



The Foundation for
Medical Practice
Education

Practice Based Learning Programs

Practice Based Small Group (PBSG) Learning Program

The **Practice Based Small Group (PBSG)** Learning Program was established in 1992, to help family physicians develop a supportive network in which group members could discuss problem cases, to facilitate change in knowledge, attitudes, and skills. The Program is a part of The Foundation for Medical Practice Education (FMPE), a non-profit organization dedicated to continuing professional development for the family physician.

The Foundation's Mission

Our mission is to provide practising family physicians with the means to maintain and enhance their professional knowledge and competence, and to integrate that knowledge into their practice through the development, dissemination, and evaluation of educational approaches, with materials and support that are learner-centred and practice-based, using evidence-based educational principles.

Practice Based Learning Modules

The Foundation for Medical Practice Education publishes 14 educational modules per year for its members, that are available in both English and French. These modules include family practice cases, an evidence-based summary of key information, and relevant patient information sheets (handouts) or chart aids which physicians will find useful in practice. These modules are available online to our members. The modules are authored by practising family physicians and reviewed by specialists in the field.

What is the PBSG Learning Program and how does it work?

Since its inception, the Practice Based Small Group Learning Program has grown to over 7000 members nationally and internationally, and has over 800 peer facilitators to lead the group process. Practice Based Small Groups are self-directed learning groups of family physicians. Groups meet, typically for 90 minutes once a month, to discuss the educational module content and the challenges of integrating this knowledge into day-to-day practice.

Study Credits

The PBSG Learning Program has been certified by the College of Family Physicians of Canada for up to three group learning certified Mainpro+ credits per hour. Credits are awarded annually via an Official Study Credit letter or automatically uploaded to the CFPC through the direct credit entry process. **Mainpro+ credits and educational modules will be issued only to paid members.**

Members of the American Academy of Family Physicians are eligible to receive an equal number of Prescribed credits due to a reciprocal agreement with the College of Family Physicians of Canada.

View a sample module on our website: www.fmpe.org

How to become a member of a PBSG

TO JOIN AN EXISTING GROUP: Please contact the FMPE office to enrol and ask if you qualify for a pro-rated program fee. Complete the attached program registration form and forward it to the office along with your program fees.

TO FORM A NEW GROUP: The recommended group size is seven members (range from four to ten). Determine a mutually agreeable time and place to meet. Groups typically meet for 90 minutes once a month, though many groups meet more frequently, and some groups stop for the summer. Each group must be led by an FMPE-trained facilitator. The group must be registered and have paid in full before the facilitator can be trained. Registration forms are submitted as a group to the FMPE office. Cheques or credit card information must accompany the registration forms.

TO BECOME A FACILITATOR: Contact the FMPE office for information on upcoming facilitator training workshops.

PROGRAM REGISTRATION FORMS MAY BE SENT BY: Mail, Fax, or Phone

The Foundation for Medical Practice Education

McMaster University, 1280 Main Street West, DBHSC Room 4034 Hamilton, Ontario, Canada L8S 4K1

Fax: (905) 540-4988

Phone: 1-800-661-3249 or (905) 525-9140, ext. 22219

Website: www.fmpe.org

E-mail: fmpe@mcmaster.ca

PBSG MEMBERSHIP ADVANTAGES

The following are just a few of the important benefits of belonging to this Program:

- **PBSG SESSIONS** that offer an informal and supportive learning environment to discuss actual practice cases and challenges with peers.
- **EDUCATIONAL MODULES** that are developed by family physicians for family physicians, and extensively researched by qualified staff; **MODULE TOPICS** that cover a wide array of practice issues, including acute care medicine; **PRACTICAL INFORMATION** (including practice aids and patient handouts) that can be readily used in clinical practice.
- A user-friendly **MEMBERS ONLINE** area (<https://members.fmpe.org>) for easy access to clinical modules and selected appendices (e.g. specific patient handouts) for day to day clinical uses. Also available is access to duplicate copies of study credit letters for past years as well as attendance records and payment receipts.
- An informative quarterly **NEWSLETTER** that includes discussion of issues relevant to clinical practice.
- **EXCEPTIONAL VALUE** for maintaining your professional educational competence.

Another FMPE program accredited by The College of Family Physicians of Canada:

- *Practice Based Individual Learning (PBIL) Program*



PRACTICE BASED SMALL GROUP (PBSG) LEARNING PROGRAM PBSG PROGRAM REGISTRATION FORM

Please complete both sides of this form.

CONTACT INFORMATION – PLEASE PRINT

Name: _____

Salutation Preference: (Dr., Mr., Ms., etc.): _____

Designation: MD NP/RN (EC) Other _____

Language Materials Preference: English French

Sex: _____

Mailing Address Preference: home work

Address _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

Preferred Email: _____

I am a CFPC Member Yes CFPC# _____ No

If **yes**, I wish to have my credits auto-uploaded to the CFPC

Yes No

Note: e-mail address required for access to Members Online

Cell Phone: (_____) _____

Home Phone: (_____) _____

Work Phone: (general) (_____) _____

(private) (_____) _____

fax (_____) _____

Mailout: Paper Module Online Only

Please choose one of the following: New member Renewing member

Group Facilitator Name: _____ Date of your first group meeting: _____

Have you had previous experience with PBSG (Practice Based Small Group) Learning? Please check ALL that apply

yes, was a previous PBSG member

yes, attended an AdHoc PBSG workshop

yes, during my residency program

no, have no experience with PBSG

Member Fees:

Canada: CDN\$375.00

USA/Mexico: CDN\$415.00

International: CDN\$453.00

Note: Please call us if you are joining a group already in session, to see if you qualify for a pro-rated program fee.

Payment Information

Cheque enclosed (payable in Canadian funds only) to **Practice Based Learning Program**

Visa MasterCard Amex Amount: _____ **Important:** No Visa Debit Cards or Electronics Funds Transfer

Card #: _____ CVD: _____ Exp.: _____

Signature: _____

Refund Policy: Within two months of payment, full reimbursement less 25% administration fee. No refund after sixty days. Non-transferrable.

The Foundation for Medical Practice Education (FMPE) is committed to protecting the privacy of all individuals (members and non-members) who interact in any way with the FMPE and its Practice-Based Learning Programs. go to www.fmpe.org for a copy of our privacy policy.

Please contact your provincial medical association for information on eligibility for reimbursement.

(please turn over)



DEMOGRAPHIC DATA FORM

PLEASE PRINT

Date: _____ (day, month, year)

First Name _____ Last Name: _____ Sex: _____ Year of birth: _____

1. Which of these best describes you? Please check ONLY ONE.
 - Family physician
 - General practitioner
 - Other, please specify: _____

2. Current specialty certification/attestation. Please check ALL that apply.
 - College of Family Physicians of Canada certificant fellow
 - Collège des médecins du Québec (CMQ) certificant fellow
 - certified outside Canada, please specify: _____
 - other specialty training, please specify: _____

3. In what year did you first become licensed to practice medicine in Canada? _____

4. When and where did you complete your training for

Medical School? _____	Year completed medical school _____
Family medicine residency? _____	Year completed family medicine residency _____
Other? _____	Year completed other _____

5. Any special focus to your practice? Please, specify: _____

6. Please, indicate if you include the following types of care in your practice Palliative Care Intra-partum Care

7. With respect to your MAIN patient care setting, describe the population PRIMARILY served by you in your practice. Please check ONLY ONE.

<input type="checkbox"/> Inner city	<input type="checkbox"/> Rural
<input type="checkbox"/> Urban/Suburban	<input type="checkbox"/> Geographically isolated/Remote
<input type="checkbox"/> Small town	<input type="checkbox"/> Other: _____

8. Please indicate how your MAIN patient care setting is organized. Please check ONLY ONE.

<input type="checkbox"/> Solo practice	<input type="checkbox"/> Interprofessional practice [physician(s) with other health professional(s)]
<input type="checkbox"/> Group practice	<input type="checkbox"/> Other: _____

9. The following is a list of clinical work settings. Check those settings where you serve as the most responsible provider for some patients. Please check ALL that apply.

<input type="checkbox"/> Private office/clinic (excluding walk-in clinics)	<input type="checkbox"/> Emergency department
<input type="checkbox"/> Community clinic/Community health centre	<input type="checkbox"/> Nursing home / Home for the aged
<input type="checkbox"/> Free-standing walk-in clinic	<input type="checkbox"/> Academic teaching unit
<input type="checkbox"/> Hospital in-patient	<input type="checkbox"/> Other: _____

10. Are you involved in education? Please, check ALL that apply.
 - teach Family Medicine residents in practice
 - teach medical students or other learners in the practice
 - act as facilitator for residency Practice Based Small Group (PBSG) Learning
 - other, please specify: _____

11. Are you involved in research? Please, check ALL that apply.
 - clinical research education research Other, please specify: _____

12. Please estimate the number of hours you have of patient contact in a TYPICAL WEEK: _____

13. Please estimate the number of on-call hours in a TYPICAL WEEK: _____

14. Do you use electronic records to enter and retrieve clinical patient notes in care of your patients (excluding for fees and service billing)?
 - Yes No