UBC Family Practice, Postgraduate Program – Logic Model

UBC VISION: Inspiring people, ideas and actions for a better world.

<u>DEPARTMENT OF FAMILY PRACTICE MISSION</u>: To: Provide leadership for innovation in health care; Foster partnerships for promotion and enhancement of family medicine and midwifery; Support faculty to teach and inspire medical and midwifery students and family practice residents across the province; Support faculty to undertake primary care research and participate in other scholarship.

UBC DFP acknowledges that our distributed program sites are located on richly diverse ethnogeographic locations and provide services to People(s), each with their own unique life story. We acknowledge the colonial and oppressive legacies in medicine that deeply impact Indigenous peoples and other oppressed populations and are making strides to rectify these.

PURPOSE OF LOGIC MODEL: Provide comprehensive picture of our program to help inform program evaluation and continuous quality improvement.

Program Context: Geographically, socially, and population-wise distributed, diverse, remote to urban, very small to large sites, regional

Terms / Acronym Legend

FN – field Notes

TTR – transition to residency

ACLS – advanced cardiovascular life support

ALARM – advances in labor and risk management

NRP – neonatal resuscitation program

ATLS – advanced trauma life support

CARE – comprehensive approach to rural emergencies

QIP – quality improvement project

EBM – evidence Based Medicine

PGEC – postgrad education committee

PEC – program Evaluation Committee

MacPBL -mcMaster Problem Based Learning

TPCLC – team based Primary Care Learning Centres

JEDI – justice, equity, diversity and inclusions

IMG – international medical graduate

FTAF - fundamental Teaching Activities Framework

EIHC – evidence-informed healthcare course

FLP – focused learning plan

SOO – simulated office oral exam

SAMP – short-answer management problems

CME – continuing medical education

CRAFT - continuous Reflective Assessment for Training

ITAR – in-training assessment report

PCC – program competency committee

SLCC – site-level competency committee

PST – performance support team

CaRMS – Canadian resident matching service

Note: blue underlined text depicts hyperlinks

Disclaimer: There are others who support the program who may not be recognized in this logic model. There is no weighting or prioritization ascribed to the box size representation, or the order in which they appear.

INPUTS

Human Resources

Faculty

Preceptors

Site Directors

Residents

Site Coordinators/Program Assistant

Central Program Staff

Patients & Community

Elders/Indigenous sources of

knowledge

Financial Resources BC Ministry of Health

UBC Faculty of Medicine **REAP Funding** Physician organizations (e.g., Divisions of Family Practice)

Educational Resources

The Redbook (accreditation standards)*

Triple C (curriculum principles)*; Assessment Objectives (assessment

framework) * CAN-MEDS-FM (curriculum

assessment framework) * FTAF*

CRAFT*

Foundational Pillars of Wellness EBM learning outcomes Indigenous sources of knowledge* Residency Training Profile

Advocacy & Wellness Resources

IMG Return of Service Support JEDI Committee PGME (Resident wellness office)

Community Family Practice Clinics Diagnostic & Treatment Centres Community Care facilities Hospitals across BC University of BC TPCLC **Urgent Care Clinics** Community Health Centres Simulation facilities Libraries

Technology

Teams)

Communication Tools (e.g., email, website, listservs, meeting support) Data Management Tools (e.g. T-Res, Web Eval, Resident Management System) Other/ Multipurpose Tools: e.g. Entrada, Oracle Apex, Pathways, MS

ACTIVITIES

Resident Selection Process: CMG/IMG

File review, interviews, CARMS Open House, and ranking

RESIDENT TRAINING

Clinical Curriculum

(Block or Integrated)

Embedded in family medicine practice, Rotations/Electives/ Horizontal Experiences, Simulation

Academic Curriculum

Centrally delivered curriculum: Academic Content, Orientation,

Site based activities:, Academic Time, Exam prep (SOO/SAMP), Behavioural medicine, simulation, Resident as teacher (RAT), Selfdirected Learning, Orientation, TTR

External Course/Resources: e.g., ACLS, ALARM, NRP, ATLS/CARE. McMaster Modules

Scholarship: QIP, scholar project, clinical EBM, patient safety module, Research Methods & EIHC Courses, Journal Club, Community CME

Resident Assessment & Decisions on Progress and advancement

Frameworks: CanMEDS-FM, 6 Skill Dimensions, Domains of Care,

Elements: field notes, video review, ITAR, periodic (portfolio)

Decisions on Progress – PCC/SLCC/PST

Program Development & Oversight

Program & site administration: PGEC, site RECs

Program evaluation: PEC, accreditation, internal/external reviews

Education environment evaluation: Exit Surveys, site and clinic visits.-Resident involvement in committees. QL Curriculum Mapping

Leadership/Faculty/Staff Recruitment and Development

Recruitment: sites, central, leadership, faculty, preceptors

Development: e.g., Teacher's Toolbox/Okanagan Orchards, FD modules, pearls, MacPBL, online modules, PGEC and other program wide events, retreats, engagement & evaluation.

Recognition/Retention: Awards, university appointments, promotions, mentorship/peer support, site-specific and community awards/ celebrations of achievements etc. Appropriate, equitable remuneration.

EDI initiatives for recruitment, development, retention

Short Term OUTPUTS

of applicants # CaRMS matched (by site,full)

Clinical Curriculum:

Characteristics/profile

Resident training – # and length of time (duration) to complete; progression

Site Activities:

of hours per year

and types of activities # of exam prep activities

Scholarship:

Scholar Academic hours (including # research, EIHC modules completed)

scholar/critical appraisal/QIP projects completed

residents applying to Clinical Scholar program

Assessment:

of assessment elements completed (e.g., Periodic Reviews) # of residents promoted to R2

Quality of assessment data. # of (completed) FN

Learning plans

Program management:

clinic and preceptor connections # of learning environment assessments (e.g. rotation assessments) # of budget reviews

and rate of recruitment

modes & location of Training

BIPOC representation

of attendees (events)

of retreat attendees/

#Performance evaluations

#EDI/leadership training/

Recruitment:

Development:

development

of appointments

of training hours

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Meeting attendance by residents, faculty, staff

Medium Term OUTCOMES

% of graduates ready for

CAN-MEDS-FM -

Professionals

Collaborators

Communicators

Health Advocates

Graduates develop and

demonstrate life skills for

(resilience, wellness)

sustainable long term practice

Graduates demonstrate clinical

curiosity and a commitment to

reflective life-long learning.

resident papers published

administration/governance

graduates pursuing post-

medical education.

graduate education

graduates participating in QI

and/or primary care research,

Leaders

Scholars

Graduates are effective as

Family medicine experts

longitudinal & comprehensive care

UBC-FP Core Domains* -Graduates demonstrate

competency in:

Family Medicine fundamentals Health Equity and Care of the Community

Maternity and Newborn Care Care of Children & Adolescents Care of Adults Care of Elderly

Palliative and End of Life Care Mental Health and Addictions Care Surgical and procedural skills

Scope of Training

Graduates can function across urban and rural clinical settings.

Ambulatory / office practice Hospital-based care Long term care **Emergency settings** Care in the home Other community-based settings

of residents who successfully complete the residency program # of graduates who successfully

Progress & Advancement:

complete the CCFP exam

- # residents on FLP
- # months on FLP or Remediation
- # residents on Remediation
- # months program extension
- # hours of coaching
- # hours of tutoring

Efficient and effective allocation of resources.

The program delivers a high quality, comparable educational experience for residents across program sites.

Learning Environment:

Learners experience an equitable and supportive environment where reciprocal feedback leads to positive change

Recognition:

of awards # of promotions

Retention:

% Retention/ Years committed

Rate of turnover

Salary increases with rate of inflation

by the UBC Clinical Family Practice Preceptor Framework* & Fundamental Teaching Activities Framework*.

Preceptors are competent teachers as guided

Preceptors provide high quality teaching.

Leaders, faculty and staff provide high quality service to the program w/ attention to succession planning.

Long Term OUTCOMES

Graduates are competent to begin independent family practice in diverse settings.

Graduates are inspired, resilient, and balanced.

Graduates demonstrate evidence-based and reflective practice, and commitment to QI and lifelong learning.

The educational program and its people provide a working and learning environment that ensures all of us and those we interact with in the community feel respected.

PROGRAM GOALS

To graduate residents who have developed the competencies they need to begin independent family practice and meet the needs of patients/families in diverse settings.

To deliver an effective academic, clinical, and scholarly educational program.