

## **ABFM MOC IV Preceptor Improvement Program Enrollment and Pre Test**

**Name (as it appears on your ABFM Membership):**

**ABFM Membership Number:**

**E-Mail:**

Please choose one of the following videos below based upon which area you feel you could benefit from faculty development:

1. Using Learning Objectives to Drive Your Precepting:  
<https://www.youtube.com/watch?v=vfBR8qggpY0>
2. Giving Feedback:  
<https://www.youtube.com/watch?v=SYXgMobMU8U>
3. Advanced Skills in Precepting:  
<https://www.medscape.com/viewarticle/983781?form=fpf>

**Which video did you choose:**

**Please rate your current skill in your area of choice (1-5) with 5 being excellent:**

**After watching this video, please document what changes you will make in your teaching:**

1.

2.

3.

**Note:** A Post Test will be sent in December to certify your credit.

Please submit, form will automatically be e-mailed to Karen Rayla. If you are having issues, you can e-mail Karen at [karen.rayla@umassmed.edu](mailto:karen.rayla@umassmed.edu). Thank you.