



THE FOUNDATION FOR MEDICAL PRACTICE EDUCATION SUBMISSION FORM FOR MAINPRO-C CREDITS

For Residency PBSG Facilitators

This form is based on the CFPC's LINKING LEARNING TO PRACTICE form

(You will receive 2 credits for each *completed* form you submit)

Name: _____

Address: _____

City: _____ Province: _____

University: _____ Site: _____

CFPC Membership Number: _____

EACH SECTION MUST BE COMPLETED TO RECEIVE CREDIT

This MAINPRO-C exercise is based on facilitating a Residency PBSG Session.

Module Topic: _____

Step 1) Formulate your practice question(s).

Based on this resident group discussion, what is your specific practice-related question or learning objective?

Step 2) Describe the information you reviewed.

Describe the module that you reviewed (and any additional material or resources).

Step 3) Consider the information

Was the information you reviewed relevant to your patients and to your practice? Is it valid based on appropriate scientific evidence?

Step 4) Make a decision about your practice.

a) Based on what you have learned, what decisions have you made about your practice and/or work?

b) What must you do to integrate these decisions into your practice and/or work? What kinds of barriers/difficulties do you foresee?

Complete the following at least two months later....

Step 5) Evaluate/ Reflect on the impact of your decisions

Please describe your reflections on the impact this process has had on your practice and/or work. Consider questions such as:

- ' What impact has this process had on your practice generally?
- ' How do you feel about the decision(s) you made?
- ' How successful have you been in implementing them into your practice? What kinds of barriers have you confronted?
- ' What are you doing now that you didn't do before? What has happened to your confidence in this area?
- ' What kind of feedback have you received from your patients, staff, or colleagues?
- ' What new information have you seen? How has this further modified your approach? What further changes do you intend to make?
- ' What further areas of practice change, reassessment and/or intervention have you identified? What plans do you have to address these?

Signature: _____

Date: _____

To claim your credits, send the completed form to Residency Program Coordinator by mail or by fax at

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