

Competencies Working Group

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Charge

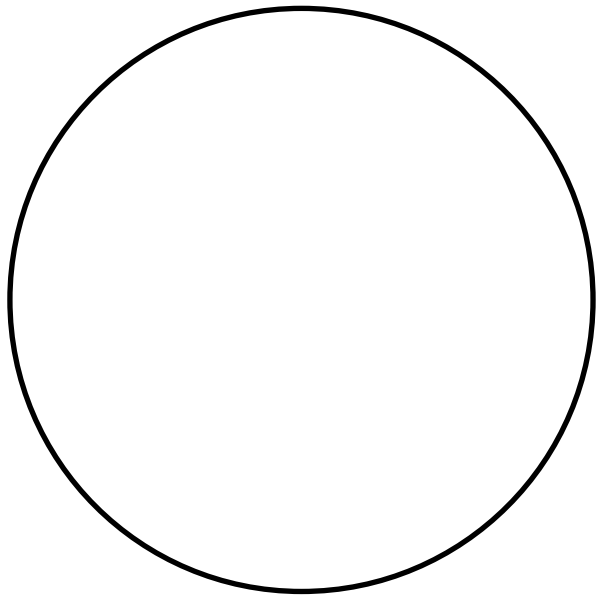
- Review surveys and other sources to see what competencies would fit into current clinical practice
- Review any existing competencies in genomic medicine education and existing guidelines in the use of genomics
- Work with individual professional societies to determine their desire for competencies and where they would fit in
- Propose and refine general competencies relevant to any physician/clinician
- Work with specialty societies to propose and refine specialty-specific competencies.

Competency: “The ability to do something successfully.” (Oxford English Dictionary)

ACGME Core Competences

- Patient care
- Medical Knowledge
- Practice Based Learning and Improvement
- Systems Based Practice
- Professionalism
- Interpersonal Skills and Communication

On Reinventing the Wheel



Context

- Undergraduate and medical education
- Residency training – milestones
- Continuing education - MOC

Go Live April 24 at 9 am PDT

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Entrustable Professional Activities

- Family History: elicit, document, and act on relevant family history pertinent to the patient's clinical status;
- Genomic Testing: use genomic testing to guide patient management;
- Treatment Based on Genomic Results: use genomic information to make treatment decisions;
- Somatic Genomics: use genomic information to guide the diagnosis and management of cancer and other disorders involving somatic genetic changes; and
- Microbial Genomic Information: use genomic tests that identify microbial contributors to human health and disease, as well as genomic tests that guide therapeutics in infectious diseases.

Family History

Patient care

- Conduct patient interview to assemble family history;
- Use standard pedigree symbols in assembling family history;
- Recognize patterns of Mendelian inheritance and calculate simple Mendelian risks; provide this information to patients and family members as appropriate;
- Use empirical risk figures to provide appropriate information for complex (multifactorial) medical conditions;
- Recognize that traits may cluster in families due to multifactorial rather than Mendelian patterns of inheritance; and
- Formulate an action plan to address relevant family history information.

Knowledge for practice

- Describe the basic patterns of Mendelian inheritance; and
- Explain the difference between Mendelian and multifactorial inheritance.

Practice-based learning and improvement

- Incorporate family history information into health record.

Interpersonal and communication skills

- Explain and document findings from family history to patient, including implications for other family members.

Professionalism

- Respect privacy of patient and family members in assembling and documenting family history;
- Explain to patient relevant social and legal risks related to family history as well as relevant legal protections; and
- Recognize the potential of family history information to reveal unexpected family relationships such as consanguinity or misattributed paternity.

Systems-based practice

- Focus family history on problems relevant to the individual patient's health; and
- Facilitate patient's desire to communicate relevant family history information among health providers and family members.

Interprofessional collaboration

- Make appropriate referrals for specialty evaluation based on results of family history.

Personal and professional development

- Identify sources of information on genetic disorders, such as OMIM (Online Mendelian Inheritance in Man), and GeneReviews; and
- Maintain continuing medical education on matters of medical genetics.

Next Steps

- Revisions in response to feedback
- Work with other groups to develop specialty-specific competencies
- Identify resource gaps