



# PROVINCIAL PRACTICE REVIEW AND ENHANCEMENT PROGRAMS

## *Submission form for MAINPRO-C credits*

This form documents how you used your experience in having your practice review by a **provincial review** and/or **enhancement program** to critically reflect on some aspect of your practice and/or work in order to claim MAINPRO-C CREDITS.

- You will receive **3 MAINPRO-C credits** for each of these forms you complete and mail or fax to the College
- If the assessment and feedback provided was comprehensive, you can submit multiple forms as long as each one is based on a distinctly different question.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province, state or country: \_\_\_\_\_

Describe the nature of your practice to which this assessment applies.

\_\_\_\_\_  
\_\_\_\_\_

Name of program: \_\_\_\_\_

Date(s) of assessment: \_\_\_\_\_ Province \_\_\_\_\_

How many hours did you spend personally in the process? \_\_\_\_\_

If you are submitting more than one form for this program, which is this one?  #1  #\_\_\_\_\_

### **Step 1: Formulate your practice question.**

What was your specific question and/or learning objective on which you based this exercise?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Step 2: Describe the information you reviewed.**

Briefly describe the assessment process.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of information / feedback did you receive that applied to your question and/or learning objective.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What source(s) of information or evidence did you seek to understand better the question and/or learning objective?

- |   |   |                                  |
|---|---|----------------------------------|
| <input type="checkbox"/> Peer-reviewed articles     | <input type="checkbox"/> Peer-reviewed text books | <input type="checkbox"/> Peers   |
| <input type="checkbox"/> Non-peer reviewed articles | <input type="checkbox"/> Internet                 | <input type="checkbox"/> Experts |
| <input type="checkbox"/> Patient feedback           | <input type="checkbox"/> Other _____              |                                  |

**Step 3: Consider the information.**

What was your assessment of the quality of the information you obtained from the assessment and the other sources you sought? Describe its validity (i.e. Is it based on appropriate scientific evidence?) and relevance (i.e. Is it applicable to your patients in your community?).

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What approach or tools did you use to come to this conclusion?

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**Step 4: Make a decision about your practice.**

Based on what you have learned, what decisions have you made about your practice and/or work?

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What will you have to do to integrate these decisions into your practice? What kinds of barriers or difficulties do you foresee?

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*Complete the following at least two months later ...*

**Step 5: Evaluate / reflect on the impact of your decisions.**

Please describe your reflections on the impact this process has had on your practice, and/or work. Consider questions such as:

- What impact has this process had on your practice generally?
- How do you feel now about the decision(s) you made?
- How successful have you been in implementing them into your practice? What kinds of barriers have you confronted?
- What are you doing now that you didn't do before? What has happened to your confidence in this area?
- What kind of feedback have you received from your patients, staff or colleagues?
- What new information have you seen? How has this further modified your approach? What further changes do you intend to make?
- What further areas of practice change, reassessment and/or intervention have you identified? What plans do you have to address these?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For further information, please contact the College of Family Physicians of Canada or visit [www.cfpc.ca](http://www.cfpc.ca)**  
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