



# The Foundation for MEDICAL PRACTICE EDUCATION

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## Facilitator Training Information

### WHAT IS THE PRACTICE BASED SMALL GROUP (PBSG) LEARNING PROGRAM?

Educational studies show that learning in small groups through discussion of an identified common problem is an effective way to learn. In the PBSG Learning Program, groups are formed and maintained in their own communities and are facilitated by a group member. The small groups develop their own learning agenda and access a variety of learning resources. The Foundation provides training for group facilitators and supplies educational modules. The modules provide the practicing physician with scientific data formatted into a practical educational framework.

### TASKS OF THE FACILITATOR

- Foster and maintain a climate supportive of learning
- Help identify practice-related issues/questions and problems
- Identify and constructively explore conflicts and inconsistencies in content and/or practice
- Help the integration of knowledge into practice and focus discussion on the learning agenda
- Keep accurate documentation of group members' attendance, so that study credits can be issued

### HOW TO FORM A NEW GROUP

- Discuss the program with colleagues and form a learning group. The recommended optimal size is 7 members (the range is 4-9). The facilitator should expect to commit to the facilitation role for a minimum of 1 year.
- Determine a mutually agreeable time, date and place to meet. Groups commonly meet for 90 minute time periods once a month. Many groups meet more frequently and other groups stop for the summer.
- Send the registration forms **as a group** to The Foundation office. Fees are CDN \$310 per PBSG member, per year; CDN\$325 in the US and Mexico; CDN\$340 outside North America. There is a one-time CDN\$315 registration fee for new and replacement facilitators which covers workshop and administrative costs. Cheques or credit card information must accompany the registration forms.
- Please note, Mainpro-C study credits will only be issued to physicians registered with the PBSG Program.
- The group must be registered and have paid before the facilitator can be trained (minimum of 4 members).

### WORKSHOP\* INFORMATION

\*Workshop attendance qualifies participants for MAINPRO-M1 credits.

Workshop Dates				Schedule
Fall 2011		Spring 2012		Single Day: 8:30am-5:00pm
Calgary, AB	Hamilton, ON	Calgary, AB	Hamilton, ON	
Vancouver, BC	Halifax, NS	Ottawa, ON	Vancouver, BC	

Please contact The Foundation office at: 1-800-661-3249 ext. 1 or 905-525-9140 ext. 22219 to register for the facilitator training workshops. Some workshop dates may be cancelled or re-scheduled depending on availability and participation.

### CANCELLATION POLICY

Registration deadline is 40 days prior to a workshop. Due to hotel meeting room and accommodation commitments, facilitator trainees who provide notice of cancellation at least 32 days in advance of the workshop start date will receive a full refund. Late cancellations and non-attendance will incur the full workshop registration fee of **\$315**.

# Facilitator Training Workshop Registration

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**PLEASE PRINT**

Name of Facilitator: \_\_\_\_\_  MD  RN(EC)  NP

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (office) \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Credit Card # \_\_\_\_\_ Type: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### WORKSHOP INFORMATION

PBSG Start Date:  September  January

I wish to attend the Facilitator Training Workshop in City: \_\_\_\_\_ Date: \_\_\_\_\_

In order to provide you with better service and accurate records, we need the following form to be completed in full  
Please PRINT the name, address and phone number of all your group members (minimum of 4),  
and forward it to our office when registering for a workshop. Please list additional members on a separate sheet.

Full Name:	Address (please include postal code):
Telephone: (    )	Fax: (    )
Email:	
Full Name:	Address (please include postal code):
Telephone: (    )	Fax: (    )
Email:	
Full Name:	Address (please include postal code):
Telephone: (    )	Fax: (    )
Email:	
Full Name:	Address (please include postal code):
Telephone: (    )	Fax: (    )
Email:	
Full Name:	Address (please include postal code):
Telephone: (    )	Fax: (    )
Email:	

***This form can be mailed with payment to McMaster University:  
mailing address: The Foundation for Medical Practice Education  
McMaster University, 1280 Main Street West, DTC Basement, Hamilton, Ontario L8S 4L8  
E-mail: [fmpe@mcmaster.ca](mailto:fmpe@mcmaster.ca) Website: [www.fmpe.org](http://www.fmpe.org)  
Telephone: (905) 525-9140, ext. 22219 Toll-free: 1-800-661-3249 Fax: (905) 540-4988***