



Proposed Learning Site Initial Survey

Department of Family Medicine

Community: _____

Preceptor Information

Primary Physician Contact at Proposed Site:

List all potential Physician Clinical/Academic Preceptors:

Table with 6 columns: Print Name, Signature, Type of CPSM Registration, Teaching Experience?, CCFP?, Acad. Appt. at UofM. Includes checkboxes for Full/Provisional registration and Yes/No for teaching and CCFP status.

Please attach additional pages as needed

List all potential Non-Physician Clinical/Academic Supervisors:

Table with 5 columns: Name, Signature, Discipline, Teaching Experience?, Acad. Appt. at UofM. Includes checkboxes for Yes/No for teaching and academic appointment.

Please attach additional pages as needed

[Note: A University of Manitoba academic appointment in the Department of Family Medicine will be required by all preceptors once a learning site has been formally approved]

Information on Clinic Practice

Name of Clinic(s): _____

1. Patients seen in clinic
 - Age groups in practice (check all that apply):
Neonates/Infants Children Adolescents Adults Geriatrics
 - Underserved & vulnerable populations Yes No
 - Indigenous patients Yes No
 - Does the clinic practice include obstetrics? Yes No
 - Does the clinic practice include home visits? Yes No
 - Does the clinic practice include PCH work? Yes No
 - Does the clinic practice include hospital care for patients in the practice? Yes No

2. Scheduling
 - # Patients scheduled per day per physician:
 - # Patients scheduled per hour per physician:
 - # Complete physicals per week per physician:
 - Does practice accommodate same day appointments? Yes No
 - Does practice have an urgent care component? Yes No

3. What other professionals are on staff at the clinic? (check all that apply)
Nurse Nurse Practitioner Physician Assistant

Dietitian Mental Health Practitioner

4. Type of medical records used: Paper Electronic
If electronic, indicate product:
 Accuro Other _____

5. Registered with Family Doctor Finder Yes No

6. Registered as a Primary Care Home Clinic (Patient Medical Home model) Yes No

7. Member of My Health Teams (MHT) Yes No

8. Practice quality improvement (QI) initiatives Yes No

9. Interested in Research/Scholarly activities Yes No

10. Office configuration
 - Number of examining rooms:
 - Is there adequate working space for the learner? Yes No
 - Would the learner have a computer with internet access to use during the day? Yes No

Information on Hospital practice

Name of hospital: _____

Do all potential physician preceptors have a hospital affiliation? Yes No

Does the hospital have an emergency department? Yes No

Would the learner be scheduled for supervised ED shifts? Yes No

Information on Call-based practice

Are potential preceptors part of a call group? Yes No N/A

What is the size of the call group?

Accommodations (If applicable)

Are suitable accommodations available? Yes No

See attached *Accommodations Criteria* policy.

Who is the contact for arranging accommodations?

NAME:
Phone:
Email:

Learner Scheduling

Who would be the local contact person for arranging rotations?

NAME:
Phone:
Email:

Submitted by: _____ (please print)

Phone Number: _____

Email address: _____