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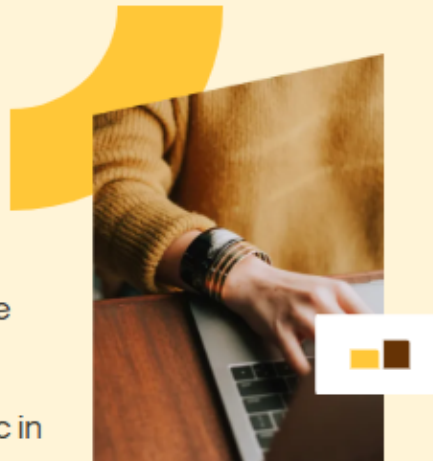
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Sheila Renton **NOSM University**

Sheila Renton is an occupational therapist working at NOSM University in Sudbury ON and assistant professor in the Division of Clinical Sciences.

She chairs the Health Sciences section, providing leadership and support to more than 200 faculty members across Northern Ontario.





unsplash

Presenters | HPEs-FM

Jill Berridge | **Physiotherapy** | McMaster

Louis-François Dallaire | **Social Work** | Laval

Todd Hill | **Clinical Psychology** | Calgary

Payal Patel | **Pharmacy** | Western

Sheila Renton | **Occupational Therapy** | NOSMU

Bethany Rolfe | **Nursing** | Saskatchewan

Ivy Oandasan | **Medicine** | Toronto

Conflict of Interest Declaration

There are no COIs to declare.

**All presenters have affiliations (financial or otherwise)
with their academic institutions.**

Ivy Oandasan **University of Toronto**

Dr. Ivy Oandasan is an Academic Family Physician, Full Professor at the University of Toronto, and the CFPC's Director of Education and Co-Lead of the Education Evaluation Research Unit.

Ivy's ongoing hope is to help influence the development of competent and caring healthcare professionals who believe in the practice of interprofessional patient-centred care.



Objectives

1. Describe the settings, content, and methods used by HPE-FMs to teach FM learners. [*Medical Expert, Scholar*]
2. Summarize the benefits of HPE-FM teaching in team-based education. [*Collaborator, Scholar, Communicator*]
3. Identify local HPE-FMs and suggest ways to support their teaching role. [*Leader, Collaborator, Scholar*]

Health Professional Educators in Family Medicine (HPEs-FM)

Defined by the College of Family Physicians of Canada (CFPC) as:

Educators, who are not physicians by training, teaching undergraduate, postgraduate learners and/or faculty, in any of the departments of Family Medicine across Canada.

HPEs-FM come from a wide range of professions, including **nursing, social work, pharmacy, physiotherapy, occupational therapy, psychology, and dietetics.**

Health Professional Educators Group in Family Medicine (HPEG-FM)

Established in 2012 by the CFPC's Section of Teachers, HPEG-FM is comprised by a representative from each FM Departments across Canada, led by an executive team

HPEG-FM representatives:

Identify and support HPEs in their department

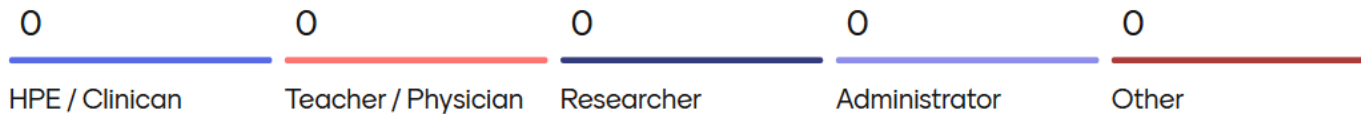
Share tools and tips through an open-source online HUB

Facilitate communication among the national network, their respective department and the SOT

Meet biannually

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Who is in the room today?



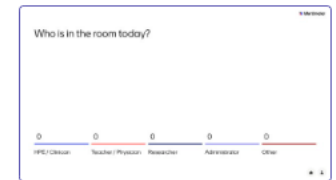
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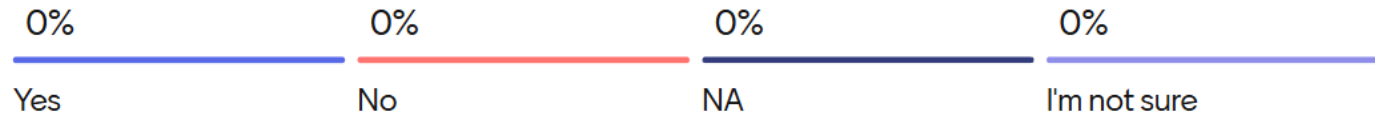




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Do you work with Health Professional Educators?

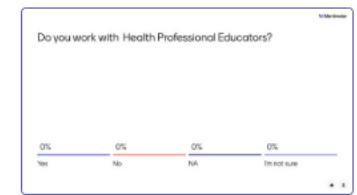
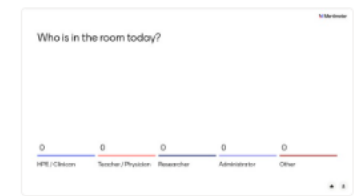


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Where, How, and What HPEs Teach FM Learners

HPEs-FM have a key role in teaching family medicine-related concepts and skills to medical students, residents, and practicing family physicians across Canada

WHERE

teach in classroom and clinical settings and in professional development activities

HOW

by way of formal didactic lectures, small group facilitation, through clinical observation and direct supervision

WHAT

teach role and scope of their own professions, team-based collaboration, specific aspects of clinical care, engage in curriculum development and conduct research

Examples from various teaching sites across Canada

Jill Berridge **McMaster University**

Jill Berridge is a Registered Physiotherapist who works for the Department of Family Medicine at McMaster University in the role of Program Director, Health Services, and is also a part time Assistant Clinical Professor (Adjunct). Jill's responsibilities include leadership roles in the McMaster Family Health Team and in supporting the interprofessional teachers at DFM. She has been representing their interests at the CFPC's HPEG-FM for the past 9 years. Currently, Jill serves as the Past Chair of the HPEG-FM and is a member in the Section of Teachers Council.



McMaster Model of Interprofessional Teaching of FM Residents and Medical Undergraduate Learners

"It takes a village to raise a resident"

Large HPE team hired by McMaster FHT (50+) at 2 large teaching sites:

Faculty Members

Co-location

Open Team Room

Micro-teams with loose borders

Attend all education-based meetings

IHP Educator Working Group (IHPEWG) and annual IHP Education Summit

Participation in research, QI projects

Access to electronic education portal (MedSis)

Representation on DFM Education Committees



McMaster Health Professional Educator Roles:

Part of PGY1, IMG and rotation orientation

Introduction to profession, good referrals, medical and specialty teaching

Horizontal Elective opportunities

Lead Rounds on specific medical and treatment issues

Lead Patient Safety Rounds

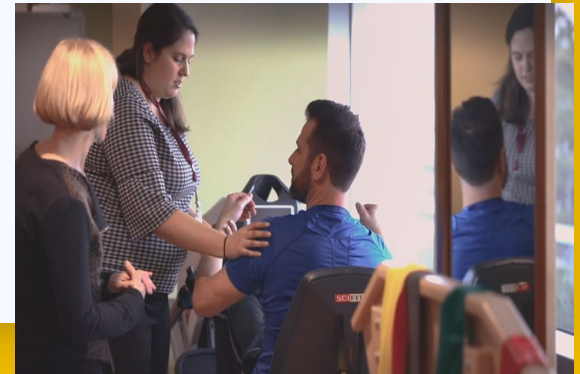
Provide 1:1 or small group supervision of learners in practice

Write Field Notes

Co-booking opportunities with specific learning goals

Spontaneous learning opportunities

Team based huddles and meetings



Bethany Rolfe **University of** **Saskatchewan**

Bethany Rolfe is a Primary Care Nurse with the Department of Family Medicine teaching clinic with the University of Saskatchewan. She has recently joined the HPEG executive.



Clinical Teaching and Support



Open Door Policy
Direct contact with residents, faculty
and patients

Including:

Wound Care

Vaccines

**Community
Collaboration**

**Specific Assessments and
procedures**

DEI Principles

Payal Patel

University of Western Ontario

Dr. Payal Patel is a clinical pharmacist and the Interprofessional Clinical Lead at the Thames Valley Family Health Team in London. She is also an Adjunct Assistant Professor in the Department of Family Medicine at Western University, where she contributes to the education and training of future healthcare professionals.



Pharmacist & Physician: Co-Teaching Model

“Diabetes made easy for busy primary care providers”

Collaborate various topics (diabetes, depression, anxiety, etc.)

Objectives co-developed with residents

Use case examples from rotations

PRACTICAL & INTERACTIVE = FUN!

MD - diagnostics, testing

Pharmacist - therapeutics, monitoring

Both facilitate cases



Incorporate - Academic Detailing Messaging Principles

Centre for Effective Practice

Identify care gaps / local priorities
Review evidence / key messages / tools
Outcome evaluation



Shift away gluco-centric (outcome focused, EBM, shared decision making)

Pharmacology - MOA (efficacy, monitoring parameters)

Practical way to start newer agents

Hypoglycemia, sick day management (SADMANs)

End session off *friendly* game of Jeopardy (solidify key messages)

Diagnosis	Therapeutics	Drugs drugs drugs	Pot Pourri	Adverse Drug Effects
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400
500	500	500	500	500

Team 1	Team 2	Team 3
0	0	0
+ -	+ -	+ -

MENU

Co-teaching with a family physician as an HPE builds credibility, trust, and support by modeling mutual respect and highlighting the complementary strengths of both disciplines

- Payal Patel, PharmD

"Co-presenting enhances learning by combining our strengths. I focus on diagnostic and clinical insights, while my pharmacist colleague handles therapeutics, pharmacology and costs making the session more complete."



**- Dr. Tania Rubaiyyat
Schulich School of Medicine & Dentistry**

Todd Hill **University of Calgary**

Dr Todd Hill is a full professor and Director of Behavioural Medicine in the Department of Family Medicine at the University of Calgary's Cumming School of Medicine.

He is a clinical psychologist by training and has been involved with the CFPC's HPEG-FM for 12 years.



Collaborating towards a Curriculum in Family Medicine

Accreditation Requirements

CFPC 105 Priority Topics

Environmental Scan (*CAD & US FM Programs*)

Preceptor & Resident Feedback

Literature Review (*Curriculum Best Practices*)

Curriculum Development Models review & implementation

(Kerr, Taba, Tyler, etc.)

Collaborating Towards a Curriculum in Family Medicine

Using the criteria outlined

What would be your personal assessment of your own program's* needs in terms of Behavioural Medicine**

**Your program is defined as*

- one in which you are teaching
- one in which you were taught
- one you know best

***Behavioural Medicine is defined as*

- Mental Health / Addictions care
- Communications skills / humanities / patient-centred care
- Physician / resident wellness

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A Collaborative Behavioural Medicine Curriculum

Mental Health Addictions

In Family Medicine Context (co-taught by a Family Doc & Psychologist):

PGY1

- Depression
- Anxiety
- Somatic Symptoms Disorder
- Insomnia
- Adverse Childhood Experiences

PGY2

- Motivational Interviewing
- CBT
- Borderline Personality Disorders
- Stress Leave

Skills | Patient-Communication | Centered Care

- Videotape review of residents in clinic
 - Review with Family Doc & Psychologist
 - Specific Curriculum / Skills (Calgary-Cambridge Communications Guide)
- Mindfulness training
- Mindful Listening
- Self reflection

Physician | Resident Wellness

Self Study on impact of specific aspects of wellness & dedicated time

(6 half days) to undertake activities in each of the domains:

Body

Affect

Social

Intellectual

Community

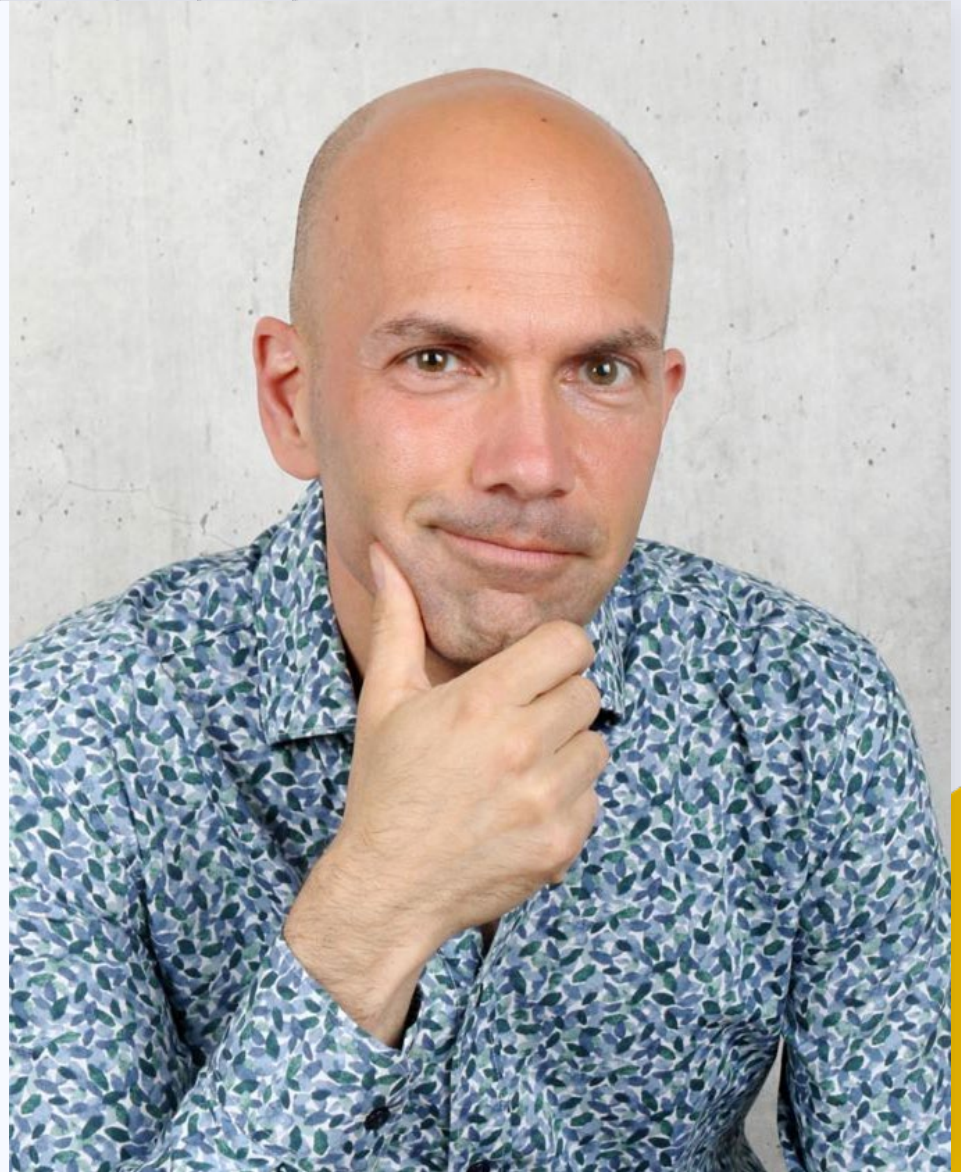
Spiritual

Clinical experiences in PsycEmerg & Community Mental Health Clinics (Adult & Child)

Louis-François Dallaire **Université Laval**

Louis-François Dallaire is a social worker at a family health team in Quebec City, and a Clinical Professor at Université Laval's Department of Family & Emergency Medicine.

He currently sits on the Executive Committee of the Health Professional Educators Group in Family Medicine (HPEG-FM), which he chaired from 2020 to 2023.



Evaluating Family Medicine Residents : An Interprofessional and Collaborative Perspective

Groupe de Médecine Familiale Universitaire (GMF-U) 4B, Quebec City

Collaborator Role Evaluation

Goal : To provide a '360 degrees' evaluation of residents

All professionals involved: Pharmacist, nurses (registered, practitioners, auxiliary);
psychologist, social worker, physiotherapist

Centered exclusively around the **CanMEDS-FM Collaborator Role**

One-hour meetings eight times a year

Evaluation form developed by IP team, based on CanMEDS and U. Laval evaluation standards

COLLABORATOR ROLE EVALUATION – GMF-U 4B

<p>RESIDENT IDENTIFICATION : Karla Burater, R1</p> <p>PERIOD COVERED BY THIS EVALUATION :</p> <ul style="list-style-type: none"> <input type="radio"/> P1-3 <input checked="" type="radio"/> P4-7 <input type="radio"/> P8-10 <input type="radio"/> P11-13: <p>DATE OF EVALUATION : 2025-11-06</p>	<p>Health Team Professionals involved in assessment</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Registered nurse <input checked="" type="checkbox"/> Nurse practitioner <input checked="" type="checkbox"/> Auxiliary nurse <input checked="" type="checkbox"/> Social worker <input checked="" type="checkbox"/> Psychologist <input checked="" type="checkbox"/> Pharmacist <input checked="" type="checkbox"/> Physiotherapist • Other : _____ 	<p>Type of reference/collaboration</p> <ul style="list-style-type: none"> <input type="radio"/> Continuing collaborative care <input type="radio"/> Same-day medical appointment <input checked="" type="checkbox"/> Specific task oriented referrals 																																																				
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COMMENTS :

Our collaborative experiences with Karla are positive, and suggest that she holds the collaborative skills expected of a first-year resident. However, we have observed that she rarely reaches out to the interprofessional team to support her with her patients. We encourage her to be on the lookout for collaborative opportunities and to make the most of them, whether for her patients or for her own professional practice.



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What benefits do you see/experience/expect from having HPEs on your teaching team?

All responses to your question will be shown here

Each response can be up to 200 characters long

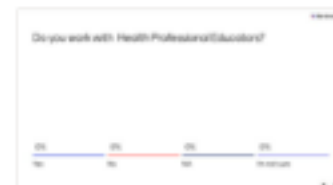
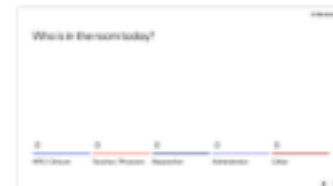
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Benefits of Involving HPEs in FM Teaching

Does it actually work?

Limited literature on the effectiveness of having HPE-FM during residency

Goal : Explore and describe FM residents' learning experiences with HPEs; issue recommendations to Canadian FM departments wishing to make the best use of their HPEs

Exploratory mixed design study conducted in 2016-2017 with 114 Canadian FM R1 & R2

Benefits for learners : Increased clinical knowledge and skills, complementary perspectives on health issues, enhancement of interprofessional collaboration skills, contributes to a trusting bond with non-physician health professionals

Benefits for healthcare organizations : Cost-effective teaching approach, especially in clinical settings where doctors often lack time and resources to fully invest themselves in teaching.

Engaging HPE Helps You Achieve Training & Accreditation Goals

CanMEDS Collaborator Role :

“Works effectively with others in a collaborative team-based model”

“Cultivates and maintains positive working environments through promoting understanding, managing differences, minimizing misunderstandings, and mitigating conflicts”

“Recognizes and facilitates necessary transitions in care with other colleagues in the health professions, including but not limited to shared care, transfer of care, and/or handover of care to enable continuity and safety”

Residency Training Profile (RTP) :

CPA 2. Assess and plan for the care needs of the practice in the context of the local community

CPA 6. Participate in collaborative and team-based care

CPA 7. Manage self-care to support personal well-being and a sustainable practice

Standards of Accreditation for FM Residency Programs (CFPC) :

4.1.2.5: Resident training takes place in functionally inter- and intra-professional learning environments that prepare residents for collaborative practice.

Discussion

Who are the HPEs working with you? How are they teaching in your site?

Which teaching activities would be benefited by involving an HPE?

How can HPE's teaching role can be enhanced and supported in your setting?

What obstacles might you face in including HPEs in your teaching team? And what could be done to overcome them ?

Who can you talk to at your site and/or FM department to further the conversation?

Reflection

What have you learned today that is applicable in your setting?

What from today's presentation will help you change your teaching and/or practice?

Resources

**Fundamentals
of Teaching
Activities
Framework**

**Scholarly
Articles**

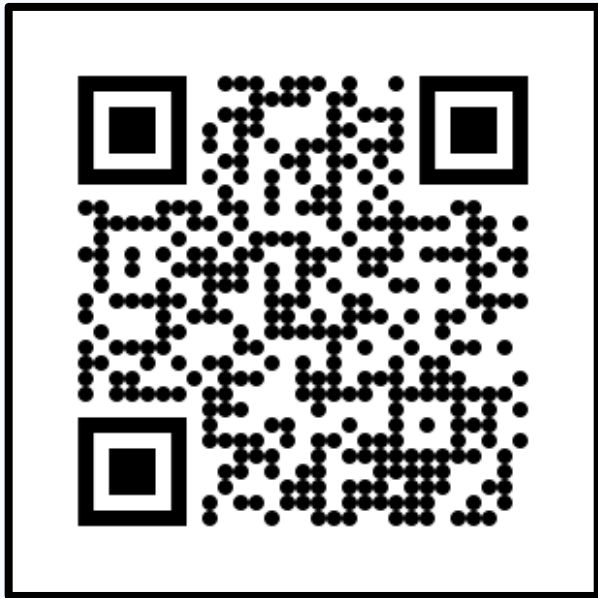
SCAN ME

**Can-MEDS
Collaborator
Role**



**List of HPE
Reps by
University**

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