

What Does it Mean to Become a Family Practice Preceptor?

Interested in becoming involved as a Preceptor to a UBC Family Practice Resident?

The UBC Department of Family Practice Residency Program is always looking for community physicians with an enthusiasm for contributing to the education of our Family Practice Residents, your soon to be colleagues!

The Victoria site program receives approximately 24 incoming Residents each year which includes approximately two thirds Canadian Medical Graduates from across Canada and one third International Medical Graduates.

Residents complete approximately 12 months of their two years of training in a local assigned family practice office in addition to a minimum of two months in a rural community. The remainder of their training allows for exposure in various areas of medicine as well as elective options.

FAQ

1. What would be my role/expectation?

UBC has a clearly outlined Preceptor Role Description that can be found here:

<https://postgrad.familymed.ubc.ca/faculty-preceptor-resources/faculty-development/teaching-resources-2/>

This includes but is not limited to creating an environment that supports learning, actively facilitating learning and skill development, assessing learner performance and providing performance feedback, modelling effective practice, assisting the Resident in working towards the Resident Benchmarks in meeting competencies.

2. What resources are available to support this role?

UBC Centralized resources are available here which includes lots of teaching resources and tips:

<https://postgrad.familymed.ubc.ca/faculty-preceptor-resources/faculty-development/teaching-resources-2/>

The Victoria Site program also has a google drive of local and central resources available to support Preceptors in teaching, assessment, as well as Resident Benchmarks:

<https://drive.google.com/drive/folders/1CvbVyzicllomJl6edFsaq18YLGyc8rdp?usp=sharing>

3. What can I expect from my Resident (i.e., what they can or cannot do)?

Expectations are outlined in the Resident Benchmarks document here:

<https://postgrad.familymed.ubc.ca/resident-resources/assessment-and-evaluation/benchmarks/>

Residents practice on an educational license and the work they do is to be supervised and approved by their preceptor. Preceptors are to review the work of the Resident to ensure they are satisfied with it and then sign off on it.

4. What is the time commitment?

Between House Call, Labour and Delivery Call, weekly Academic Half Days, Post Call Days, Residents spend approximately 3.5 days in the family practice office per week while on Family Practice Rotation.

Works out to approx. 6 months in their first year of training and 6 months in their second year of training spread out throughout the year(s).

5. What is the remuneration?

Our preceptors generally do it for the passion of teaching and sharing their knowledge to the next generation of future physicians. The financial remuneration works out to approx. \$4000 per year on average, however, most of our preceptors find residents (especially by the time they enter their second year of training) a benefit to their practice. There is a new LFP Payment Plan that supports bedside teaching at a rate of \$130/hour as part of your direct patient care time. The following is an extract from the LFP Payment Plan:

22. Services provided by Students, Residents and Trainees

Patient Interaction Codes are payable to supervising physicians for patient interactions provided by students, residents, and trainees related to Clinic-based Services as follows:

- *When patient care is provided in-person, the supervising physician must be present in-person.*
- *When patient care is provided virtually by phone or video, the supervising physician must be available in-person, by telephone, or by videoconference in a timely manner appropriate to the acuity of the service being supervised.*
- *The maximum number of Patient Interaction Codes payable in a single calendar day is 50. This maximum applies to all Patient Interaction Codes except 98022.*
- *The physician must review the patient interaction and sign off the medical record or other auditable document by the end of the next workday.*

6. What benefits if any are there for having a Resident in the office?

Some of our preceptors have indicated that having a Resident keeps them learning as well. Having Residents in the office can also allow for the Preceptor to schedule more patients. Preceptors and Residents can also learn from one another. Preceptors would receive a UBC Clinical Teaching appointment.

7. What does it look like if we are wanting to take vacation?

A lot of our preceptors work in shared practice, so generally there is a colleague who may be involved in teaching. Failing that, if the program office has enough notice, we can usually arrange for an alternate placement for that period.

8. What if we are providing virtual care from home on a day we have a resident?

As most preceptor offices have moved to a hybrid model of patient care, the Residency program has also adapted to resident learning in this environment. Resources are available to support teaching in this format: <https://postgrad.familymed.ubc.ca/faculty-preceptor-resources/faculty-development/teaching-resources-2/> under Academic Teaching Resources.

9. With regard to the time commitment question - are we committing to 2 years, one year?

Most preceptors commit to 2 years when having a Resident. This allows the preceptor to see the Resident through their two years of training and monitor/evaluate their progress. The program office does a check in each year to ensure Preceptors are o.k. to continue into the Resident's second year of training.

10. How do I sign up?

If you would like to be considered for taking a Resident, please contact Josie Terlesky, Program Manager, UBC Department of Family Practice at jterlesky@uvic.ca.