

MANITOBA COLLEGE OF FAMILY PHYSICIANS INC.
TERMS OF REFERENCE
CLAUDE H. MURPHY CONTINUING MEDICAL EDUCATION AWARD

This award is given to members of the Manitoba College of Family Physicians who wish to **develop or improve their skills as a teacher and preceptor of medical trainees at either the undergraduate or postgraduate level.**

1. **One \$3,000.00 award will be available for 2011 for the Section of Teachers Meeting which will be held in Montreal, in conjunction with the Family Medicine Forum, November 3rd – 5th, 2011.**
2. The award will be given to a physician who is already a part-time teacher or wishes to become a part-time teacher in the community.
3. Special consideration will be given to the following where the applicant wishes to become a clinical preceptor:
 - (a) in clinical practice for at least two years,
 - (b) practicing in a group (see Note A),
 - (c) development of a new teaching practice (see Note B).
4. Preference is given to applicants with Certification in the College of Family Physicians of Canada, or equivalent.
5. If possible, the award will alternate between an urban and a rural physician each year.
6. The successful applicant must be willing to teach/precept for at least two years following the receipt of the award. (See Note C).
7. This Award must be used to attend the Annual Section of Teachers Meeting of the College of Family Physicians of Canada.
8. The recipients of the Claude H. Murphy Continuing Medical Education Award will provide to the Manitoba College, confirmation of their attendance at the Section of Teachers Meeting.
9. **Applications must be received in the Manitoba College Office, 240 – 1695 Henderson Highway, Winnipeg, MB R2G 1P1 no later than AUGUST 15TH, 2011 be considered for this Award.**

EXPLANATORY NOTES:

(A) Students, having completed their Family Medicine Clinical Clerkship, in which they spent six weeks in a practice, usually rural, are unanimous in stating that working in a group practice gives them a much better experience than working in a single-handed practice. The variety of work is usually greater and they enjoy experiencing different styles of practice. This is not to say that there are no single-handed practices that provide a good learning experience, but that group practice is definitely preferable.

(B) As the Department of Family Medicine's commitment to teaching expands, so the need for new practices, both urban and rural, increases. Because of this, and also attrition, there will always be the need to encourage the formation of new teaching practices.

(C) Willingness to teach/precept for at least two years following the receipt of the award. This is considered essential as a number of practices have been designated as teaching practices, only to have the preceptors move elsewhere, usually B.C. or Ontario, after having taken only one or two students. This is unfortunate after the time and energy that has gone into preparing a practice for the teaching role.

MANITOBA COLLEGE OF FAMILY PHYSICIANS INC.

**APPLICATION FOR
CLAUDE H. MURPHY CONTINUING MEDICAL EDUCATION AWARD**

DATE: _____

1. NAME: _____

2. OFFICE ADDRESS: _____

_____ PHONE: _____

3. RESIDENCE ADDRESS: _____

_____ PHONE: _____

4. EDUCATION PROFILE: Pre-Med, Medicine, other

Institution	Location	Dates	Degree Obtained
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. DATE OF JOINING COLLEGE OF FAMILY PHYSICIANS: _____

6. MEMBERSHIP CLASSIFICATION:

Active _____ _ Certificant _____ Fellow _____

7. PRACTICE PROFILE:

Location	Dates	Type of Practice
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_____	_____	_____
_____	_____	_____
_____	_____	_____

8. ACTIVITIES IN MEDICAL ORGANIZATIONS: Please specify dates & positions held (if any).

1. College of Family Physicians of Canada _____

2. Other: _____

9. INVOLVEMENT IN TEACHING AND DATES (Indicate University appointment if any).

10. PUBLICATIONS:

11. STATE HOW NEW KNOWLEDGE GAINED WOULD IMPACT ON YOUR COMMUNITY.

12. YEARS SINCE GRADUATION OR LAST INTENSIVE ACADEMIC EXPERIENCE:

13. HAVE YOU RECEIVED OR APPLIED FOR OTHER FINANCIAL SUPPORT: _____

If yes, please specify: _____

14. THE NEED FOR THE PROGRAM OF STUDY:

1) Individual need as perceived by you: _____

2) Community or hospital need: (Supported by Hospital Board or Chief of Medical Staff)

Name & Address of referee: _____

3) Third party perception of need: (Example - statement from College of Physicians and Surgeons of Manitoba, Manitoba Health Services Commission, Department of Family Medicine, etc.)

Name & Address of referee:

15. IS THERE A NEED FOR A REPLACEMENT PHYSICIAN?

YES: _____ NO: _____

16. DO YOU INTEND TO RETURN TO YOUR COMMUNITY?

YES: _____ NO: _____

If no, please explain:
