The Foundation for Medical Practice Education

Below are some of the sample answers that can be used by Canadian Family Medicine Residency programs that use our modules, in order to help complete accreditation pre-survey documentation.

If you have additional questions or sample answers that you wish assistance with how to best document the use of our modules, please email us : residencypblp@mcmaster.ca

Please describe how the program's competencies and/or objectives address each of the CanMEDS-FM roles.

The Residency Practice-Based Learning Program (PBLP) plays an additional role in the alignment of our curriculum to CANMEDS-FM, as follows:

1. **Medical Expert**: The PBLP modules are specifically designed to enhance the residents' medical expertise. Through case-based discussions, residents engage in in-depth analysis of clinical scenarios, allowing them to apply theoretical knowledge to practical situations. This process not only solidifies their understanding of medical principles but also hones their clinical decision-making skills, essential for independent practice. The modules are mapped to content from the CFPC Evaluting objectives.

2. **Communicator**: Interactive small group sessions, consisting of 4-10 participants, are fundamental to the PBLP. These sessions foster an environment where residents can practice and refine their communication skills on patient care. By discussing cases and sharing insights with peers, residents learn to articulate their thoughts

clearly and effectively, which is crucial for patient interactions and interdisciplinary collaboration.

3. **Collaborator**: The group-based nature of the PBLP encourages collaboration among residents. Facilitated by trained faculty members or senior residents, these sessions promote teamwork and collective problem-solving. Residents learn to appreciate diverse perspectives and work together towards common clinical goals, mirroring the collaborative dynamics of real-world healthcare settings.

4. **Leader**: The PBLP nurtures leadership skills by involving residents in the planning and facilitation of sessions when tehy are facilitating. As they take on these responsibilities, residents develop organizational and leadership competencies. This experience prepares them to lead healthcare teams and manage clinical settings effectively.

5. **Health Advocate**: Discussions within the PBLP sessions often encompass advocacy for patients and conditions. Residents learn to identify and address social determinants of health, advocate for patient needs, and contribute to local community health improvement in which they are working. These discussions instill a sense of responsibility and commitment to patient advocacy.

6. **Scholar**: The use of evidence-based PBLP modules underscores the importance of the scholar role. Residents are encouraged to engage with the latest research, critically appraise evidence, and incorporate it into their practice. This continuous engagement with scholarly activities fosters a lifelong commitment to learning and professional development.

7. **Professional**: Professionalism is another cornerstone of the PBLP. Through interactions in small group settings, residents practice maintaining professional conduct, respecting diverse viewpoints, and upholding ethical standards. These sessions provide a safe space for residents to reflect on their behavior and develop a strong professional identity and develop plans to be lifelong learners.

In summary, the PBLP is integral to addressing the CanMEDS-FM roles within the family medicine residency program. It facilitates the transition from structured learning to self-directed CME, ensuring that residents are well-prepared to meet the multifaceted demands of their profession throughout their careers.

4. Curriculum Plan

Site Curriculum Plan Overview

The curriculum at our site integrates the Family Medicine Residency Practice-Based Learning Program (RPBLP) and FMPE modules, ensuring a comprehensive and continuous learning experience for residents. Below is an overview of how these components are utilized within our curriculum plan to promote active learning and practice change.

Curriculum Components:

1. **Residency Practice-Based Learning Program (RPBLP)**
    - **Interactive Small Group Sessions**: Residents participate in regular small group sessions (4-10 participants) facilitated by trained faculty members and senior residents. These sessions focus on case-based discussions, allowing residents to reflect on and apply their knowledge to real clinical scenarios.
    - **Active Practice Reflection**: Residents use practice reflection tools during these sessions to critically assess their clinical practice, identify areas for improvement, and implement practice changes. This continuous reflection fosters the development of competent and reflective practitioners.
2. **Family Medicine Professional Education (FMPE) Modules**
    - **Evidence-Based Learning**: The FMPE modules are designed to provide evidence-based content that aligns with the core competencies required for independent practice. These modules cover a wide range of topics and are regularly updated to reflect current best practices in family medicine.
    - **CanMEDS-FM Roles Integration**: The use of FMPE modules allows residents to develop competencies across all CanMEDS-FM roles, including Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.
    - **Continuous Curriculum Mapping**: The FMPE modules are mapped to many of the 105 key topics outlined by the College of Family Physicians of Canada (CFPC). This ensures that our curriculum comprehensively covers essential areas of family medicine, providing a structured and complete learning pathway for residents. (PROVIDE LINK HERE)

The integration of the RPBLP FMPE modules within our curriculum ensures a robust and dynamic learning environment. Residents are continuously engaged in active learning, reflection, and practice improvement, which prepares them for the diverse challenges of family medicine. This approach not only meets but exceeds the requirements set forth by the CFPC, ensuring our residents are well-prepared for their future roles as independent practitioners.

Please describe how:

i) The site teaches residents about the role of family physicians in adapting to the needs of their communities?

Our site places a strong emphasis on teaching residents about the pivotal role family physicians play in adapting to the needs of their communities. This is also achieved through the Residency Practice-Based Learning Program (PBLP), which fosters an environment of active learning and community engagement within our local context.

1. **Discussion of Local Community Needs**:
    - **Interactive Group Sessions**: During the small group sessions facilitated by trained faculty members and senior residents, there is a focused discussion on local community needs. Residents are encouraged to share their experiences and insights about the specific health challenges and demographic characteristics of the communities they serve.
    - **Case-Based Learning**: The case-based discussions often involve scenarios that the facilitator moves to be reflective of local community issues. This allows residents to apply their medical knowledge in a context that is relevant to their practice environment, enhancing their understanding of community-specific health concerns.
2. **Utilization of Local Resources**:
    - **Resource Mapping**: Residents learn to identify and utilize local resources effectively. This includes understanding the network of community services, support groups, and public health initiatives available in their practice area.
3. **Tailoring Care to Community Needs**:
    - **Cultural Competence**: Through discussions and practical experiences, residents are taught to deliver culturally sensitive care that respects the diverse backgrounds and needs of the community members.
    - **Health Advocacy**: The facilitated RPBLP emphasizes the importance of advocating for patients and addressing health disparities. Residents learn to identify vulnerable populations within their communities and develop strategies to improve access to care and health outcomes for these groups.
4. **Reflective Practice**:
    - **Practice Reflection Tools**: The use of practice reflection tools in the RPBLP sessions allows residents to continuously evaluate their approach to community care. This reflection helps them to adapt their practice based on the evolving needs of their community, ensuring they remain responsive and effective in their roles.

By integrating these elements into the curriculum, our site ensures that residents are well-prepared to understand and adapt to the unique needs of their communities, as members are part of the community and can share experiences and resources to add to the learning in this setting. This comprehensive approach not only enhances their clinical skills but also fosters a deep sense of responsibility and commitment to community health.

Please describe how the site fosters a culture of reflective practice and life-long learning among its residents.

Our site is dedicated to fostering a culture of reflective practice and life-long learning among its residents. This commitment is further achieved through the integration of the Residency Practice-Based Learning Program (RPBLP), which is designed to instill these values in a structured and supportive environment.

1. **Reflective Practice Tools**:
    - **End-of-Module Reflection**: Each RPBLP module includes a reflection tool that residents use to critically assess their learning experiences and clinical practice. This tool prompts residents to identify what they have learned, how it applies to their practice, and areas for further improvement.
    - **Continuous Reflection**: Residents are encouraged to engage in ongoing reflection throughout their training. This continuous self-assessment helps them develop a habit of regularly evaluating their clinical decisions and patient care strategies.
2. **Active Learning Environment**:
    - **Interactive Sessions**: The RPBLP's small group sessions foster an active learning environment where residents can openly discuss clinical cases, share experiences, and reflect on their practice. These sessions are facilitated by trained faculty members and/or senior residents who guide the discussions and ensure a supportive atmosphere.
    - **Case-Based Discussions**: The use of case-based discussions allows residents to reflect on real-world scenarios, encouraging them to think critically and apply their knowledge in practical situations. This approach not only enhances their clinical skills but also promotes reflective thinking.
3. **Principles of Life-Long Learning**:
    - **Commitment to Continuous Education**: The RPBLP embodies the principles of life-long learning by emphasizing the importance of continuous professional development beyond residency. Residents are encouraged to view learning as an ongoing process that extends throughout their careers.
    - **Self-Directed Learning**: Residents are taught to take ownership of their learning by identifying their educational needs, seeking out resources, and engaging in self-directed study. This autonomy fosters a proactive approach to professional growth and development.
4. **Integration of Evidence-Based Practice**:
    - **FMPE Modules**: The use of FMPE modules within the RPBLP ensures that residents are engaging with the latest evidence-based content. This integration of current research and best practices encourages residents to stay updated with advancements in the field, reinforcing the habit of life-long learning.

- **Critical Appraisal Skills**: Residents develop critical appraisal skills by evaluating the evidence presented in the FMPE modules, which include the levels of evidence in the mdoules. This ability to assess and apply research findings is crucial for maintaining high standards of patient care and professional practice.

By integrating these elements into the residency program, our site successfully fosters a culture of reflective practice and life-long learning. Residents are equipped with the tools and mindset necessary to continually evaluate and enhance their practice, ensuring they remain competent and compassionate physicians throughout their careers.

Please describe how the site ensures that the residents are supported to develop their competency as teachers. Detail any specific challenges and solutions.

Our site is committed to developing residents' competency as teachers through a structured and supportive approach. Another method employed is with the use of the Family Medicine Professional Education (FMPE) Residency Practice-Based Learning Program (RPBLP). This program provides residents with the opportunity to engage in and facilitate small group, evidence-based learning sessions with their peers by becoming trained as a facilitator.

Methods for Developing Teaching Competency:

1. **Training in Facilitation**:
    - **Facilitator Training**: Residents have the option to receive formal training in facilitation techniques as part of the RPBLP. This training covers essential skills such as leading discussions, encouraging participation, managing group dynamics, and using evidence-based resources effectively. Residents can opt to have training from one of our site trainers or via the online RPBLP asynchronous training module
    - **Peer-Led Sessions**: After completing the training, residents have the opportunity to lead small group sessions. These sessions allow residents to practice their facilitating skills in a real-world setting, providing a hands-on experience in facilitating learning.
2. **Practice and Feedback**:
    - **Active Facilitation**: Residents regularly facilitate small group sessions, putting their training into practice. This active involvement helps them build confidence and refine their teaching techniques.
    - **Constructive Feedback**: Peers provide constructive feedback on the residents' performance as facilitators. This feedback is crucial for identifying strengths and areas for improvement, enabling residents to enhance their teaching skills continuously. The reflection tool at the end of each module allows for feedback

into how the session ran to get feedback in the moment of what worked well or didn't work well.

Specific Challenges and Solutions:

1. **Challenge: Balancing Teaching and Clinical Responsibilities**
    - **Solution**: To address the challenge of balancing teaching duties with clinical responsibilities, the program schedules teaching sessions in a way that minimizes conflicts with clinical duties. Additionally, the program encourages time management skills and prioritization to ensure residents can fulfill both roles effectively.
2. **Challenge: Time and format of Facilitator Training**
    - **Solution**:We provide time in the work-day for residents to become trained as a facilitator. They can choose to be trained by one of our site trainers on the use of the RPBLP modules or they can alternatively opt to have asynchronous training via the FMPE RPBLP online module.

Please describe how the site ensures that residents can apply the science of continuous improvement to improve patient care and safety.

Our site is dedicated to ensuring that residents are equipped with the skills and knowledge to apply the science of continuous improvement to enhance patient care and safety. This is further achieved through the integration of the Residency Practice-Based Learning Program (RPBLP), which emphasizes reflective learning and continuous improvement.

Application of Continuous Improvement Science:

1. **Reflective Learning Tools**:
    - **End-of-Module Reflection**: Each RPBLP module includes a reflective learning component where residents critically assess their clinical experiences. This reflection process focuses on identifying areas for improvement, understanding the impact of their actions, and developing strategies to enhance patient care and safety.
    - **Continuous Reflection**: Residents are encouraged to engage in ongoing reflection beyond the formal sessions. This habit of continuous self-assessment and improvement is ingrained in their daily practice, fostering a culture of continuous improvement. There is also the option of follow up post reflection tools that residents can choose to engage in to asses their level of change from previous reflection on practice change.
2. **Evidence-Based Practice**:
    - **Incorporation of Evidence**: The RPBLP uses evidence-based modules that ensure residents are up-to-date with the latest research and best practices. By

critically appraising and applying evidence in their practice, residents continuously improve the quality of care they provide, they are encouraged by the use of levels of evidence presented at the end of each module to consider and critically appraised medical evidence presented to them.

- **Practice Changes**: The reflection tools and case-based discussions help residents identify practice changes that can lead to better patient outcomes and enhanced safety. Residents learn to implement these changes systematically, measure their impact, and adjust their approaches as needed.