



Mentorship/Supervision Activity to Fulfill Practice Improvement (Part IV) Activity for ABMGG Continuing Certification (MOC) Program

This activity is designed to meet the requirements for ABMGG's **Improvement in Professional/Clinical Practice** component of Continuing Certification.

Activities that fulfill this activity can involve learners (students, residents, fellows), care givers (nurse practitioners, genetic counselors, physician assistants, and other ancillary healthcare personnel), physicians (newly-hired members of a practice, junior faculty, etc.), researchers (investigators, technical personnel) and administrators/administrative staff whose activities are essential to the provision of care (i.e., clinic supervisors).

The common thread for activities satisfying this module is the *role played by the individual being supervised or mentored*: she or he must play an important role in the direct care of patients or in the improvement of care of patients or in the development of new knowledge relevant to the field of Medical Genetics and Genomics.

Listed below are several examples (not a complete list) of acceptable supervisory goals/efforts:

- **Learners**—acquisition of new skill such as taking a pedigree/family history assessment, physical exam, management of certain genetic conditions, genetic counseling
- **Care givers**—acquisition of new skill or improvement in current practice activities
- **Physicians**—demonstration of abilities in a new clinical setting, acquisition or improvement in academic responsibilities
- **Researchers**—development of skills in protocol development, demonstration of proper laboratory procedures, acquisition of new skill involving technical equipment of a new avenue of inquiry, improvement in analysis of data and preparation of presentations or manuscripts
- **Administrators/Administrative staff**—improvement in clinic efficiency, patient and physician satisfaction, activities to address and diminish physician burnout

The mechanisms by which the chosen activities are undertaken, evaluated, communicated and assessed can also be quite varied and will be the choice of the diplomate undertaking this activity.

Examples of such mechanisms include: formal course work, one-on-one counseling, direct observation, special training sessions, and directed reading of literature appropriate to the skill/knowledge being assessed or acquired.

Monitoring examples include use of check lists, regular notations regarding activities being assessed or via an oversight committee convened to evaluate the progress of the supervisee. Again, there are many ways to provide supervision and assessment of the activity's success; diplomates are encouraged to explore new and creative ways of fulfilling this activity.

APPLICATION for ABMGG CONTINUING CERTIFICATION CREDIT

Practice Improvement (Part IV): Mentorship/Supervision Activity

Name of Supervisor/Mentor

[Diplomate seeking credit]

Diplomate's E-Mail Address

Diplomate's Telephone Number

Name(s) of Supervisee/Mentee

Supervisee's/Mentee's Job Title or Position

Brief description of nature and frequency of interaction between Supervisor/Mentor and Supervisee/Mentee

List activities, skills, or knowledge to be acquired or improved upon and assessed

[Examples: Ability to collect accurate family history/pedigree; determine genetic history; perform physical examination; develop differential diagnosis for a medical genetics problem; acquire and/or improve skill or technological expertise; design and carry out scientific experiment properly; improve a process of care, etc.]

Goals for the individual being supervised

[The person to be supervised/mentored should understand and be able to state the goals and metrics used.]

Tools used (if any) to complete activity, e.g., course work, publications, check lists, formal testing or evaluation

[Examples: Pre- and post-test, ACGME Milestones, ABMGG Form for Evaluation of Fellows, tutorials, classes, demonstrations (live or video), chart review, interviews used, direct observation, literature used to justify the goals and measures used, clinical lab QI measures, etc.]

Method(s) of assessment

[Examples: Committee oversight, direct observation, formal or informal reports, etc.]

Number or pattern of independent assessments

[Minimum of three to five; assess new skills, techniques learned, e.g., skin biopsy]

Method(s) of communication between supervisor/mentor and supervisee/mentee re success in reaching goals; elaborate on findings

[Examples: Exit interview, written report, etc.]

Conclusions

[Degree to which goals were achieved and identification of barriers to success]

Plans to address barriers to success (if any)

If you are willing to share with ABMGG electronic copies of tools and literature you have used or developed, we would like to include these resources in a list/library of best practices that could be shared with others wishing to address similar issues within their particular environment of care or research.

Please forward any such material to moc@abmgg.org and enter "Supervision Module List/Library" in the subject. *Thank you!*