



Teaching Application

1. **Name:** First _____ Last _____ Maiden _____

2. **Practice Name and Address:** Clinic Name _____

Street Address _____ Unit #/PO Box _____

City _____ Postal Code _____

3. **Mailing Address:** Same as Above **If different, please provide below:**

Street Address _____ Unit #/PO Box _____

City _____ Postal Code _____

4. **Contact Information:**

Office Phone _____ I prefer to be called at the office for information and rotation requests.

Office Fax _____ I prefer to be faxed information and rotation requests.

Alternate Phone _____ I prefer this number be used for information and rotation requests.

E-mail _____ I prefer to be e-mailed information and rotation requests.

5. **Medical School:** _____ **Residency School:** _____

Secondary Residency School: _____ **6. Date of MD:** _____

7. **Did you complete a ROMP rotation as a medical trainee?** **8. CPSO Number:** _____

9. **Please identify which of the following you hold:** Other: _____

10. **Please indicate your specialty:** If Other, please specify: _____

11. **Average number of Patients seen per day by:** **12. Primary Hospital Privileges**

Yourself _____

Resident Trainee _____

Clerk Trainee _____

Pre-clerk Trainee _____

Secondary Hosp. Privileges

Other hospitals where you hold privileges:

13. **How many exam rooms do you have available?**

14. **What is the distance between your office and the hospital where you hold your primary privileges?**

15. **Is your office/clinic:** Wheelchair Accessible? Easily accessed by public transit Able to offer parking to learners?

16. **Do you use Electronic Medical Records?** Is an EMR orientation provided to the learners?

17. **If you use EMR, which product do you use?** Other: _____

18. **Please identify your patient profile:** Gender Age Other

19. **Please indicate the percentage of time spent in:** Hospital Office LTC
Other:

20. **Please indicate the average number of half days spent in the office per week:**



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21. My hospital work is divided between: In Patient Care ER Shifts Elective Surgery

22. Are you part of a: If other, please specify: _____

23. If you belong to a FHT, please identify which one:

24. Have you participated in teaching before? 25. Are you comfortable teaching in French?

26. Please identify if you are part of the following teaching programs:

Other: _____

27. Do you share teaching? If yes, please provide the names of the physicians with whom you teach.

Dr. _____
First Name or Initial Last Name

28. Are you willing to participate in vertical learning? (clerk & resident at same time)

29. What non-physician staff do you work with?

Please also indicate if they participate in teaching.

	Staff	Teaches
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>
Lab Technician	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>
Registered Dietician	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>
Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

30. What are the best months for you to teach (check all that apply)

- Jan. Feb. Mar. Apr. May Jun.
 Jul. Aug. Sept. Oct. Nov. Dec.

31. What horizontal learning in other disciplines exist within the community?

32. Please indicate your preferred learner (check all that apply)

- Pre-Clerks Clerks Residents
 Physician Assistants Other _____

33. Does your practice have a dress code? No

- White coat Formal Business Casual
 Specific Footwear required _____

34. Do trainees require a pager?

35. Resources available to learners in your office include:

(hold ctrl key for multiple selection)

Other

36. Is an Orientation provided to the learner?

If "Yes", by whom?

Other: _____

37. Please identify the typical office hours expected of learners:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							
Evening							



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38. During a 1 month rotation, please indicate to what a learner could expect to be exposed at your practice:

(hold ctrl key for multiple selection)

Other: _____

39. Describe your usual practice of providing feedback to Medical Students and Clerks for the following:

When is the student - patient encounter reviewed with the learner?

When are the student chart entries reviewed?

When is feedback provided to the student

How often do you review the log card with the student?

40. Describe your usual practice of providing feedback to Physician Assistants or other healthcare trainees for the following:

When is the student - patient encounter reviewed with the learner?

When are the student chart entries reviewed?

When is feedback provided to the student

How often do you review the log card with the student?

41 Describe your usual practice of providing feedback to Residents for the following:

When is the student - patient encounter reviewed with the learner?

When are the student chart entries reviewed?

When is feedback provided to the student

How often do you review the log card with the student?

42. Please comment on your clinical supervision of Medical Students and Clerks:

Direct Supervision (sit in room and watch) Remote Supervision (video/2 way mirror) Student Case Presentation
 Chart Review Other please specify: _____

43. Please comment on your clinical supervision of Physician Assistants and other healthcare trainees:

Direct Supervision (sit in room and watch) Remote Supervision (video/2 way mirror) Student Case Presentation
 Chart Review Other please specify: _____

44. Please comment on your clinical supervision of Residents:

Direct Supervision (sit in room and watch) Remote Supervision (video/2 way mirror) Student Case Presentation
 Chart Review Other please specify: _____



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45. How can ROMP enhance your experience as a preceptor?

46. Are there any obstacles that you have encountered as a Preceptor?

47. Do you feel that your teaching is:

48. Why have you chosen to teach?

Other: _____

49. How important is promotion and an academic career to you?

50. Are you interested in pursuing any of the following:

- Research Faculty Development Professional Development/CME Leadership

51. If you have a Faculty Appointment, please indicate at which University. *(hold ctrl for multiple selection)*

Department? _____

Appointment Start Date? _____

Year of Renewal? _____

52. If you would like a Faculty Appointment, please indicate at which University. ROMP will initiate the paperwork for you.

53. In the last 12 months, have you attended Faculty Development programs through any of the following organizations:

Other:

54. How often do you attend CME events throughout the year?

55. Please indicate your use of Video Conferencing *(check all that apply)* I do not use Video Conferencing

Location: In your office At the hospital At the FHT At the CHC

Use: Administration Patient Consultations Education Sessions



Teaching Application

The Following Questions are geared towards Family Physicians, Family Physicians (EM) and Family Physicians (Anes).

If you are not one of the above mentioned physicians, please scroll past the final questions to submit your Teaching Application. However, if you feel that any questions do pertain to your practice, please answer them accordingly.

56. Please indicate the focus of your practice *(hold ctrl key for multiple selection)*

Other:

57. Do you perform any of the following procedures?

hold ctrl key for multiple selection

hold ctrl key for multiple selection

Other:

58. How do you provide non-obstetrical care to your patients after regular office hours?

Other: _____

59. Equipment available in your office includes:

(hold ctrl key for multiple selection)

Other:

60. Average Number of Obstetrical Deliveries per Month:

Having read the policy regarding the duties of a preceptor, I solemnly declare and arrant that my past training experience has been of such a nature and duration that I consider myself competent and capable of undertaking a teaching and supervisory role. I further declare that I have read and will abide by the CPSO Supervision Guidelines and the PAIRO agreement. *(Policies sited can be found on the ROMP website: www.romponline.com)*

By Submitting this application, I grant ROMP permission to contact me with requests to teach both medical trainees and other health care trainees, as well as send me relevant information regarding faculty development opportunities, community research and information regarding teaching and learning in my community.

Please have a current CV sent to the ROMP office.