



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 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.

### What is the PBSG Learning Program and How Does it Work?

Since its inception, the Practice Based Small Group Learning Program has successfully recruited over 8,000 members nationally and internationally, and has trained over 850 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.

### Practice Based Learning Modules

The Foundation for Medical Practice Education publishes 14 educational modules per year for its members, and has a library of over 70 current topics that are available in both English and French. These modules are printed packages which 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. The modules are developed by practising family physicians and reviewed by specialists in the field.

### Study Credits

This program is accredited for MAINPRO-C credits by The College of Family Physicians of Canada. PBSG members are eligible for these credits, based on one credit per hour of participation in the small group setting. ***MAINPRO-C study credits and educational modules will be issued only to paid PBSG members.***

These credits qualify for the American Medical Association Physician's Recognition Award Category 1 credits and the American Academy of Family Physicians Prescribed credits.

View a [sample module](http://www.fmpe.org) 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 membership fee. FMPE will provide assistance in locating a facilitator in your area. Complete the attached membership registration form and forward it to the office along with your membership fees.

**TO FORM A NEW GROUP:** The recommended group size is seven members (range from five to nine). Determine a mutually agreeable time and place to meet. Groups typically meet for 90 minutes once a month. Many groups meet more frequently. 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.

**MEMBERSHIP REGISTRATION FORMS MAY BE SENT BY:** Mail, Fax, Phone or Website

**The Foundation for Medical Practice Education**  
McMaster University, 1280 Main Street West, DTC Basement Level  
Hamilton, Ontario, Canada L8S 4L8

**Fax:** (905) 540-4988

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

**Website:** [www.fmpe.org](http://www.fmpe.org) **E-mail:** [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 **WEBSITE ([www.fmpe.org](http://www.fmpe.org))** which enables downloading of appendices and pamphlets from the modules
- An informative quarterly **NEWSLETTER** that includes discussion of issues relevant to clinical practice
- An **EXCEPTIONAL VALUE** for maintaining your professional educational competence

**Other FMPE programs accredited by The College of Family Physicians of Canada:**

- **Practice Based Individual Learning (PBIL) Program**
- **Practice Based Ad hoc Small Group Learning Program**



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**McMaster University**  
**1280 Main Street West, DTC Basement Level**  
**Hamilton, Ontario L8S 4L8**  
**Canada**

For further information, please contact The Foundation at:  
 Telephone: (905) 525-9140, ext. 22219  
 Toll-free: 1-800-661-3249  
 Fax: (905) 540-4988  
 E-mail: [fmpe@mcmaster.ca](mailto:fmpe@mcmaster.ca)  
 Website: [www.fmpe.org](http://www.fmpe.org)

## **PBSG MEMBERSHIP REGISTRATION FORM**

*Please complete both sides of this form.*

### **PRACTICE BASED SMALL GROUP (PBSG) LEARNING PROGRAM**

Amount Due:

Canada: **CDN\$325.00**  
 USA/Mexico\*: **CDN\$340.00**  
 International\*: **CDN\$355.00**  
*\*includes shipping costs*

Please choose one of the following:

**New member**     **Renewing member**

Indicate the start date of your group:

**January**         **September**

**Facilitator Name:** \_\_\_\_\_

Date of first attendance at a group meeting: \_\_\_\_\_

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

### **Contact Information**

Please indicate your language preference:     English     French        Gender:  Male     Female

Designation:     MD         MD—Emergency only     NP/RN(EC)     RN         Other \_\_\_\_\_

### **PLEASE PRINT**

Name: \_\_\_\_\_

**Preferred Mailing Address:**  home  work

**Alternate Mailing Address (optional):**  home  work

City: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone: (general) (\_\_\_\_\_) \_\_\_\_\_  
 (private) (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Payment Information**

Cheque enclosed (payable in Canadian funds only to The Foundation for Medical Practice Education)

Visa     MasterCard    Amount: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp.: \_\_\_\_\_ Signature: \_\_\_\_\_

*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. Please go to [www.fmpe.org/en/documents/privacy.html](http://www.fmpe.org/en/documents/privacy.html) for a copy of our privacy policy.*

*Please contact your provincial chapter of the Canadian Medical Association for information on eligibility for reimbursement.*

**(please turn over)**



**The Foundation for Medical Practice Education**  
*We would appreciate your taking the time to complete this form  
 and fax it to us at 905-540-4988*  
**DEMOGRAPHIC DATA FORM** (please print)

Name \_\_\_\_\_

How did you learn about the Practice Based Learning Programs?

- Brochure                       Word of mouth                       Other \_\_\_\_\_  
 Conferences/Workshops                       CFPC

1. Designation:       MD       MD—Emergency only       NP/RN(EC)       RN       Other \_\_\_\_\_

2. From which university did you receive your:

Undergraduate medical training? \_\_\_\_\_

Postgraduate medical training? \_\_\_\_\_

Other medical training? \_\_\_\_\_

3. Year of medical school graduation: \_\_\_\_\_

4. Year of birth (optional):

- before 1940       1940-1949       1950-1959       1960-1969       1970-1979       1980-1989

5. Years in practice:       1-10       11-20       21-30       >30

6. Certification:       CCFP       other:

7. Gender:       Male       Female

8. Population primarily served by your practice (please check one):

- inner city                       rural  
 urban/suburban                       geographically isolated/remote  
 small town                       other (please describe): \_\_\_\_\_

9. Clinical hours:       full-time       part-time

10. Estimated number of clinical hours worked per week \_\_\_\_\_

11. Types of practice (please check the term from **each** column that best describes your practice):

- |                                      |  |   |
|--------------------------------------|--|---|
| (a) <input type="checkbox"/> solo    | (b) <input type="checkbox"/> fee for service   | (c) <input type="checkbox"/> private office |
| <input type="checkbox"/> partnership | <input type="checkbox"/> capitation (e.g. HSO) | <input type="checkbox"/> community clinic   |
| <input type="checkbox"/> group       | <input type="checkbox"/> salaried              | <input type="checkbox"/> walk-in clinic     |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____           | <input type="checkbox"/> other _____        |

12. Scope of practice (please check any of the following that are regular components of your practice):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> care of children           | <input type="checkbox"/> pregnancy/intrapartum care             | <input type="checkbox"/> psychotherapy/counselling |
| <input type="checkbox"/> office procedures          | <input type="checkbox"/> palliative care                        | <input type="checkbox"/> emergency medicine        |
| <input type="checkbox"/> in-patient hospital care   | <input type="checkbox"/> nursing home care                      | <input type="checkbox"/> academic teaching         |
| <input type="checkbox"/> electronic medical records | <input type="checkbox"/> internet/electronic information system | <input type="checkbox"/> PDA/Palm Pilot            |

13. Areas of special interest? \_\_\_\_\_

14. Interested in CME research?       yes       no

15. Other CME events you have attended in the past year:

How many hours/year (on average)?

	none	1-5	6-10	11-15	16-20
Local hospital rounds .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University accredited CME programs/courses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFPC Scientific Assemblies—provincial or national .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other conferences .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CME programs sponsored by pharmaceutical company .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-study programs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CME programs on the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Would you be interested in receiving e-mail notifications regarding our programs/organization?       yes       no