



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 brings together family physicians in small groups to learn together longitudinally over time. A trained peer facilitator, educational modules, and practice-based reflection tools promote discussions that result in direct practice change. 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. Modules are available online and in print 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 automatically uploaded to the CFPC through the direct credit entry process, once the member has provided the program with their CFPC number. **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

MEMBERSHIP FEES: Canada: CDN \$395 per year. Mexico: CDN \$435 per year. International: CDN \$473 per year. The annual membership fee is waived for facilitators after they have completed their training (for as long as they are actively facilitating a group).

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 email it to the office. Once we have received your registration form, we will send you a login and password to make your payment online.

TO FORM A NEW GROUP: The recommended group size is four to ten members. Determine a mutually agreeable time and place (physical or virtual) 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. There is a new group form that can be submitted on the website, fmpe.org. As well, each new member fills out their own registration form (below). Once we have received your registration form, we will send you a login and password to make your payment online. Alternatively, you can call Accounts Payable at 1.800.661.3249, Option 3 to make your payment over the phone.

TO BECOME A FACILITATOR: Contact the FMPE office for information on upcoming facilitator training workshops or visit fmpe.org for more information.

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

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 certified 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

Full Name: _____

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

Designation: MD NP/RN (EC) Other _____

Language Materials Preference: English French

Gender. Do you identify as:

Female/Woman Male/Man

Two-Spirit Non-binary

Prefer to self-identify: _____

Prefer not to answer

Preferred Email: _____

I am a CFPC Member **Yes** CFPC# _____ No

Important: To have your Mainpro+ credits automatically submitted to the CFPC, you must provide a CFPC number. Manual credit entry is not possible.

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

Mailing Address Preference: home work

Address _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

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: _____

How many years have you been in practice? _____

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

yes, was trained as a Residency PBSG facilitator

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

Please fill out the registration and email it 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.

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: _____ Gender (Optional): _____ 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