summary.

- The student will welcome each patient and introduce the patient to the services of the center/clinic.
- The student will elicit patient concerns (both verbally and nonverbally expressed).
- The student will contract with the patient to set expectations for the visit.
- The student will take a medical and social history from the patient and family.
- The student will progress in the formation of psychosocial assessments of patients, with supervisors' guidance.
- The student will elicit family history information and create or draw pedigrees (where/when appropriate).
- The student will obtain informed consent for procedures/research/tests appropriately.
- The student will determine the availability of tests (including cost and logistical concerns) for specific conditions, and participate in ordering these tests based on patient election.
- The student should observe appropriate/related medical procedures as often as possible (i.e., ultrasound, amniocentesis, X-rays, blood draws, biopsies, etc.).
- The student will discern and obtain important additional medical records needed for effective counseling for case prep and after meeting with a patient as needed.
- The student will interpret and explain the results of any screening or diagnostic tests (especially prenatal diagnosis procedures) related to the reason for referral.
- The student will describe, interpret, and explain the results of chromosome analyses and other genetic analyses.
- The student will appropriately determine how best to deliver abnormal test results to families based upon the psychosocial assessment that they have observed/performed.
- The student will be familiar with appropriate educational and psychological support resources and referrals for patients.
- The student will be able to identify other recommended management, surveillance, or testing and assist with referrals as appropriate.
- The student will be able to provide short-term, crisis-oriented counseling (when

appropriate) with supervisor guidance.

- The student will arrange for follow-up counseling (as appropriate).
- The student will write letters to families/patients/referring physicians and write chart notes for medical records (as appropriate).
- The student will keep detailed logbooks of every patient observed and/or counseled.
- The student will adequately perform other clinical duties/assignments as listed in each practicum syllabus.
- Students will staff/present cases with attending physicians, supervisors, and faculty as needed.

General Supervisor Expectations:

- Have a physical location for the student to work and to access medical records. This does not need to be a dedicated work space.
- Allow the student to observe prior to taking an active role in genetic counseling sessions at the start of each block and/or at the discretion of the supervisor. This orientation period should include providing pertinent information regarding your clinic such as contact information, procedures/policies, and a review of unique HIPAA guidelines/regulations.
- The active progress of the student is determined individually by the student and supervisor. Students are expected to perform more components of the genetic counseling sessions as the rotation continues with the goal of being able to perform all aspects of a genetic counseling session by the end of their rotations in Clinical Practicum II. This may not be possible in all situations.
- Allow students to observe a variety of cases within your clinic setting even if they are not able to perform all aspects of the session.
 - NOTE: Cases that will be included in the student's final logbook portfolio (required 50 participatory cases) must be supervised by a Certified Genetic Counselor with a minimum of 1 year of experience as a clinical genetic counselor.
- Supervisors may expect students to attend conferences or activities pertinent to their fieldwork placement unless this conflicts with course schedule.
- Supervisors will ideally have least six months of clinical experience prior to supervising genetic counseling students. Those with less than one year of supervision experience will have a designated clinical supervising mentor. If a mentor is not available at your own facility, please contact the Program Director so a mentor can be identified.
- Provide appropriate and constructive feedback on both the counseling sessions and written documentation via the final rotation evaluation.

General Student Expectations:

- Contact the supervisor prior to your block start date to schedule an orientation and ask questions to more fully understand the expectations of each clinical site, which may vary, such as dress code, hours of operation, location, etc.
- Actively participate in at least the minimum recommended number of cases per rotation.

- Track your case numbers and update lead rotation supervisors if you are in jeopardy of not meeting your minimum recommended number of cases at least 2 weeks prior to the end of your rotation.
- Research cases in advance when possible including the indication, testing options, etc. Supervisors may deny participation in cases for which student has not adequately prepared. You may be asked to create a fact sheet or visual aid for use in clinic based on indication.
- Have visual aids available to use in clinic (when appropriate).
- Bring all necessary paperwork (evaluation sheets, patient resources etc.) with you to clinic.
- Discuss plan for the case with the supervisor in advance.
- Provide quality patient care as directed by supervisor.
- Document patient care as appropriate for the clinic site (ex either by progress note or letter).
- Discuss the case with the supervisor afterwards for feedback.
- Schedule an end of rotation feedback session with the lead rotation supervisor.
- Attend journal club, case conference, multidisciplinary conferences as indicated.

Mutual Expectations:

- Be respectful, prompt, and prepared.
- Be open-minded and willing to learn.
- Be open and receptive to giving and receiving feedback.

STUDENT ETHICAL STANDARDS

Students are responsible for understanding and abiding by institutional and professional ethical standards. Please see the following:

1. NSGC Code of Ethics (www.nsgc.org)
2. Baylor College of Medicine student code of conduct: -
<https://media.bcm.edu/documents/2015/94/bcm-code-of-conduct>

STUDENT FAIR PRACTICE WORK POLICY

Students are protected from assuming the role of their credentialed supervisor, preceptor, professor, or clinical instructor. Students should be supervised in their field, and clinical experiences and should not be serving as a workforce. A student serving in the role of genetic counseling student at a hospital, clinic, or other clinical setting should be supervised, and final clinical decision making/patient care should be the responsibility of the supervisor/preceptor, clinical instructor, or attending physician.

STUDENT ABSENTEEISM/TARDINESS POLICY

Regular, prompt attendance is required in all didactic, laboratory, and clinical classes. If absence is unavoidable, the student must email the lead clinical rotation supervisor to ask for permission of absence. The Program Director, Associate Program Director, and assigned

clinical supervisor should be cc'd on all excused absence requests. Students are responsible for making up missed clinical time to meet clinical requirements. During fieldwork placements, if a student misses more than 6 days during a semester of rotations, the student will be expected to make-up missed dates during a rotation as needed to avoid receiving a failing grade if the number of missed clinic dates exceeds 6 days during a semester.

In the event of an unexpected or uncontrollable event, including but not limited to severe weather events and epidemics, the Program will follow the direction of Baylor College of Medicine as well as local, state, and national regulations regarding clinic closures and excused absences from clinic. In such circumstances, students and supervisors are responsible for individually evaluating whether they can safely travel to clinic. Supervisors should communicate clinic closures or cancellation of appointments to the student as soon as possible. Students should communicate any travel limitations to the assigned clinical supervisor, lead clinical supervisor, Program Director, and Associate Program director in a timely manner.

STUDENT DRESS CODE

Appropriate clinical attire is required while seeing patients. Clinic attire should be neat and professional.

General guidelines for clinic attire and appearance:

- Clothing
 - Outer garments must be in good taste (style and fit), clean, in good repair, and well pressed.
 - Clothing with holes, frayed edges, or patches are **not** acceptable.
 - Be mindful of skirt and dress length, particularly in clinics where you sit across from patients without an opaque desk or where you interact/play with children. Skirt length shall be no shorter than two inches above the top of the knee and may not be tight-fitting.
 - Low cut and/or revealing tops are **not** appropriate, e.g. off the shoulder tops, spaghetti strap tank tops. Proper undergarments shall be worn. Cleavage should not be visible.
 - Jeans of any color, cargo pants, spandex, leggings, and athletic wear are not acceptable.
- Shoes
 - Shoes must be clean and in good condition.
 - Closed-toe shoes are required when in direct contact with the laboratory.
 - Flip flops are not acceptable.
- Other
 - No visible body piercing (with the exception of ear piercings) is permitted.
 - All tattoos shall be appropriately covered so as not to be visible.
 - Hair may not be dyed unnatural colors.
 - Nails must be conservative in length.

- Students who wear inappropriate clothing will be asked by the clinic supervisor to change into appropriate clothing or be sent home for the day. Students are responsible for making up missed clinical time.

STUDENT CONFIDENTIALITY POLICY (PATIENT PRIVACY)

Students will receive basic HIPAA training prior to beginning their fieldwork placements. The privacy of all medical records and other individually identifiable health information must be protected at all times. Information relating to a patient's health care history, diagnosis, condition, treatment, or evaluation will be considered individually identifiable health information. Confidentiality of this health information must be maintained at all times, and may only be disclosed with the express written consent of the patient. Students are required to keep all patient and student information confidential and to abide by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations regarding sensitive patient data within the classroom and clinic. Students who do not abide by this policy may be terminated from the GCP according to the decision of a collective faculty committee and approval of the Program Director and SHP Student Promotions Committee.

LOGBOOKS

Each student will keep a logbook of ALL patients he/she sees including all observations. This log should include all information needed to satisfy documentation of the student's role(s) in each case as well as detailed notes on the cases and counseling strategies. The logbook should reflect the depth and breadth of the student's clinical experience. The Typhon system will be the electronic logbook tracking system. A hyperlink to the logbook will be sent to the supervisor involved in the case for approval. Additionally, all student logbook cases will be reviewed by Program Leadership prior to graduation.

Patient identifiers (such as patient medical record number) must never be used on the logbook. The Typhon system will auto assign a unique identifier for each case entered.

Each student, over the period of 4 semesters and the summer, will be expected to obtain a minimum of 50 participatory fieldwork cases (core cases) documenting their clinical training. These materials become a permanent part of the student's logbook case records, maintained in the Typhon management system and will be collected by the Program prior to the student's graduation. **Core cases must be supervised by a Certified Genetic Counselor with a minimum of 1 year of experience as a clinical genetic counselor.**

Students will be trained on the use of the Typhon logbook system prior to entering clinic. The Genetic Counseling Program account number for the Typhon system is 9360.

The screenshot displays a complex web-based form for entering clinical data. It is divided into several sections:

- Student Information:** Includes fields for Semester (Fall), Course (Clinical Practicum), Clinical Supervisor (Chargis, Stephanie), and Clinical Site (Baylor Genetics-7500 Fannin).
- Patient Demographics:** Includes Group Encounter, Age (years), Gender, and Race.
- Clinical Information:** Includes Time with Patient (minutes) and Consult with Clinical Supervisor (minutes).
- ICD-10 Diagnosis Codes:** Four input fields labeled #1, #2, #3, and #4.
- Other Questions About This Case:** A series of dropdown menus for Clinic Setting, Prenatal Indication, Pediatric Indication, Adult Indication, Hematology Indication, and Cancer Indication, followed by an Indication Detail field.
- Procedures/Skills (Observed/Attempted/Successful):** A list of skills categorized by role (Counseling, Education, Management) with checkboxes for Obs, Succ, and Critical in RED.
- Clinical Notes:** A large text area for entering notes, with a warning: "Do not enter patient information that would violate HIPAA confidentiality. LOAD DEFAULT TEXT".

At the bottom, there are navigation options: "Encounter Continuity" and "Save this case and view/edit linked cases."

- **Case Preparation (PBC Domain I.6)**
 - o Performed chart review, made outlines, reviewed literature, looked up information, etc. [should be able to check on ALL patients seen]
- **Contracting (PBC Domain II.8)**
 - o Elicited concerns, established agenda, developed rapport
- **Pedigree (PBC Domain I.3)**
 - o Took 3 generation pedigree using appropriate nomenclature
- **Risk Assessment (PBC Domain I.5)**
 - o Determined risk of recurrence or occurrence, can incorporate serum screen, age-related risk, software such as IBIS, and/or pedigree assessment
- **Inheritance/Risk Counseling (PBC Domain III.1)**
 - o Counseled about above risk assessment
- **Discussion of Diagnosis and Natural History (PBC Domain III.14)**
 - o Talked about diagnosis, natural history of condition in question, prognosis, treatment, etc.
- **Discussion of Testing Options/Results (PBC Domain III.14)**
 - o Offered and explained any screening or diagnostic testing
- **Psychosocial Assessment (PBC Domain I.2)**
 - o Internal assessment of patient's psychosocial state [should be able to check on ALL patients seen]
- **Psychosocial Support/Counseling (PBC Domain I.2)**
 - o Acted upon information elicited beyond primary skills by taking second step [not just normalizing and validating]
- **Resource Identification/Referral (PBC Domain I.4)**
 - o Gave written literature, support group information, resources in area
- **Follow-up (PBC Domain III.15)**
 - o Wrote patient or MD letter, documented for EPIC, did database search, reported out test results

FIELDWORK PLACEMENT GRADING

Grading is on an A, B, and F basis. Successful completion of EACH fieldwork placement is required to graduate from the program. Students will receive a mid-point and end-point evaluation for each rotation starting in the spring of the first year. Evaluations will be discussed face to face with the student and available for review by the student and Program Leadership through the Typhon system. Evaluations are mapped to practice-based competencies to ensure that students are advancing throughout their rotations. Specific requirements for fieldwork placements include, but are not limited to, preparing for cases weekly (chart review, literature search on appropriate topics pertaining to each case, obtaining additional information such as lab data and hospital records), and meeting with the clinical supervisor prior to each case at a time agreed upon by the student and the counselor to discuss counseling issues and strategies. In addition, the student may be asked to prepare a pre-case counseling outline and write-up. The pre-case write-up will be the basis for case review and discussion with the supervising clinician. These may be required prior to seeing the patient in order for the student to see the case.

Following each case, clinic notes, letters, post-case write-ups, and other additional information requested must be submitted in a timely manner.

Failure to meet expected deadlines for case write-ups, letters, etc. more than 3 times will result in mandatory remediation and/or a failing grade for the rotation at the discretion of the Program Leadership. A student who does not perform satisfactorily and meet the requirements of the practice-based competencies will not receive a passing grade for the clinical placement. Consistent with the remediation process outlined in the student manual, the Course Director for the clinical practicum will evaluate the student for areas of focused skill deficits, and if a single area of weakness is identified, the Course Director will develop a targeted remediation. If there are multiple deficiencies, the Course Director will report the original failing grade to the Program Director and Associate Program Director to begin a process of comprehensive remediation. Both targeted and comprehensive remediation of clinical skills deficiencies will result in a written remediation plan including required outcomes and a timeline. In the case of a targeted remediation, this plan will be signed by the student and the Course Director. In the case of a comprehensive remediation, the plan will be signed by the student, the Course Director, Program Director, and Associate Program Director. Remediation activities may include, but are not limited to, additional clinical work or use of simulation with faculty and/or standardized patients with a focus on an identified deficiency or deficiencies. In addition, the final fieldwork placement for a given student can be assigned by program leadership in order to address areas of weakness that have been identified through previous fieldwork placements.

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EVALUATION

Student Evaluation of Clinic Sites, Supervisors, and Overall Rotation:

At the end of each rotation, students will be expected to evaluate the clinical site, fieldwork placement and each of their supervisors. All evaluations will be anonymous and completed through Typhon. The faculty will be given feedback once a year from the graduating class. Therefore, the faculty will receive a student's feedback after he or she has graduated. This is intended to allow students to feel comfortable giving honest feedback.

Midpoint and Endpoint Rotation:

Each student will meet with the lead rotation supervisor at the midpoint and end point of each block starting in the spring of their first year. In the fall of the first year, students will be in observation only rotations and will meet with the lead rotation supervisor at the end of each block. Evaluations will be discussed face to face with the student and available for review by the student and Program Leadership through the Typhon system. Evaluations are mapped to practice-based competencies to ensure that students are advancing throughout their rotations.

Student Self-Evaluations (Pre and Post Rotation):

Students will be expected to complete the student self-evaluation forms at the start and end of each rotation and briefly review the pre-rotation form with their next rotation supervisor. In Clinical Practicum I, students should give a copy to the lead supervisor for that specific rotation. In subsequent clinical practicums, self-evaluations will be completed in Typhon. This will help the students and the supervisors set goals for the upcoming rotation. The lead rotation supervisors will be emailed this form prior to the start of the students' upcoming rotation.

ASSIGNMENTS

First year students:

- Deidentified pedigree** due by last day of fall semester
- Prenatal Note** due by the end of week 4 of each block in spring semester
- Pediatric Note** due by the end of week 4 of each block in spring semester
- Adult Note** due by the end of week 4 of each block in spring semester

Second year students:

- Prenatal Results Tracking log** due by the end of each block
- Pediatric Results Tracking log** due by the end of each block
- Adult Results Tracking log** due by the end of each block