



The Foundation for Medical Practice Education

Facilitator Training Information

What is the Practice Based Small Group (PBSG) Learning Program?

Educational studies show that learning in small groups through discussion of an identified common problem is an effective way to learn. In the PBSG Learning Program, groups are formed and maintained in their own communities and are facilitated by a group member. The small groups develop their own learning agenda and access a variety of learning resources. The Foundation provides training for group facilitators and supplies educational modules. The modules provide the practicing physician with scientific data formatted into a practical educational framework.

Tasks of the Facilitator

- Foster and maintain a climate supportive of learning
- Help identify practice-related issues/questions and problems
- Identify and constructively explore conflicts and inconsistencies in content and/or practice
- Help the integration of knowledge into practice and focus discussion on the learning agenda
- Keep accurate documentation of group members' attendance, so that study credits can be issued

How to Form a New Group

- Discuss the program with colleagues and form a learning group. The recommended optimal size is 7 members (the range is 4-10). The facilitator should expect to commit to the facilitation role for a minimum of 1 year.
- Determine a mutually agreeable time, date and place to meet. Groups commonly meet for a 90 minute time period once a month. Many groups meet more frequently and other groups stop for the summer.
- Send the registration forms as a group to The Foundation office. Fees are CDN \$375 per PBSG member, per year; CDN \$415 in the US and Mexico; CDN \$453 outside North America. There is a one-time CDN \$320 registration fee for new and replacement facilitators which covers workshop and administrative costs. Cheques or credit card information must accompany the registration forms.
- Please note, Mainpro+ study credits will only be issued to physicians registered with the PBSG Program.
- The group must be registered and have paid before the facilitator can be trained (minimum of 4 members).

Workshop Information

*Workshop attendance qualifies participants for MAINPRO+ credits.

Workshop Locations/Schedule

Halifax, NS | Ottawa, ON | Hamilton, ON | Calgary, AB | Vancouver, BC | Single Day: 8:30 am–4:00 pm

Please contact The Foundation's office at: 1-800-661-3249 ext. 1 or 905-525-9140 ext. 22219 to register for the facilitator training workshops. Some workshop dates may be cancelled or re-scheduled depending on availability and participation.

CANCELLATION POLICY

*Facilitator trainees who provide notice of cancellation at least 60 business days in advance of the workshop start date may receive a partial credit towards the next scheduled workshop in their area. Non-attendance will incur the full workshop registration fee of \$320.

*Workshop fee credit (if any) to be determined

Facilitator Training Workshop Registration

PLEASE PRINT

Name of Facilitator: _____ MD RN(EC) NP
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: (home) _____ (office) _____
 Email: _____ Fax: _____ Fee: \$320.00 Cdn
 Credit Card #: _____ Type: _____ Exp.: _____ Signature: _____

WORKSHOP INFORMATION

Group Start Date: _____
 I wish to attend the Facilitator Training Workshop in City: _____ Date: _____

Important to Note: Please make cheques payable to: McMaster University
In order to provide you with better service and accurate records, we need the following form to be completed in full. Please PRINT the name, address and phone number of all your group members (minimum of 4), and forward it to our office when registering for a workshop. Please list additional members on a separate sheet.

Full Name		
Address (please include postal code)		
Telephone: ()	Fax: ()	Email

Full Name		
Address (please include postal code)		
Telephone: ()	Fax: ()	Email

Full Name		
Address (please include postal code)		
Telephone: ()	Fax: ()	Email

Full Name		
Address (please include postal code)		
Telephone: ()	Fax: ()	Email

Full Name		
Address (please include postal code)		
Telephone: ()	Fax: ()	Email

**For your security do not return this form by email. This form can be mailed with payment to McMaster University:
 mailing address: The Foundation for Medical Practice Education
 McMaster University, 1280 Main Street West, DBHSC, Rm 4034, Hamilton, Ontario L8S 4K1
 E-mail: fmpe@mcmaster.ca Website: www.fmpe.org
 Telephone: (905) 525-9140, ext. 22750 Toll-free: 1-800-661-3249 Fax: (905) 540-4988**