



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](http://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: Email and/or Phone

Telephone: (905) 525-9140, ext. 22219

Toll-free: (800) 661-3249

Email: [fmpe@mcmaster.ca](mailto: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\$395.00**

USA/Mexico: **CDN\$435.00**

International: **CDN\$473.00**

**Note: Member fees are subject to change without notice.**

#### Payment Information

**Due to circumstances surrounding COVID-19, our secure fax and mail options are currently not available.** We ask you to please fill out the registration and email to us at fmpe@mcmaster.ca. Once we have you set-up on our Members Online area, we will send you a login and password with instructions to make your payment online to complete your registration. Or, if you prefer, you can call Accounts Payable at 1.800.661.3249, Option 3 to make your payment securely.

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

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](http://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.

- Inner city  Rural  
 Urban/Suburban  Geographically isolated/Remote  
 Small town  Other: \_\_\_\_\_

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

- Solo practice  Interprofessional practice [physician(s) with other health professional(s)]  
 Group practice  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.

- Private office/clinic (excluding walk-in clinics)  Emergency department  
 Community clinic/Community health centre  Nursing home / Home for the aged  
 Free-standing walk-in clinic  Academic teaching unit  
 Hospital in-patient  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