



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

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 **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 **WEBSITE (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**



The Foundation for Medical Practice Education
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
 Website: 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\$310.00**

USA / Mexico*: **CDN\$325.00**

International*: **CDN\$340.00**

**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

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

Work Phone: (general) (_____) _____

(private) (_____) _____

Home Phone: (_____) _____

Fax: (_____) _____

E-mail: _____

Alternate Mailing Address (optional): home work

City: _____

Province/State: _____

Postal/Zip Code: _____

Country: _____

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 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

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):

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

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