



The Foundation for
Medical Practice
Education

Practice Based Learning Programs

Practice Based Individual Learning (PBIL) Program

The **Practice Based Individual Learning (PBIL)** is a flexible program that can easily fit into your busy schedule when and where you choose. It is a structured, self-directed learning activity designed to assist you to incorporate evidence-based knowledge into your practice. The program includes the use of practice-based educational modules along with a comprehensive Personal Practice Reflection Tool (PRT) designed to trigger reflection on learning and implementation of new knowledge into practice.

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.

How Does the Practice Based Individual Program Work?

Participants receive all 14 educational modules as they are published during the membership year. Each module is accompanied by a personal practice reflection designed to help participants maximize their learning and to integrate it into their practice. In 2022, a new online interactive version of the module will be available for all program participants.

Study Credits

This self-learning program has been certified by the College of Family Physicians of Canada for 5 Mainpro+ credits per module (with the completion of a Personal Practice Reflection Tool and Personal Follow-Up Practice Reflection Tool). Credits are automatically uploaded to the CFPC through the direct credit entry process. 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 Join the Practice Based Individual Learning Program

REGISTRATION: Please complete the attached registration application.

FEE:

PBIL	all 14 modules published during this year Canada: CDN\$395.00 USA/Mexico: CDN\$435.00 International: CDN\$473.00
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MAINPRO+ CREDITS AND PERSONAL PRACTICE REFLECTION TOOL (PRT): In your initial package, you will receive instructions on how to complete and submit the PRT for each module you review in order to qualify for study credits. This tool is used to record the potential impact of the module on your practice.

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

PBIL MEMBERSHIP ADVANTAGES

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

- **FLEXIBILITY** that allows physicians to continue their self-directed learning when and where they choose, with options tailored to their learning needs.
- **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** (<https://members.fmpe.org>) area for easy access to clinical modules and selected appendices (e.g. patient handouts) for day to day clinical uses. Also available, access to duplicate copies of study credit letters and payment receipts, as well as the PRT.
- 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 Small Group (PBSG) Learning Program**



PRACTICE BASED INDIVIDUAL LEARNING (PBIL) PROGRAM PBIL PROGRAM REGISTRATION FORM

Please complete both sides of this form.

Please choose one of the following:

- New Member Renewing Member

Note: Annual program start date is September

How many years have you been in practice? _____

Please choose one of the following options:

All 14 modules published during this year

- Canada: CDN\$395.00 USA/Mexico: CDN\$435.00 International: CDN\$473.00

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

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

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

Payment Information

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.

Signature: _____

Note: Member fees are subject to change without notice.

Refund Policy: Within sixty days 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.

- | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------|
| <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