

DEPARTMENT OF FAMILY MEDICINE

PRECEPTOR TOOLKIT

2019 - 2020 Academic Year



Compiled by Anita Ens PhD



UNIVERSITY
OF MANITOBA

Rady Faculty of
Health Sciences

CONTENTS

1. Introduction.....	3
2. Programs.....	3
2.1 Faculty Development.....	3
2.2 Undergraduate Program.....	4
3. Preceptor Roles & Responsibilities	4
3.1 Definitions.....	5
3.2 Fundamental Teaching Activities Framework	5
3.3 Interprofessional Collaboration Model	6
4. Triple-C Curriculum.....	6
4.1 Definition of Competency-based Education	7
4.3 Domains of Care & Special Topics	9
5. Essential Tools for Preceptors	10
5.1. Preparing your Office for the Learner	10
5.2 One Learning Model & How to Apply it to Teaching	11
5.4.1 Orientation.....	12
5.4.2 Assignment of a Primary Preceptor	13
5.4.3 Supervision.....	13
5.4.4 Field Notes	13
5.4.5 Direct Observation	13
5.5 Teaching on the Fly	13
5.6 Mentorship.....	14
5.7 Teaching the Scholar Role.....	14
5.8 Integrative Medicine and Teaching	15
6. Additional Tools for Preceptors.....	15
6.1 Resident Wellness and Resiliency	16
6.2 Learner in Difficulty.....	16
6.2 Teaching About Medical Error.....	16
6.3 Teaching International Medical Graduates (IMGs)	17
6.4. Advancing your Academic Career	18
7. Conclusion.....	18
8. Resources for Preceptors.....	20

I. INTRODUCTION

Welcome to teaching with the University of Manitoba's Department of Family Medicine. We hope you experience the rewards that come along with sharing your knowledge and skills with learners. Recognizing that we all have different starting points and strengths regarding teaching, we've put together this toolkit with the basic tools you need in the preceptor role. This resource is not a static document; content will be updated to reflect policy changes, new research, and curriculum change.

You will likely find the contents helpful at different points of your teaching path. We welcome your feedback and wish you the best in your teaching.

2. PROGRAMS

2.1 FACULTY DEVELOPMENT

As new faculty, your first encounter with faculty development is through orientation. Each family medicine site coordinates a local orientation, which generally includes an introduction to the particular organization, instruction on clinic work flows, and an explanation of how teaching is integrated into clinical care.

To assist you in developing competence as teachers, the Max Rady College of Medicine Office of Educational and Faculty Development offers a two-day teaching improvement workshop. Also, your clinic director, or a designated alternate, coaches new faculty members as they develop their clinical teaching skills. In addition, the university offers teaching resources through The Centre for Advancement on Teaching and Learning. Throughout the year, the Office of Educational and Faculty Development offers free workshops and seminars to improve various aspects of teaching. Some of these are offered as webinars that can be viewed at your convenience.

You are encouraged to attend Department of Family Medicine faculty development opportunities planned by the Department. Seminars and workshops are held throughout the year and planned locally. Topics commonly addressed include teaching in the clinical setting, feedback, and assessment.

Another excellent way to develop and improve teaching skills is through the McMaster Small Group Modules. The department has purchased a number of modules focused on core teaching skills and offers sessions on each. Sites can order copies as needed.

You may find it challenging to find time away from other duties to develop your knowledge and skills in the area of teaching. The reward, however, generally offsets the costs; faculty development within the department offers a time to reflect on your work and connect with others, which can be both validating and reenergizing.

Here's what some faculty have said in their end of session evaluation forms from the past several years:

"Sharing ideas on direct observation was helpful."

"Good tips for challenging situations and re-framing situations."

"It was beneficial to go over cases and come up with a plan as a team"

LINKS

Family Medicine Dept. Overview
[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/ABOUT/INDEX.HTML](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/about/index.html)

Resident Orientation Hub
[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/ORIENTATION/INDEX.HTML](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/orientation/index.html)

Faculty Development Website
[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/FACULTY-DEVELOPMENT/INDEX.HTML](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/faculty-development/index.html)

Teaching Improvement Workshop
[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/EDUCATION/ED_DEV/TEACHING_EVENTS.HTML](http://umanitoba.ca/faculties/health_sciences/medicine/education/ed_dev/teaching_events.html)

Centre For Advancement on Teaching and Learning
[HTTP://INTRANET.UMANITOBA.CA/ACADEMIC_SUPPORT/CATL/](http://intranet.umanitoba.ca/academic_support/catl/)

Office of Educational & Faculty Development
[UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/EDUCATION/ED_DEV/](http://umanitoba.ca/faculties/health_sciences/medicine/education/ed_dev/)

McMaster Small Group Modules
[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/FACULTY-DEVELOPMENT/RESOURCES.HTML](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/faculty-development/resources.html)

2.2 UNDERGRADUATE PROGRAM

There are several opportunities for family medicine faculty to participate in undergraduate medical education. Renewal of the undergraduate curriculum has identified generalism as a priority as well as the importance of increased exposure to family medicine throughout the curriculum.

Opportunities exist for both community-based clinical teaching and small group facilitation for both pre-clerkship and clerkship students.

These include the following:

- Clinical and communication skills teaching
- Clinical reasoning small group facilitation
- Community-based learning clinical placements
- Interprofessional education small group facilitation
- Elective clinical placements
- Comprehensive patient assessment facilitation
- Rural clerkship clinical placements
- Evidence-based medicine small group facilitation
- Academic half-day small group facilitation

For more information on these opportunities, or to find out how to get involved, please contact the undergraduate director. Contact information is available later in this section.

2.3 POSTGRADUATE PROGRAM

The goal of the University of Manitoba Department of Family Medicine Residency Program is to train family physicians who are able to provide comprehensive, high quality, continuous care in urban, rural, and remote settings. This would also include preceptors who teach enhanced skills as defined by the CFPC.

The CFPC has provided a description of the [family medicine professional profile](#) which helps to understand the goals of training and frame the work of family medicine doctors in Canada.

As teachers of residents, you will work within the Triple-C Curriculum framework which is **Comprehensive**, focused on **Continuity** of education and patient care, and **Centered** in Family Medicine. Residents are assessed based on levels of competency, and depending on your role (primary preceptor or competency coach, mentor, or academic advisor), you will be expected to provide residents with ongoing feedback as well as document assessment of competency.

You are also encouraged to become involved in academic sessions, and teaching in your area of interest. For more information on these opportunities, or to find out how to get involved, please contact your site lead. http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/about/contact-us.html

3. PRECEPTOR ROLES & RESPONSIBILITIES

In this section, appointment definitions and descriptions of responsibilities can provide context for your teaching activities. The section concludes with the Fundamental Teaching Activities Framework, which has been developed by the Section of Teachers, College of Family Physicians of Canada (CFPC). The framework provides a way to understand your teaching activities along a continuum and will allow you to identify not only where you fit, but also to consider areas in which you need development, training you can offer your peers, and activities you may want to include in your application for promotion. Finally, as teachers in family medicine you are part of an interprofessional team and will benefit from your work with others within a collaborative model.

LINKS

Undergraduate Website

UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/UNDERGRAD/INDEX.HTML

Postgraduate Website

UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/POSTGRAD/INDEX.HTML

Triple-C Curriculum

WWW.CFPC.CA/TRIPLE_C/

Residency Competency Framework

UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/POSTGRAD/FORMSANDDOCUMENTS.HTML

College of Family Physicians of Canada (CFPC)

WWW.CFPC.CA/HOME/

FM Professional Profile

WWW.CFPC.CA/UPLOADEDFILES/ABOUT_US/FM-PROFESSIONAL-PROFILE.PDF

See the end of this document for a full glossary

3.1 DEFINITIONS

These definitions help to understand the various preceptor designations and roles.

GFT - Geographic Full Time

NSA (previously known as NIL) - nil salaried appointment

Cross Appointment - a discontinued practice; in the past, a person might work primarily in one specialty such as Internal Medicine but also precept in another specialty such as family medicine. This person would hold a cross appointment.

Preceptor - a teaching health professional

Note: depending on profession, other terms may be used in lieu of precept such as 'cover' in nursing.

Clinical Preceptor - the domain of clinical preceptor falls into two categories:

- 1. Clinical Coach** - a supervisor in day-to-day practice whose activities may include:
 - Explicitly embody the roles, attitudes and competencies of a family physician in clinical work
 - Promote and stimulate clinical reasoning and problem solving
 - Give timely, learner-centered, and comprehensive feedback
 - Use program assessment tools to document observed learner performance according to level of training
 - Employ reflective practises to refine clinical supervision
- 2. Competency Coach** (primary preceptor) - an educational advisor along the course of learner training whose activities may include:
 - Assist learner in his or her professional development
 - Help learner design and update his or her individual education plan
 - Guide a comprehensive periodic progress review informed by the learner's self analysis
 - Adjust interventions to support a learner facing progression challenges

Mentor - An experienced individual who offers an ongoing supportive relationship to new faculty or learners. This relationship provides the opportunity to build knowledge in an open and non-judgemental environment. Mentorship may focus on career development, shared experiences, practical advice and provision of networking.

3.2 FUNDAMENTAL TEACHING ACTIVITIES FRAMEWORK

Section of Teachers of Family Medicine, CFPC

The Fundamental Teaching Activities in Family Medicine Framework for faculty development is a resource tool that facilitates teaching development. Created by the College of Family Physicians of Canada (CFPC) 's Working Group on Faculty Development, this framework includes three main teaching domains and the tasks that are commonly associated with each sphere. Each task is linked to fundamental teaching activities which can provide teachers with a sense of what is expected of them and how they may guide their own development within their role. Its purpose is to guide self-reflection, professional development and facilitation in developing programming in faculty development.

LINKS

Preceptor Administrative Duties and Responsibilities

UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/POSITION_DESCRIPTION_COMMUNITY_PRECEPTOR.PDF

Fundamental Teaching Activities in Family Medicine Framework

WWW.CFPC.CA/UPLOADEDFILES/EDUCATION/_PDFS/FTA_GUIDE_TM_ENG_APR15_REV.PDF

DFM Preceptor

[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/STAFF/PRECEPTING.HTML](http://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/STAFF/PRECEPTING.HTML)

3.3 INTERPROFESSIONAL COLLABORATION MODEL

Interprofessional faculty (IPF) contribute to all aspects of the work of the FM Teaching Clinics and the Department of Family Medicine, including clinical practice, education and research and scholarly work. IPF are health professionals working with their physician colleagues in the Family Medicine teaching clinics. Together, IPF, physician faculty and family medicine residents work to provide high quality care, role modeling the values and principles of family medicine.

Interprofessional collaborative practice (IPC) is “the development of a cohesive practice between professionals from different disciplines, and the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population.”

D'Amour, D., Oandasan, I. (2005). *Journal of Interprofessional Care*. May (suppl 1); 8-20.

TEACHING ACTIVITIES

Interprofessional faculty practice independently and collaboratively with physician faculty and a range of learners, demonstrating the scope of practice of their respective disciplines.

This team effort creates interdisciplinary learning opportunities in a family practice setting. Among the activities are the following:

- Lead and contribute to clinical quality improvement initiatives, facilitating learning opportunities for family medicine residents
- Participate in the selection of graduate medical learners (CaRMS processes)
- Supervise, coach, collaborate with learners
- Contribute to evaluation of learners, bringing a different lens to evaluation processes including: review of resident progress, simulated office oral examinations, and clinical observation
- Teach academic content e.g., clinical guideline review, undergraduate medical education undergraduate and post-graduate teaching in other health faculties
- Lead, contribute to research and scholarly activity, as well as helping to advance the research agenda of the Department of Family Medicine
- Coach and supervise learner scholarly projects, thereby contributing to the development of competencies associated with the Can-MEDS-FM Role of the Scholar, i.e., lifelong learning skills, research skills

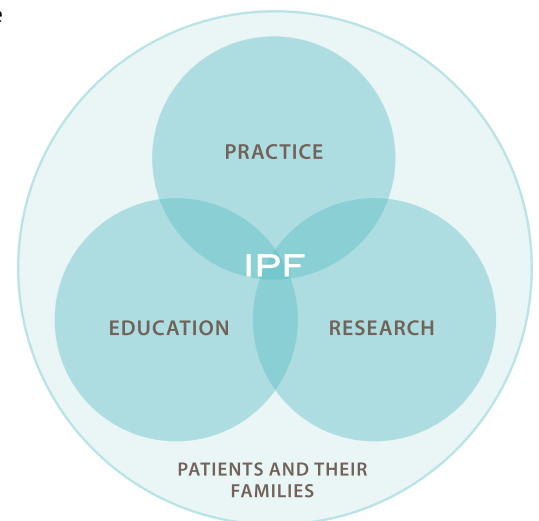
The Interprofessional Faculty Committee advocates for and supports IPF in teaching, clinical practice/collaboration, and innovative scholarly activity within the department.

4. TRIPLE-C CURRICULUM

Family medicine programs across Canada are using a Triple-C Curriculum for postgraduate training. At the University of Manitoba, Triple-C principles are evident in the structure of training experiences as well as in the Competency Framework and assessment practices. Triple-C Curriculum is comprehensive, competency-based training that is centered in family medicine and offers continuity of education and patient care.

Resident learning is focused on gaining competency in caring for patients across lifecycles from a family medicine perspective. This shifts the focus of learning

IPF ORGANIZATIONAL STRUCTURE & SUPPORT



experiences from particular problems or specialties, to the care of the patient. The CanMEDS roles encompass the various ways in which family physicians gain the necessary competencies. The program aims to train professionals in family medicine. For a description of the family medicine professional profile, follow this link: <https://www.cfpc.ca/fmprofile/>

As new preceptors and staff, you are encouraged ask questions, share your ideas, and contribute to the department's implementation and improvement of the curriculum. By offering your observations and experiences, you help to build a strong program of learning with optimal outcomes for learners, patients and their families.

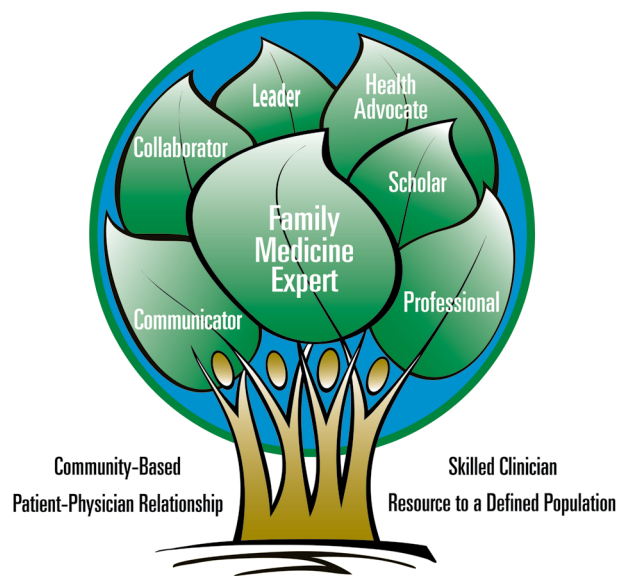
4.1 DEFINITION OF COMPETENCY-BASED EDUCATION

"Competency-based Education is an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs. It de-emphasizes time-based training and promises greater accountability, flexibility, and learner centeredness."

Frank, J. R., Mungroo, R., Ahmad, Y., Wang, M., de Rossi, S., & Horsley, T. (2010). Toward a definition of competency-based education in medicine: A systematic review of published definitions. *Medical Teacher*,32: 631-637.

4.2 CanMEDS-FM FRAMEWORK

The CanMEDS-FM tree (previous page) is adapted from the Royal College of Physicians and Surgeons' CanMEDS roles to integrate the four principles of family medicine. In the image, seven roles include the family medicine expert as integrating role. The four principles are imagined as inspiring and informing the roles.



CanMEDS-Family Medicine

©2017 The College of Family Physicians of Canada

Image adapted from the CanMEDS Physician Competency Diagram with permission from the Royal College of Physicians and Surgeons of Canada.

Shaw E, Oandasan I, Fowler N, eds. CanMEDS-FM 2017: A competency framework for family physicians across the continuum. Mississauga, ON: The College of Family Physicians of Canada; 2017.

LINKS

You can access the CFPC's documents, videos and other supporting information on the College of Family Physicians of Canada (CFPC) website.

WWW.CFPC.CA/HOME/

Triple-C Curriculum

WWW.CFPC.CA/TRIPLE_C/

CANMEDS-FM 2017

[HTTPS://WWW.CFPC.CA/CANMEDSFM/](https://WWW.CFPC.CA/CANMEDSFM/)

Royal College of Physicians and Surgeons Canada

WWW.ROYALCOLLEGE.CA/RCSITE/HOME-E

FOUR PRINCIPLES OF FAMILY MEDICINE:

1. The family physician is a skilled clinician
2. Family medicine is a community-based discipline
3. The family physician is a resource to a defined practice population
4. The patient-physician relationship is central to the role of the family physician

The University of Manitoba Family Medicine program has identified family medicine foundational and domain-specific competencies that residents will achieve by the end of their residency. These have been organized under CanMEDS roles as described in the CanMEDS-FM 2017 framework. Foundational competencies are listed under each of the roles as follows.

MEDICAL EXPERT

- FAM1 Practices generalist medicine within their defined scope of professional activity
- FAM2 Provides comprehensive preventative care throughout the life cycle, incorporating strategies that modify risk factors and detect disease in early treatable stages
- FAM3 Performs a patient- centred clinical assessment and establishes a management plan
- FAM4 Demonstrates an effective approach to the ongoing care of patients with chronic conditions and/or to patients requiring regular Follow-up
- FAM5 Performs family medicine specialty-appropriate procedures to meet the needs of individual patients
- FAM6 Establishes patient-centered care plans that include the patient, their family, other health professionals, and consultant physicians
- FAM7 Actively facilitates continuous quality improvement for health care and patient safety, both individually and as part of a team
- FAM8 Establishes an inclusive and culturally-safe practice environment
- FAM9 Contributes generalist abilities to address complex, unmet patient or community needs, and emerging health issues, demonstrating community-adaptive expertise

COMMUNICATOR

- FAM10 Develops rapport, trust and ethical therapeutic relationships with patients and their families
- FAM11 Elicits and synthesizes accurate and relevant information from, and perspectives of, patients and their families
- FAM12 Shares health care information and plans with patients and their families
- FAM13 Engages patients and their families in developing plans that reflect the patient's health care needs, values, and goals
- FAM14 Documents and shares written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

COLLABORATOR

- FAM15 Works effectively with others in a collaborative team-based model
- FAM16 Cultivates and maintains positive working environments through promoting understanding, managing differences, minimizing misunderstandings, and mitigating conflicts

LINKS

Residency Competency Framework
[UMANITOBA.CA/FACULTIES/
HEALTH_SCIENCES/MEDICINE/UNITS/
FAMILY_MEDICINE/MEDIA/COMPETENCY_
FRAMEWORK_2018-19.PDF](https://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/competency_framework_2018-19.pdf)

LEADER/MANAGER

- FAM17 Recognizes and facilitates the necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, and /or handover of care to enable continuity and safety
- FAM18 Contributes to the improvement of comprehensive, continuity-based, and patient-centered health care delivery in teams, organizations, and systems
- FAM19 Engages in the stewardship of health care resources
- FAM20 Demonstrates collaborative leadership in professional practice
- FAM21 Manages career planning, finances, and health human resources in a practice
- FAM22 Responds to an individual patient's health needs by advocating with the patient within and beyond the clinical environment
- FAM23 As a resource to their community, assesses and responds to the needs of the communities or populations served by advocating with them as active partners for system-level change in a socially accountable manner

HEALTH ADVOCATE

- FAM24 Engages in the continuous enhancement of their professional activities through reflection and ongoing learning
- FAM25 Integrates best available evidence, into practice with consideration given to context, epidemiology of disease, multi-morbidity, and complexity of patients

SCHOLAR

- FAM26 Contributes to the creation and dissemination of knowledge relevant to family medicine
- FAM27 Teaches students, residents, the public, and other health care professionals
- FAM28 Demonstrates a commitment to patients through clinical excellence and high ethical standards
- FAM29 Demonstrates a commitment to society by recognizing and responding to societal expectations in health care

PROFESSIONAL

- FAM30 Demonstrates a commitment to the profession by adhering to standards and participating in physician-led regulation
- FAM31 Demonstrates a commitment to physician health and well-being to foster optimal patient care
- FAM32 Demonstrates a commitment to reflective practice

4.3 DOMAINS OF CARE & SPECIAL TOPICS

In addition to their foundational competencies, residents will gain competency in various domains of care.

The domains focus on phases of a patient's lifecycle; special topics address learning related to particular populations and patient needs. The scholarly curriculum addresses competencies physicians require to learn, put into practice, and disseminate research. Specific key and enabling competencies are itemized in the linked competency framework document (p. 8).

5. ESSENTIAL TOOLS FOR PRECEPTORS

From preparing your office for the learner to the nitty gritty of learning and assessment, this section provides basic pointers to consider in your role as preceptor.

5.1. PREPARING YOUR OFFICE FOR THE LEARNER

Integrating learners into a busy office practice is challenging. Here are some practical tips to prepare yourself and your office for the presence of a learner.

PREPARE YOUR OFFICE

Colleagues and staff need to be aware that a learner will be in your office. They also should be informed of the learner's goals. Staff may be able to prepare patients to interact with the learner.

Ask staff to help orient the learner. Suggestions:

- Tour of the office
- Introduce key people within the office
- Provide your learner with a small workspace

Some physicians may find it helpful to alter their schedule (e.g., the wave schedule) when a learner is present.

- Wave scheduling allows the physician to see the normal number of patients
- Make sure to inform patients who will have 'double visits'

Info adapted from Alguire, P., et al. (2001). *Teaching in your office; a guide to instructing medical students and residents*. American College of Physicians. Philadelphia, Pennsylvania.

PREPARE YOUR PATIENTS

Notify patients beforehand that a learner will be in your office. Suggestions:

- Ask staff to notify patients when they make their appointments or when they arrive in the office
- Post a sign in the office or on the door announcing the presence of a learner
- Ask for the patient's permission to involve the learner before the learner enters the room
- Introduce the learner formally to the patient and explain that the learner is a part of your team
- Thank the patient at the end of the visit

PREPARE YOURSELF

- Review the objectives of the course/rotation
- Become familiar with learner level and previous experience
- Book time for learner orientation, mid-session feedback, and final evaluation
- Get to know learners as individuals; express interest in their development

QUESTIONS TO ASK YOURSELF

- How can the learner be welcomed into my office?
- What does the learner need to know about my office?
- What changes need to be made to my office and who can arrange that?

LINKS

Department of Family Medicine Curricular Grid
UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/FAMILY_MEDICINE_RESIDENCY_CURRICULAR_GRID.PDF

Sample Wave Schedule
WWW.AAFP.ORG/FPM/2002/0100/P41.HTML

Preceptor Development Program - Online modules from University of Virginia
WWW.MED-ED.VIRGINIA.EDU/COURSES/FM/PRECEPT/INDEX.HTM

- Does a colleague have special knowledge they may want to share with the learner?
- Are there activities that a staff member or colleague might want to take the learner to?

5.2 ONE LEARNING MODEL & HOW TO APPLY IT TO TEACHING

As a preceptor, it is helpful to remember how learning happens. Teachers have become experts, and as such, much of their knowledge is tacit, and procedural knowledge automatic. When learning something new, it is helpful to have these tacit, automatic pieces made explicit and broken down. Depending on the type of task, scaffolding (individualized support removed once student has mastered a new skill), repeated practice, intermittent reflection, and frequent testing all help with learning.

FOUR STAGES OF COMPETENCE

One useful model of learning for competency-based education is the four stages of competence:

Stage 1: Unconsciously Incompetent

Learners do not know what they do not know or might need to know. Or, they might think they know how to do something and don't realize they don't until they have to do it.

Your role as teacher is to demonstrate the skill or create a situation in which the learner is challenged so that the learner realizes that s/he needs to learn.

Stage 2: Conscious Incompetence

Learners are aware that they don't know and aware of their need to learn and practice.

Teachers offer opportunities to practice with instruction, modelling, supportive feedback, and repeated attempts. Mistakes are welcomed as learning opportunities.

Stage 3: Conscious Competence

Learners can perform the skill or demonstrate their knowledge without support. However, they may still not be completely confident or always right in their demonstration of knowledge of skill.

Teachers continue to offer practice opportunities with feedback as needed. Reinforcing what is done well or right goes a long way in moving to unconscious competence.

Stage 4: Unconsciously Competent

A skill or knowledge has become automatic: learners can use their knowledge and skills without conscious thought. In fact, at this level of expertise, it is sometimes difficult to explain or break down the skill or concept for others.

Teachers can encourage reflective actions of learners to make subcomponents/ processes explicit so that learners can teach others or so that they can generalize to novel situations.

When considering the four stages in a learning cycle, you can link your teaching to what your learner needs.

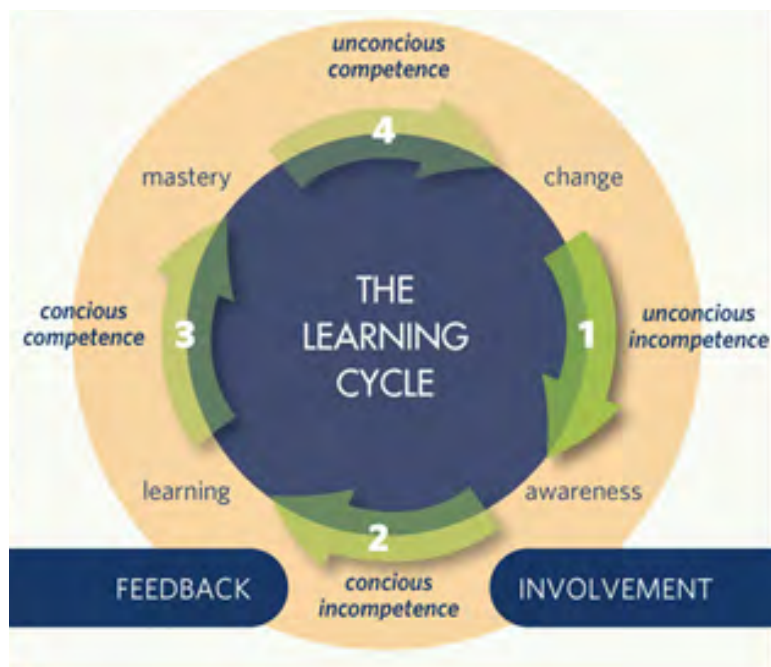
LINKS

Online modules from UBC
[PRECEPTING101.FAMILYMED.UBC.CA/](https://precepting101.familymed.ubc.ca/)

Section Reference

The content in this section was based on some iteration of UBC's material as found here:

[HTTPS://MED-FOM-FAMILYMED-CPD.SITES.OLT.UBC.CA/FILES/2012/12/FOM-TEACHING-SKILLS-FOR-PRECEPTORS.PDF](https://med-fom-familymed-cpd.sites.olt.ubc.ca/files/2012/12/fom-teaching-skills-for-preceptors.pdf)



Learning Environment

The environment for learning should be one where the learner feels safe and supported: where mistakes are opportunities to learn, where good learning is modelled, where discussion is respectful, and where feedback is tied to behaviours, not personalities.

5.3 HOW TO CREATE THE EDUCATION PLAN

The education plan involves residents in their own learning and allows preceptors to see individual learning in context.

If you are a competency coach (primary preceptor) you will help the resident to create the education plan and to revise it along the learning trajectory. The resident will have completed a Part 1: Resident Reflection and Self-Assessment Form which forms the starting point for the education plan. This form is part of the New Resident Intake Form (Part 1 and 2) found under Progress Review on the Documents and Forms website: http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/New_Resident__Intake_Form_-_Part_1_and_2_-_11May18.pdf

If you are not a competency coach, you can still use the education plan. Ask to see it at the start of a rotation to get to know the resident and help to inform your teaching. For example, a resident may be seeking out specific experiences or you may be able to spot signs of a learner in difficulty.

The University of Ottawa Department of Family Medicine offers a number of detailed academic support resources which may help you to determine how to move forward with a resident.

Initially, residents may require direction or modelling as they complete their education plans. As they become more competent in all roles, they should be able to self-assess and monitor their learning more independently.

5.4 ASSESSMENT

Assessment happens throughout the resident learning trajectory and may be formative or summative. Formative assessment is integral to learning, often happening in the moment or daily, principally in the form of oral or written feedback. Resident self-reflection is helpful in the formative process. Summative assessment occurs at the end of a learning block and is usually evaluative, for the purposes of determining competence.

Depending on your role, you will have more or fewer opportunities to document learner progress through various assessment tools. Mid-rotation assessments (MRAs) & ITARs will be filled out in Entrada, Max Rady College of Medicine's online scheduling and assessment system. Program administrators will ensure that all preceptors at sites have access to Entrada.

Ultimate decisions about resident acquisition of competence, EPAs and decisions for promotion are made by the Departmental Resident Progress Subcommittee. The committee uses tools such as field notes, video-review forms, and In-Training Assessment Reports (ITARs) as evidence to determine if progress is satisfactory or not. The elements of the Department of Family Medicine's education support and assessment process are explained in the following sections.

5.4.1 ORIENTATION

Each new resident receives an orientation to the teaching site and program.

Each resident completes a **self-assessment**, which provides the basis for the education.

LINKS

Resident Educational Support and Assessment Framework

UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/RESIDENT_EDUCATIONAL_SUPPORT_AND_ASSESSMENT_FRAMEWORK_2018_-19.PDF

University of Ottawa Department of Family Medicine Academic Resources

WWW.ACADEMICSUPPORTPLAN.COM/OPENHOME.ASPX

Learners in Difficulty

FHS.MCMASTER.CA/FACDEV/DOCUMENTS/ASSESSMENTFRAMEWORK2001.PDF

5.4.2 ASSIGNMENT OF A PRIMARY PRECEPTOR

Each resident is assigned a **primary preceptor**. The primary preceptor is responsible for professional coaching over the two years of his/her residency. This is achieved through regular planned meetings over the period of residency program.

5.4.3 SUPERVISION

Teachers within teaching sites ensure the supervision of clinical activities of residents. In teaching sites, a teacher is assigned to supervise a resident each time the resident does clinical work. The teachers are available to discuss cases and review patients.

5.4.4 FIELD NOTES

Field notes provide the preceptor and resident a focus for recording observed performance and, most importantly, for providing specific feedback to the resident at the end of e.g. a clinic or call-shift. In addition to confirming for the resident what he/she did well, preceptors use field notes to identify areas requiring improvement and to help the resident find ways to achieve this.

Daily feedback and documentation with field notes is recommended. Residents have created the following guide to [Effective Feedback in FM Residency](#). Collectively, field notes provide a method of multiple sampling of performance over time by different observers, which leads to more reliable assessment.

Field notes can be initiated by residents or preceptors. A minimum of two faculty-generated field notes and two procedural field notes, and two resident-initiated field notes are required per week. Resident-initiated field notes are for self-reflection, discussion, and formative feedback. Faculty-initiated field notes inform ITARs and Review of Resident Progress (RoRP) and help to provide summative assessment.

5.4.5 DIRECT OBSERVATION

Direct observation of the resident occurs weekly during block time. To ensure reliability, multiple family medicine supervisors (3-4 per year) provide supervision to the same resident.

ITARS – IN-TRAINING ASSESSMENT REPORTS

Located in Entrada, ITARs allow you to rate resident behaviours using a scale from unsatisfactory to excellent.

Expected outcomes are listed according to the CanMEDS roles. Field notes and procedure logs (procedural field notes) would help to inform your rating. ITARs are required at every two-month period during family medicine rotations and at the end of the rotation.

They are also completed at the end of off-service rotations. Some rotations (ER, Obstetrics) use end of shift trainee feedback forms (depending on rotation) as data to be used in the completion of the end of rotation ITAR by the faculty lead.

5.5 TEACHING ON THE FLY

One of the biggest challenges of teaching in busy workplaces is lack of time or multiple competing demands on your time. Teaching on the fly implies that you need to recognize and use teachable moments wherever and whenever they arise.

Respecting patients and learners is important when teaching with patients present. Sometimes a few clear, brief explanations are enough to make patients comfortable with the process. As for helping learners, one model that's been adopted widely for its usefulness in teaching.

LINKS

Residency Competency Framework

UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/COMPETENCY_FRAMEWORK_2018-19.PDF

Effective Feedback in Residency

WWW.CFPC.CA/SECTIONOFRESIDENTS_TRAINING_GUIDES/

Faculty Field Note

[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/FACULTY_FIELD_NOTE_AND_DOCUMENT_GUIDE.PDF](http://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/FACULTY_FIELD_NOTE_AND_DOCUMENT_GUIDE.PDF)

Resident Field Note

[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/RESIDENT_FIELD_NOTE_-_11MAY2018.PDF](http://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/RESIDENT_FIELD_NOTE_-_11MAY2018.PDF)

Procedural Skills Field Note

[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/PROCEDURAL_SKILLS_FIELD_NOTE_-_11MAY18.PDF](http://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/PROCEDURAL_SKILLS_FIELD_NOTE_-_11MAY18.PDF)

Entrada

[HTTPS://ENTRADA.RADYFHS.UMANITOBA.CA/](https://ENTRADA.RADYFHS.UMANITOBA.CA/)

ITARs

[UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/IN-TRAINING_ASSESSMENT_REPORT_\(ITAR\)_DOCUMENT_GUIDE_-_11MAY18.PDF](http://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/IN-TRAINING_ASSESSMENT_REPORT_(ITAR)_DOCUMENT_GUIDE_-_11MAY18.PDF)

Resident Orientation Hub

[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/ORIENTATION/INDEX.HTML](http://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/ORIENTATION/INDEX.HTML)

NEW TO FIELD NOTES?

Some suggested reading:

Donoff, M. G. 2009. Field notes: Assisting achievement and documenting competence. *Canadian Family Physician*, 55. 1260-1262. WWW.CFPC.CA/CONTENT/55/12/1260.FULL

Laughlin, T., Brennan, A., & Brailovsky, C. 2012. Effect of field notes on confidence and perceived competence: Survey of faculty and residents. *Canadian Family Physician*, 58. e352 – e356. WWW.CFPC.CA/CONTENT/58/6/E352.FULL

The same folks have put together a handy description with examples of the steps of the One-Minute Preceptor:

- Get a commitment
- Probe for supporting evidence
- Reinforce what was done well
- Give guidance about errors and omissions
- Teach a general principle
- Conclusion

5.6 MENTORSHIP

Mentorship and role-modeling provide an opportunity for junior faculty and students to enhance their learning experience and their career development under the guidance of a more experienced faculty member. Mentorship is rewarding, but if you choose to mentor a learner, you will need to advocate for protected time. Faculty members may find mentoring difficult when asked to fill other leadership roles (supervisor; preceptor) simultaneously. To better understand such roles a mentor should consider the following:

Mentorship is not....

- A clinical coaching relationship
- A counselling relationship (behavioural/psychological)
- An academic supervising relationship
- A friendship

The mentoring session may take many forms. Many resources exist that assist the mentor with models for the mentoring session along with helpful strategic questions.

The GROW model of mentoring (from the University of New South Wales, Australia) offers one way to structure your mentoring session with a learner. The mentee (or learner) will set goals, discuss and reflect on current state, brainstorm for moving forward, and then concretize the discussion into an action plan.

As a mentor, making the resident feel comfortable and developing rapport will help promote growth. The Strategic Questioning Model (also from the University of New South Wales) lists a number of questions which can facilitate this exchange. The model also provides examples of open and closed questions.

Some key questions may include:

- What is one thing you could do to move forward in this situation?
- What is one of your greatest skills that you could offer in this circumstance?
- What would success look like in this instance?

5.7 TEACHING THE SCHOLAR ROLE

Over the course of their residency, residents will become proficient in selecting and critically evaluating the integrity, reliability, and applicability of health-related research and literature. They do this through a variety of scholarly activities which are outlined in the residency program description as well as online through the department's resident orientation hub.

As a preceptor, understanding the University of Manitoba Family Medicine Scholar curriculum will help you in identifying opportunities to link learning to the scholar role and activities.

As well, depending on your role/location, you may teach/support residents in their chart audits, facilitating journal club, performing guideline reviews, or otherwise learning critical appraisal skills. Or you may be teaching/supporting residents in their QI practicum project.

LINKS

Core Procedures
Refer to p. 133-134 of Competency Framework

Entrada
[HTTPS://ENTRADA.RADYFHS.UMANITOBA.CA/](https://entrada.radyfhs.umanitoba.ca/)

One-Minute Preceptor
[PRECEPTING101.FAMILYMED.UBC.CA/START-THE-LEARNING-MODULE/PART-5-ORIENTATION-TO-BASIC-TEACHING-SKILLS-I-THE-ONE-MINUTE-PRECEPTOR-0-25-M1/](https://precepting101.familymed.ubc.ca/start-the-learning-module/part-5-orientation-to-basic-teaching-skills-i-the-one-minute-preceptor-0-25-m1/)

Bedside Teaching
[AMEE.ORG/GETATTACHMENT/AMEE-INITIATIVES/MEEDWORLD/38074-BEDSIDE-TEACHING-WEB.PDF](https://amee.org/getattachment/amee-initiatives/meedworld/38074-bedside-teaching-web.pdf)

UBC Family Medicine
REPLACE LINK WITH THE FOLLOWING:
[HTTPS://POSTGRAD.FAMILYMED.UBC.CA/FACULTY-PRECEPTOR-RESOURCES/FACULTY-DEVELOPMENT/TEACHING-RESOURCES-2/](https://postgrad.familymed.ubc.ca/faculty-preceptor-resources/faculty-development/teaching-resources-2/)

Finally, in your own practice, you may be interested in pursuing quality improvement and as such are role modeling the scholar role. The DFM is part of a national CFPC training pilot. Through this training, practicing physicians, including teachers, extend their knowledge of quality improvement while addressing clinical questions particularly relevant to their practice.

SCHOLARLY PROJECT

During residents' first year Family Medicine Block Time (FMBT), they will be assigned to a stream-specific small-group as part of the CanMEDS-FM Scholar Role curriculum and, as a group, are expected to produce a project composed of:

- A written paper, and
- A presentation based on that paper linked to the performance of a quality improvement project using chart audit as the method of measurement.

Guidelines for completing the project are detailed in a separate document and should be adhered to. Ethical considerations, policy requirements, and 'how to' steps are outlined clearly and will help you to assist residents as they navigate this process.

For forms related to the Scholar Projects, consult "Guides" in the following link:

http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/about/forms-and-documents.html

LINKS

The Grow Model
HR.UNSW.EDU.AU/SERVICES/PEOPLEANDCULTURE/GROW.HTML

Strategic Questioning Model
WWW.HR.UNSW.EDU.AU/SERVICES/PEOPLEANDCULTURE/STRATEGICQUESTIONING.HTML

MENTORING	COACHING	COUNSELLING	SUPERVISION
Focus on career development	Focus on skills development	Focus on personal issues preventing career development	Focus on academic achievement
Shows the way	Gap analysis	Identifying underlying behavioural problems or issues	Power imbalance in relationship
Agenda set by mentee	Identify weaknesses		
Shares experiences	Action plan		
Provides advice	Well-defined goals		
Provides networks	Addresses short-term needs		

5.8 INTEGRATIVE MEDICINE AND TEACHING

Residents have the option of participating in the Integrative Medicine in Residency Program (IMR). More information can be found here and for questions, you can contact Shandis Price. http://www.umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/postgrad/integrative-med.html

Integrative Medicine brings together conventional and complementary therapies in a coordinated way. Topics in the IMR program include focus on prevention and wellness, non-drug therapies, nutrition, supplements and botanicals, mind-body therapies, and whole medical systems.

The preceptor's role in teaching/assessing Integrative Medicine is to encourage discussion with residents about non-drug therapies for any particular condition, especially chronic diseases. If you have residents participating in the IMR program, encourage them to take a lead during academic time in sharing the knowledge they have learnt in IMR program with their peers.

6. ADDITIONAL TOOLS FOR PRECEPTORS

At any point in your teaching, you may encounter situations or learners which challenge your existing knowledge or skills. The following content addresses possible areas of concern.

6.1 RESIDENT WELLNESS AND RESILIENCY

Encouraging and promoting resident wellness and resiliency is important as a preceptor. This can be addressed during resident assessments or any other time deemed appropriate. Resident wellness and resiliency is part of the academic day curriculum, and each site will have a resident wellness representative that will be a part of the Resident Wellness and Resilience Subcommittee. This subcommittee oversees the academic wellness curriculum and provides a venue for supporting resident wellness and resilience through program level and site specific approaches.

6.2 LEARNER IN DIFFICULTY

Learners may experience difficulty in a range of areas. You may notice the difficulty in professional behaviour, clinical factors, medical illness, lifestyle, practice management, or in a combination of areas. Identifying and addressing difficulty early on can prevent problems from worsening or becoming insurmountable.

EARLY SIGNS OF DIFFICULTY

Although not exhaustive, this list can help you to identify early signs of potential difficulty so that interventions can be put into place and learning supported. (Information from FMF workshop, 2013.)

- Resident seems unable to schedule time or find his/her way between points A to B
- Difficulty with EMR and perseverates
- Difficulty transitioning between tasks
- Lack of or inability to apply knowledge, e.g., from patient scenario to differential diagnosis
- Can't come up with a management plan (bio/psychosocial)
- Not patient-centered at all
- Cannot see shades of gray (concrete, categorical, or rules-bound thinking)
- Seems unmotivated

Behaviours that warrant urgent intervention include issues of gross incompetence, professional misconduct, and substance abuse. (From Office of Educational and Faculty Development, 'Red Flags')

ASSESSING AND ADDRESSING THE DIFFICULTY

Based on their review of the literature, Lacasse, Théorêt, Skalenda, and Lee (2012) use a model analogous to the medical history and physical exam to approach "assessment, educational diagnosis, and management of challenging learning situations" (see linked document below).

As you consider possible reasons for learner difficulty, you formulate a differential diagnosis which you test through the following steps of focussed assessment:

- Identification or personal situation
- Past educational history
- Habits
- History of the present difficulties
- Review of systems (environment, teacher, learner)
- Objective examination

6.2 TEACHING ABOUT MEDICAL ERROR

You are a role model to the learners with whom you work. As such, your behaviours in recognizing and acknowledging errors will be instructive to residents. Strive to encourage adaptive responses from residents when errors happen and look for ways to reduce future risk of errors.

LINKS

Resident Scholar Project - PGY1
[UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/RESIDENT_SCHOLAR_PROJECT_-_PGY1.PDF](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/resident_scholar_project_-_pgy1.pdf)

Individual Scholarly Project & Chart Audit PGY2
[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/MEDIA/INDIVIDUAL_SCHOLARLY_PROJECT_AND_CHART_AUDIT_-_PGY2.PDF](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/individual_scholarly_project_and_chart_audit_-_pgy2.pdf)

Candidate Guide
[WWW.CFPC.CA/UPLOADEDFILES/EDUCATION/_PDFS/FM_CANDIDATE_GUIDE.PDF](http://www.cfpc.ca/uploadedfiles/education/_pdfs/fm_candidate_guide.pdf)

College of Family Physicians of Canada (CFPC)
[WWW.CFPC.CA/HOME/](http://www.cfpc.ca/home/)

Short Answer Management Problems (SAMPS)
[WWW.CFPC.CA/SAMPS/](http://www.cfpc.ca/samps/)

Simulated Office Orals (SOO)
[WWW.CFPC.CA/SOOS/](http://www.cfpc.ca/soos/)

Integrative Medicine in residency
[HTTP://WWW.UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/POSTGRAD/INTEGRATIVE-MED.HTML](http://www.umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/postgrad/integrative-med.html)

Objective Structured Clinical Examination (OSCE)
[UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/EDUCATION/CPD/LEARNING/EXAM_PREP/EXAMPAGE_HUB.HTML](http://umanitoba.ca/faculties/health_sciences/medicine/education/cpd/learning/exam_prep/exampage_hub.html)

RESOURCES

See the following link for more details on how to explore these facets affecting the learner experience to inform your plan moving forward:

Lacasse, M., Théorêt, J., Skalenda, P. & Lee, S. (2012). Challenging learning situations in medical education: Innovative and structured tools for assessment, educational diagnosis, and intervention. Part 1: History or data gathering. Canadian Family Physician, 58 no. (4). 481-484.
[WWW.CFPC.CA/CONTENT/58/4/481.FULL](http://www.cfpc.ca/content/58/4/481.full)

For more information about PGSG modules, contact Bernice Katz at 204-272-3087 or bernice.katz@umanitoba.ca.

Frame your teaching in these instances to include the following elements:

DISCLOSURE TO PATIENTS, SUPERVISORS, AND PEERS

Know your legal obligations and reflect on ethical and moral considerations. Make sure you are aware of current Canadian Medical Protective Association advice on adverse clinical outcomes.

SUPPORT FOR THE LEARNER

Learner errors are often accompanied by distress that is magnified by harm to the patient. Feelings that follow may include self-doubt and be as extreme as desire to quit the profession.

HARM PREVENTION

Encourage learners to ask questions or let someone know when they are unsure of diagnosis or treatment. It is essential that you encourage a safe learning environment where questions are considered valuable learning opportunities and expertise is shared rather than showcased or paraded.

6.3 TEACHING INTERNATIONAL MEDICAL GRADUATES (IMGs)

In your teaching, you may work directly or indirectly with international medical graduate (IMG) learners. As with all residents, IMG learners have diverse backgrounds and bring different strengths and wants to their training. Although the teaching strategies you employ may not be that different from those you use with Canadian-trained learners, the focus and emphasis may be different.

CANADIANS WHO STUDIED ABROAD (CSAs)

Canadian citizens who have completed their medical training outside of Canada or the USA. These are also sometimes referred to as CSAs or Canadians who Studied Abroad.

These residents have the advantage of having grown up or been educated in Canada thus being privy to cultural norms and knowledge of both the country and its healthcare system.

IMGs

Canadian citizens or permanent residents who received their medical training outside Canada.

- Accessing training through IMG-specific programs
- Accessing training through the CaRMS match

UNDERSTANDING THE IMG EXPERIENCE

The immigrant experience is complex and will differ for each IMG. The multicultural nature of most Canadian practices means that most physicians have a reasonable sense of the issues that immigrants face. IMGs, while facing many of the same immigrant issues, also experience concerns specific to medicine. All IMGs will not have experienced all of these issues. However, most will have faced one or more. Common areas include loss (professional, extended family, culture), prejudice, trauma and language. In addition, there are both direct and indirect costs associated with practicing medicine for IMGs. Any of these issues may have a profound impact on everyday functioning.

Specifically pertinent to the culture of medicine, differences may present in IMG learners' understanding of norms related to professional behaviour and different attitudes to gender, age and status. In the training setting, IMG learners may be more affected when they perceive loss of face if a lack of knowledge or skills is identified.

The manner in which you create the learning environment and then explicitly identify why and how feedback is given/received is therefore important. In addition, empathy and the willingness to engage the learner will go a long way in preventing misunderstandings or harmful behaviours from escalating.

RESOURCES

Call the Faculty Development Office to request the PBSG-ED by McMaster on Medical Mistakes for further information: 204-272-3087.

Teaching Module: Talking About Harmful Medical Errors with Patients

[DEPTS.WASHINGTON.EDU/TOOLBOX/ERRORS.HTM](https://depts.washington.edu/toolbox/errors.htm)

Most of this section is quoted from a presentation by Tunji Fatoye, MBBS, CCFP Orienting Teachers and IMGs. June 21, 2007

Steinert, Y. & Walsh, A. (2006). A Faculty Development Program for Teachers of International Medical Graduates. Ottawa, ON: AFMC.

AFMC, (2006). A Faculty Development Program for Teachers of International Medical Graduates
[AFMC.CA/TIMG/DEFAULT_EN.HTM](https://afmc.ca/timg/default_en.htm)

Walsh, A. (2006). Working with IMGs: Delivering Effective Feedback.
[AFMC.CA/TIMG/EFB_EN.HTM](https://afmc.ca/timg/efb_en.htm)

Find out the particularities, for example, of a perceived language barrier. And be prepared to confront your own preconceptions and prejudices.

STRENGTHS OF IMG LEARNERS

The strengths IMG learners bring to their Canadian practices are many. As preceptor, you are in the position of being able to highlight or utilize these areas of expertise.

- Training in other disciplines
- Exposure to diseases and disease processes with which Canadian physicians have little or no familiarity
- Diverse life experiences (often older)
- Well-developed clinical skills due to limited access to diagnostic tests and investigations
- Knowledge of cultures which may match patient experiences

COMMON AREAS OF REMEDIATION OR CHALLENGE

- Unfamiliarity with small group, active learning approaches due to previous training relying heavily on rote learning, large group didactic experiences
- Time lag since training or practice
- Familiarity with family medicine
- Resource use: access, judicious use, cost
- Learning and teaching roles and expectations—many come from highly hierarchical contexts with low expectations of learners re: risk, experimentation, exploration of clinical reasoning
- Evidence-based medicine
- Interprofessional relationships due to lack of experience and/or cultural differences
- Limited clinical experience re: patient contact or contact limited by gender, age, and race of patient or physician
- Clinical gaps: urogenital and rectal exams, obstetrical care, adolescent medicine, psychiatry, intensive care, geriatrics
- Psychosocial issues—psychiatric illness, family violence, abortion, rape, drug/alcohol abuse, gender roles and identities
- Doctor-patient relationship: paternalistic; unfamiliar with patient-centered approach

6.4. ADVANCING YOUR ACADEMIC CAREER

All teaching faculty are encouraged to apply for promotion commensurate with their activity within the department. Interprofessional faculty are encouraged to explore options for promotion with their leads.

Academic physicians build their careers on four pillars: their role as teachers; as scholars; as contributors to the Department, the wider University and to other professional organizations; and of course in patient care. Promotion through the professorial stream at the U of M is an important measure of achievement that you are encouraged to pursue. Some activities are key to success: carefully collecting learner evaluations, sharing your work at local and national meetings and/or through publication, and keeping your CV up to date as you add activities.

The Promotion and Awards Committee is here to help you succeed!

7. CONCLUSION

We hope the information and resources in this toolkit will be useful to you in your teaching practice. To conclude, we offer some tips to remember about your development as a preceptor.

TOP 5 THINGS TO REMEMBER ABOUT FACULTY DEVELOPMENT

1. TEACHING IS LIFELONG LEARNING

To become better at teaching, reflect on your practice, accept feedback from others, and unleash your curiosity to try new things.

2. YOUR PEERS ARE YOUR PARTNERS IN TEACHING

Often other preceptors have similar questions or have encountered similar situations to ones that stump or excite you. Share your knowledge and feel free to ask others. Building a community of practice with other teachers can save time and build excellence while giving you a sense that you're not in it alone.

3. TAKE IT ONE BIT AT A TIME

You do not have to cram all your faculty development experiences into the first few years of teaching practice. But if you push yourself to engage in some aspect of faculty development a number of times each year, you will be more likely to incorporate what you learn into your practice.

4. THE DEPARTMENT IS THERE TO SUPPORT YOU

If you have a question, a suggestion, or a need to talk about your ideas or questions, remember that you can contact the key people listed in this toolkit. Programs improve through ownership and involvement. Your input is valued.

5. KEEP TRACK OF YOUR ACHIEVEMENTS

When you take the time to improve in your faculty role, you are modelling good habits for your students and residents. Keep certificates, credits, or a list of your involvements in one place such as a professional portfolio. Going beyond keeping track, spend ten minutes jotting down key learning points or reflections/questions after faculty development sessions and keep those in the portfolio as well. Over time, you will be able to track your evolution as a teacher.

8. RESOURCES FOR PRECEPTORS

The following resources have been selected by preceptors in the Department of Family Medicine.

PRIMARY CARE RESEARCH GUIDE

UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINEPRIMARYCAREGUIDE.HTML

MCGILL UNIVERSITY

Resources for (Medical) Teachers
WWW.MCGILL.CA/MEDICINEFACDEV/RESOURCES

CANMEDS-FM 2017

WWW.CFPC.CA/PROJECTASSETS/TEMPLATES/RESOURCE.ASPX?ID=3031&TERMS=CANMEDS

9. FREQUENT CONTACTS

DEPARTMENT OF FAMILY MEDICINE FACULTY & STAFF

[HTTP://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/ABOUT/CONTACT-US.HTML](http://UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/UNITS/FAMILY_MEDICINE/ABOUT/CONTACT-US.HTML)

POSTGRADUATE MEDICAL EDUCATION

UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/EDUCATION/

MAX RADY COLLEGE OF MEDICINE

UMANITOBA.CA/FACULTIES/HEALTH_SCIENCES/MEDICINE/INDEX.PHP

UNIVERSITY OF MANITOBA ONLINE DIRECTORY

UMANITOBA.CA/SEARCH/INDEX.HTML

FACULTY DEVELOPMENT



Faculty Development Director

Anita Ens, MEd, PhD

Tel: 204-789-3321

Email: anita.ens@umanitoba.ca

Faculty Development Assistant

Bernice Katz

204-272-3087

Email: bernice.katz@umanitoba.ca

UNDERGRADUATE PROGRAM



**Undergraduate Director –
Family Medicine**

Sasha Thiem, MD, CCFP
Tel: 204-938-5077 or 204-789-3795
Email: sasha.thiem@umanitoba.ca

**Undergraduate Assistant Director -
Clerkship**

Catherine Wach
Email: catherineanne.wach@umanitoba.ca

Program Assistant – Pre-Clerkship

Debi Prysizney
Tel: 204-789-3390
Email: debi.prysizney@umanitoba.ca

Program Assistant - Clerkship

Jana Mudra
Tel: 204-789-3801
Email: Jana.Mudra@umanitoba.ca

Education Secretary

Bernice Katz
204-272-3087
Email: bernice.katz@umanitoba.ca

POSTGRADUATE PROGRAM



**Postgraduate Director –
Family Medicine**

Bruce Martin, MD, CCFP
Tel: 204-272-3186
Email: bruce.martin@umanitoba.ca

**Postgraduate Faculty Lead -
Academic Curriculum**

Vacant

**Postgraduate Faculty Lead -
Behavioural Medicine**

Opeyemi Sobowale
Tel: 204- 632-3203
Email: osobowale@wrha.mb.ca

**Postgraduate Faculty Lead – Quality
Improvement, Scholarship & Informatics**

Alex Singer
Tel: 204-237-2863
Email: asinger@sbgf.mb.ca

**Postgraduate Faculty Lead -
Resident Assessment & Evaluation**

Terry McCormack
Email: mccormack_terry@hotmail.com

**Postgraduate Faculty Lead –
Integrative Medicine**

Shandis Price
Email: shandis.price@umanitoba.ca

**Postgraduate Faculty Lead -
Indigenous Health**

Mandy Buss
Email: mbuss@wrha.mb.ca

Program Coordinator

Shannon Rankin
Tel: 204-977-5663
Email: shannon.rankin@umanitoba.ca

Education Secretary

Bernice Katz
204-272-3087
Email: bernice.katz@umanitoba.ca

IO. GLOSSARY OF TERMS

The Department of Family Medicine Acronyms and Activities

ACRONYM	ACTIVITY	DESCRIPTION
ACLS	Advanced Cardiac Life Support	External course that all residents must pass before they enter residency and must keep current; certification is for two years; residents whose training lasts more than two years must recertify; cost is covered by PARIM/WRHA
ACoRN	Acute Care of the At-Risk Newborn	Newborn Health (during Northern Primer course work)
ACSS	Acute Care Surgery Service	One of the WRHA surgery services on which residents may complete their surgery rotation
AD or AHD	Academic Day or Academic Half-Day	Academic sessions that residents are required to attend; often are lecture-based small group sessions; there are Combined ADs which all residents must attend as well as stream-based. Mandatory attendance (75%). Absence due to being post-call is still marked as absent. Attendance is taken so if residents are late or absent they are responsible to advise Shannon Rankin, PG administrative assistant, by voicemail at 204- 977-5663.
ALARM	Advances in Labour and Risk Management	An educational program designed to train individuals to improve patient outcomes and the process of intra-partum and immediate post-partum care. This is a two-day course. ALARM is being phased in as a replacement for the ALSO course.
ALSO	Advanced Life Support in Obstetrics	External course that all residents must pass before they complete their training; cost is covered by PARIM/WRHA. This course is being phased out in favour of ALARM.
ATLS	Advanced Trauma Life Support	External course that residents in the Northern/Remote and Rural streams must pass before they complete their training; cost is covered by PARIM/WRHA To be completed prior to surgery rotation and before going North.
BLS	Basic Life Support	External course that all residents must pass before they enter residency and must keep current; this is a pre-requisite for ACLS; certification is for two years; residents whose training lasts more than two years must recertify; cost is covered by PARIM/WRHA
CaRMS	Canadian Residency Matching Service	Not-for-profit organization that provides an electronic application service and computer match for individuals wishing to enter into postgraduate medical training throughout Canada.
CCFP	Certificant, College of Family Physicians	The credential awarded by the College of Family Physicians of Canada (CFPC) to physicians who have passed the CFPC certification exam
CFPC	College of Family Physicians of Canada	National professional organization for family physicians in Canada; also sets the standards for residency training in family medicine and continuing professional development.
CME	Continuing Medical Education	Process by which physicians keep current in their field
CMG	Canadian Medical Graduate	Individual who has graduated from a medical school in Canada
CoE	Care of the Elderly	One of the Enhanced Skills Programs offered by Department of Family Medicine
Shading indicates Family Medicine Block (FMBT) activities.		

ACRONYM	ACTIVITY	DESCRIPTION
CPD	Continuing Professional Development	A continuing process, outside formal undergraduate and postgraduate training, that enables individual doctors to maintain and improve standards of medical practice through the development of knowledge, skills, and attitudes.
CPGME	College Postgraduate Medical Education	The office that oversees all residency training at the University of Manitoba
CPSM	College of Physicians and Surgeons of Manitoba	Licensing body for physicians in Manitoba
CSA	Canadian studying abroad	Canadian citizen who attends medical school outside of Canada and thus is an IMG
CTU	Clinical Teaching Unit	A hospital unit or service that provides undergraduate and graduate medical education under the auspices of a Max Rady College of Medicine. The medical care of the patient is the function of the team or staff physician, resident and clinical clerk.
DFM	Department of Family Medicine	An accredited university training program that strives to teach whole person medicine through a combination of patient-centred care and complementary teaching sessions.
EA	Education Assistant	Support staff member within a stream who makes it all happen, also called an education or program assistant.
EBM	Evidence-based Medicine	A way of practicing medicine that emphasizes that decisions should be based on evidence (i.e, the medical literature) rather than the beliefs of practitioners.
EDEC	Enhanced Distributed Education Centre	See FMEDEC
EMR	Electronic Medical Record	<p>“A computer-based patient medical record system used to manage patient information and care within the scope of the clinic’s practice. Features include billing, scheduling and clinical information. Typically, clinical information includes encounter notes, health conditions, allergies, family history, prescriptions and medications, diagnostic test results, referral letters and consult letters.”</p> <p>www.manitoba-ehealth.ca/emr-pcis-emr.html</p>
EPA	Entrustable Professional Activities	The mass of critical elements that define a profession and are only entrustable to a competent physician.
EPR	Electronic Patient Record	<p>The Electronic Patient Record (EPR) provides a picture of your visit to a hospital by compiling demographics, scheduling, clinical and emergency department information. It facilitates patient flow and timely access to clinical data, ensuring you receive the best possible care when you visit a hospital.</p> <p>The introduction of the EPR at St. Boniface Hospital in 2007 set the provincial standard, and various components of the EPR are now available in Winnipeg hospitals and other sites in Manitoba. Click below to read more about some of the components you may see during your hospital visit:</p> <ul style="list-style-type: none"> • admission, discharge, transfer (ADT) • clinical EPR • computerized provider order entry (CPOE) • results reporting • emergency department information system (EDIS) <p>For more information about the EPR, please watch our video, Connecting Solutions to Care.</p> <p>www.manitoba-ehealth.ca/about-epr.html</p>

Shading indicates Family Medicine Block (FMBT) activities.

ACRONYM	ACTIVITY	DESCRIPTION
ESP	Enhanced Skills Program	Additional training which family medicine graduates can take after they've finished their two-year program. Department of Family Medicine offers the following ESPs: Care of the Elderly, Emergency Medicine, FP Anesthesia, Cancer Care, Obstetrics and Women's Health, Palliative Care, Sport & Exercise Medicine, and Clinician Scholar: Integrated Longitudinal Program.
FCE	Focused Clinical Experience	An FCE is purposefully chosen to supplement learning in FMBT or during specialty rotations. It can be of variable duration (up to 2 weeks) and frequency. Activities are structured and generally include pre-reading.
FCFP	Fellowship in The College of Family Physicians of Canada	An honour which the College of Family Physicians of Canada (CFPC) confers upon Certificant members in good standing who have maintained their Certification for a minimum of 10 consecutive years and have included 25 Mainpro-C activities for two consecutive five-year cycles, demonstrating their ongoing commitment to continuing professional development and lifelong learning.
FMBT	Family Medicine Block Time	Periods of time in the resident's training completed under the supervision of a family physician; comprises the vast majority of time in the program.
FMC	Family Medical Centre	One of the University of Manitoba family medicine urban teaching sites located across from St. Boniface General Hospital
FMEDECs	Family Medicine Enhanced Distributed Education Centres	Family medicine residency training locations outside the City of Winnipeg. FMEDECs usually train both residents and medical students. Currently sites include Steinbach, Boundary Trails, Brandon, Portage, and Dauphin.
GFT	Geographic Full Time	A physician faculty member in the Max Rady College of Medicine who is employed by the University to teach residents. GFTs can be part-time or full-time University employees.
Gold Trauma	HSC acute trauma	A general surgery service located at the Health Sciences Centre which specializes in acute trauma.
HDB	Half-Days Back	Half day a week at your clinic after FMBT for three months during OSR (excluding Adult EM)
HE	Horizontal Experiences	A clinical experience that is organized longitudinally during FMBT but equivalent to the time spent in a traditional block (min. 2 weeks). Often these experiences resemble those in physician practice.
ICAW	Indigenous Cultures Awareness Workshop	Two-day workshop offered by the WRHA which introduces a basic knowledge of the worldviews, spiritual and cultural values of Aboriginal peoples, highlights historical and contemporary issues that influence Aboriginal peoples, and honours the rich diversities within Aboriginal communities. Mandatory for residents; scheduled by PG administrative assistant.
IMG	International Medical Graduate	Individual who has graduated from a medical school outside of Canada. An IMG might be a CSA (Canadian who studied abroad).
IPC	Interprofessional Collaborative Practice	"The development of a cohesive practice between professionals from different disciplines, and the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population."

Shading indicates Family Medicine Block (FMBT) activities.

ACRONYM	ACTIVITY	DESCRIPTION
IPF	Interprofessional Faculty	All regulated health care professionals working in family medicine teaching sites. May include registered nurses, nurse practitioners, registered social workers, registered dietitians, pharmacists, research assistants, community liaison workers, shared care counsellors, psychologists occupational therapists, physiotherapists.
ITAR	In-Training Assessment Report	Form that is filled out to evaluate a resident's performance in a rotation. A rotational mid-point evaluation is optional unless the resident is performing below expectations. Final rotational evaluations are required.
ITER	In-Training Evaluation Report	ITERS have been replaced with ITARs in the competency-based curriculum. Other programs may still use ITERS.
	In-Unit Seminars	Site specific clinical and academic teaching events that frequently are patient centred or case based.
	Journal Club	Resident led discussions with support from a faculty physician. The group discussion is based on one of two options determined by site: <ul style="list-style-type: none"> • An article related to the clinical topic chosen by the resident • The McMaster developed Problem Based Small Group Learning Modules covering a variety of clinical topics. These are provided by the Department.
KMC	Kildonan Medical Centre	One of the University of Manitoba family medicine urban teaching sites located at Seven Oaks General Hospital
MCCEE	Medical Council of Canada Evaluating Examination	Four-hour, computer-based examination which is required for International medical school graduates as a prerequisite for eligibility to the Medical Council of Canada Qualifying Examinations.
MCCQE1	Medical Council of Canada Qualifying Examination Part 1	A one-day, computer-based test that assesses the competence of candidates who have obtained their medical degree and is required for entry into postgraduate training programs.
MCCQE2	Medical Council of Canada Qualifying Examination Part 2	Examination that assesses the competence of physicians who have finished their residency training programs and is a requirement for medical licensure in Canada prior to entry into independent clinical practice
NBC	Newborn Care	Two-week experience with a physician at Health Sciences Centre.
NCMC	Northern Connection Medical Centre	An urban family medicine teaching site in the Northern-Remote program located near Health Sciences Centre on Elgin
NMU	J.A. Hildes Northern Medical Unit	NMU is now part of Ongomiizwin, the Indigenous Institute of Health and Healing that was officially launched in 2017 at the Rady Faculty of Health Sciences. Historically the NMU provided health care resources (e.g., family physicians, nurses, medical specialists, social workers and support staff) to various remote northern communities in Manitoba.
NRP	Neonatal Resuscitation Program	An educational program which provides individuals with the knowledge and skills to resuscitate newborn babies.
NSA	Nil-salaried appointment	An appointment to the faculty of the Department of Family Medicine which doesn't carry with it a salary. A major benefit of such an appointment is access to the university's libraries.

Shading indicates Family Medicine Block (FMBT) activities.

ACRONYM	ACTIVITY	DESCRIPTION
OSCE	Objective Structured Clinical Examination	The OSCE is an assessment of clinical competence. It involves a standardized patient (SP) and an examiner in a timed station.
OSR	Off-Service Rotation	A training experience with a service or specialty outside of family medicine.
PALS	Pediatric Advanced Life Support	An educational program that provides individuals with the knowledge and skills to resuscitate children.
PARIM	Professional Association of Residents and Interns of Manitoba	The professional association that represents residents. PARIM negotiates the contract that governs the residents' employment with the WRHA. All residents are members of PARIM and are employees of the WRHA.
PBSGL	Practice based small group learning	An approach to professional development/learning that uses small group discussion to facilitate change in knowledge, attitudes and skills.
PEARLS	Practical Evidence Applied to Real Live Situations	Three article evaluations. A self-directed evidence-based reflection exercise taking clinical questions, deciding on a course of action supported by the literature, then reflecting on the effectiveness of the process. A learning activity designed to enhance understanding and application of critical appraisal skills.
PG	Postgraduate	The period of training that encompasses an individual's residency.
PGME	Postgraduate Medical Education	Same as CPGME. However, these initials may also represent postgraduate medical education in family medicine. It is helpful to add 'FM' in the latter case.
PGY	Postgraduate year	PGY1 means first year in residency, PGY2 means second year in residency, etc.
PMI	Physician Management Institute	Canadian Medical Association physician leadership courses
PS	Procedural Sedation	A certified simulation session offered by the Department of Emergency Medicine to ER and family medicine residents.
QI	Quality improvement	A process by which changes are made to improve patient outcomes. The typical cyclical process includes review of evidence/literature, audits of performance, changes to practice, and re-evaluation of changed practice via audit.
RCPC or Royal College	Royal College of Physicians and Surgeons of Canada	National professional organization for all specialist physicians in Canada; also sets the standards for residency training in specialties other than family medicine (e.g., pediatrics, surgery, internal medicine) as well as continuing professional development.
RoRP	Review of Resident Progress	A review of resident progress which takes place periodically during the two-year program.
SAMP	Short Answer Management Problem	Practice exams: These are constructed response-type questions requiring write-in answers ranging from a few words to a few sentences. A SAMP-style question consists of a minimum of two scenarios and at least 10 questions. The written portion of the College of Family Physicians of Canada (CFPC) Certification Exam consists of SAMPs.
SCA	Scheduled Clinical Activity	Learning activities that are planned and organized by the program to complement the curriculum. Such activities are typically arranged during time that is not filled with core family medicine northern experiences.

Shading indicates Family Medicine Block (FMBT) activities.

ACRONYM	ACTIVITY	DESCRIPTION
SDL	Self-Directed Learning	A learning experience which is planned and organized by the resident. SDL experiences are used to further learning in a particular topic/area or to meet a personal learning objective. Examples of SDL activities include: studying for exams; reading journals; doing literature reviews; attending a specialty clinic (e.g., teen clinic or family planning clinic); working on resident scholarly activities.
SOO	Simulated Office Oral	A method for evaluation residents' abilities to establish effective relationships with patients by using active communication skills. The emphasis is NOT on testing the ability to make a medical diagnosis and then treat it. The oral component of the College of Family Physicians of Canada (CFPC) Certification Exam consists of SOOs.
UG	Undergraduate	The three or four years of medical school, comprised of pre-clerkship and clerkship periods. At U of M it is a four-year program with preclerkship as the first two years and clerkship comprising the last two.
UGME	Undergraduate Medical Education	The office that oversees medical student training at the University of Manitoba.
WRHA	Winnipeg Regional Health Authority	The health authority that is responsible for providing health services people living in the City of Winnipeg as well as the surrounding Rural Municipalities of East and West St. Paul and the Town of Churchill, located in northern Manitoba.
VENTIS		A web-based curriculum management system used by PGME which includes scheduling, assessment, trainee portfolio and reporting functions.
Shading indicates Family Medicine Block (FMBT) activities.		