



In-Training Evaluation Report – Genetic and Genomic Diagnostic Specialty

NAME: Last Name _____ First Name _____

Date Training Started: _____ Full Time Part time

Training Stage: **Core** Unit: **Non-Mendelian Genetics**

Unit Start Date: _____ Unit End Date: _____

Training Site: _____ Supervisor: _____

Learning objectives associated with this unit:	Below expectations	Meets expectations	Exceeds expectations
ME 1.3 Apply knowledge of loss of gene expression from one parental chromosome through multiple mechanisms in the reporting of imprinting disorders			
ME 1.3 Apply knowledge of the concept of trisomy and monosomy rescue and its relationship to uniparental disomy/imprinting			
ME 1.3 Recognize tissue-specific sources of error for imprinting disorders in recommending the most appropriate tissue sample to test, (e.g. 11p15 imprinting disorders, prenatal tissues, etc.)			
ME 1.3 Recognize and explain the role of digenic inheritance, multifactorial inheritance, and polygenic risk scores in the interpretation of genetic test result findings			
ME 1.3 Apply knowledge of clinical presentation of well-characterized recurrent mitochondrial genome variants and the common methods used in their detection			
ME 1.3 Apply knowledge of homoplasmy and heteroplasmy in the interpretation and reporting of mitochondrial genome variants and recommend appropriate follow-up			
ME 2.4 Incorporate knowledge of mitochondrial disease presentation and inheritance pattern to recommend mitochondrial genome testing versus testing of nuclear encoded mitochondrial genes			
ME 3.1 Recommend the most appropriate tissue to test for mitochondrial genome testing or subsequent familial testing			
ME 3.4 Perform all laboratory and analytical steps of the procedure to detect an imprinting disorder			
ME 4.1 Select or recommend appropriate follow-up laboratory testing based on the specific imprinting disorder finding identified			

Longitudinal Competencies:	Never	Rarely	Sometimes	Usually	Always
ME 1.3 Apply knowledge of the main clinical features of genetic disorders in					

the context of choice of testing procedure, result interpretation and report writing					
ME 1.6 Demonstrate insight into limits of expertise and seek consultation as necessary					
ME 2.1 Prioritize specimens and testing based on clinical indication and impact on medical management					
ME 2.2 Select ancillary tests in a resource-effective and ethical manner that balances costs with potential utility of results					
COM 4.1 Prepare clear, concise, comprehensive, and timely written reports for genetic tests that incorporate personal and family history and results from other relevant testing in answering the clinical question					
COL 1.2 Discuss trouble-shooting issues with colleagues in the genetic laboratory including laboratory members					
COL 1.2 Work effectively with laboratory technologists and laboratory assistants, directing their assistance as appropriate					
COL 2.1 Respond to requests and feedback in a respectful and timely manner					
L 1.1 Actively participates in quality control, quality assurance, and quality improvement initiatives					
L 3.1 Review quality control data, and take appropriate action for deficiency follow-up, including possible sample mix-up					
HA 1.3 Understand the clinical implications of incidental findings, approaches to minimize the chance of finding them, and policies for reporting					
S 1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing personal performance					
S 2.4 Participate in available learning activities					
P 1.2 Demonstrate a commitment to excellence in all aspects of laboratory practice					
P 3.1 Adhere to the relevant codes, policies, standards, and laws governing laboratory practice including accreditation, standard operating procedures, training and competency, safety, and privacy					

Technical and Interpretative requirements have been completed for this unit Yes No
If no, justify in the section below.

Summarize the trainee’s performance for this unit and formulate recommendations for future improvement

Name/Signature of evaluator(s) _____

Date _____

Name/Signature of Program Director _____

This is to attest that I have read this document

Signature of Trainee _____