



DEPARTMENT OF FAMILY MEDICINE

SELF-ASSESSMENT LEARNING SITE SURVEY

A. SITE INFORMATION

Community: _____

Primary physician contact at site: _____

B. INFORMATION ON CLINIC PRACTICE

1. CLINIC

Name of clinic(s) _____

2. CLINIC PROFESSIONALS

Professionals on staff at the clinic

Check all that apply:

- Nurse
 Nurse Practitioner
 Physician Assistant
 Dietitian
 Mental Health Practitioner
 Other _____

3. PATIENTS

Patients seen at the clinic

Check all that apply:

- Neonates/Infants
 Children
 Adolescents
 Adults
 Geriatrics
 Indigenous patients
 Underserved & vulnerable populations (specify) _____
 Other _____

4. MEDICAL RECORDS

Medical records used

Check all that apply:

- Paper
 Electronic
 Jonoke
 Accuro
 Other _____

5. OFFICE CONFIGURATION

NUMBER

Number of examining rooms _____

Check all that apply:

YES NO

Is there adequate working space for the learner?

Does the learner have a computer with internet access to use during the day?

6. SERVICES

Services offered at the clinic

Check all that apply:

- Intrapartum Obstetrics
 Home visits
 PCH work
 Hospital care for patients in the practice
 Other _____

7. SCHEDULING

NUMBER

Patients scheduled per day per physician _____

Patients scheduled per hour per physician _____

Complete physicals per week per physician _____

Check all that apply:

YES NO

Does practice accommodate same-day appointments?

Does practice have an urgent care component?



8. MEMBERSHIP

Check all that apply:

YES NO

Registered with Family Doctor Finder

Registered as a Primary Care Home Clinic
(Patient Medical Home model)

Member of My Health Teams (MHT)
(specify) _____

9. QUALITY IMPROVEMENT

Check box that applies:

YES NO

Practice quality improvement (QI) initiatives

Examples of QI initiatives conducted at the site:

_____ YES NO

Would like to receive more information about QI

10. RESEARCH / SCHOLARLY ACTIVITIES

Check all that apply:

YES NO

Member of the Manitoba Primary Care Research
Network (MaPCReN)

Participates in research/scholarly activities

Examples of activities:

_____ YES NO

Would like to receive more information about
research/scholarly activities

11. FACULTY DEVELOPMENT

Check box that applies:

YES NO

Coordinates and facilitates faculty development

Examples of activities:

_____ YES NO

Would like to receive more information about
faculty development

C. INFORMATION ON HOSPITAL PRACTICE

HOSPITAL

Name of hospital: _____

Check all that apply:

YES NO

Do all physician preceptors have a hospital affiliation?

Does the hospital have an emergency department?

Is the learner scheduled for supervised ED shifts?

D. INFORMATION ON CALL-BASED PRACTICE

YES NO N/A

Are potential preceptors part of a call group?

What is the current size of the call group? _____

E. INFORMATION ON LEARNERS

1. LEARNERS

Types of learners accepted/taught at your clinic

Check all that apply:

- Medical Students (UGE)
- Postgraduate Trainees (PGE)
- International Medical Graduates (IMG)
- Physician Assistants
- Nurse Practitioners
- Other

2. LEARNER SCHEDULING

Current local contact for arranging rotations:

name: _____

phone: _____

email: _____

3. ACCOMODATIONS (If applicable)

YES NO

Are suitable accomodations available?

See attached Accommodations Criteria policy.

Current contact for arranging accomodations:

name: _____

phone: _____

email: _____

F. INFORMATION ON CLINICAL / ACADEMIC PRECEPTORS

List each individual and check all that apply:

Name	Full CPSM Reg.	Provisional CPSM Reg.	Clinical Teaching Experience	Primary Preceptor	CCFP	*Active Academic Appt. with U of M
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*An active academic appointment in the Department of Family Medicine is required by all preceptors at an approved learning site.

G. INFORMATION ON NON-PHYSICIAN CLINICAL / ACADEMIC SUPERVISORS

List each individual and check all that apply:

Name	Discipline	Clinical Teaching Experience	*Active Academic Appt. with U of M
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CONTACT

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