**Educational Objectives for Clinical Fellowship in Family Medicine**

***This form is for recognized specialists whose postgraduate medical training program is designed to give them additional expertise but does not normally lead to additional credentials for practice. The College of Physicians and Surgeons of Ontario (CPSO) requires the submission of a statement of objectives before issuing a postgraduate education certificate of registration for a clinical fellowship appointment.***

**Trainee Information**

Name of Clinical Fellow:

*First name Last name*

Specialty Certification:

Title of Certification:

Country Issuing Certification:

**General Information**

Department Name: Family and Community Medicine

Division Name (If applicable):

Name of Fellowship (*Will appear on the Certificate of Completion issued by PGME – please inform PGME of any changes to name of fellowship*):

Fellowship Site:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fellowship Start Date: | | |  | | | | | | |  | End Date: |  | | | | |
|  |  |  | *Month, Day,* | | | *Year* | | | |  |  | *Month,* | | | *Day,* | *Year* |
| If re-appointment: | | | | | |  |  |  |  |  | End Date: |  | | | | |
| Reappointment Start Date: | | | | |  | | | | |  |
|  |  |  |  | *Month,* | | *Day, Year* | | | |  |  | *Month,* | | | *Day,* | *Year* |
| Name of Supervisor: | |  | | | | | | | |  |  |  |  |  |  |  |
| Telephone: |  | | | | | | | | | Email: |  | | | | | |



**Fellowship Overview**

*Please provide a brief statement of the clinical focus and educational purpose of the fellowship:*

***The answer space below will expand to accept point form or paragraph entries. If this fellowship is a re-appointment, please describe the clinical focus and educational purpose of the re-appointment only.***

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**Fellowship Objectives: CanMEDS-FM Roles**

*Where applicable****,*** *please provide objective(s) for each of the following:*

***The answer space below will expand to accept point form or paragraph entries; enter “N/A” if individual CanMEDS role is not applicable***

**1. Family Medicine Expert**

*Family physicians are skilled clinicians who provide comprehensive, continuing care to patients and their families within a relationship of trust. Family physicians apply and integrate medical knowledge, clinical skills and professional attitudes in their provision of care. Their expertise includes knowledge of their patients and families in the context of their communities, and their ability to use the patient-centred clinical method effectively. As Medical Experts, they integrate all the CanMEDS-Family Medicine (CanMEDS) roles in their daily work.*

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**2. Communicator**

*As Communicators, family physicians facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter*.



**3. Collaborator**

*As Collaborators, family physicians work with patients, families, healthcare teams, other health professionals and communities to achieve optimal patient care*.



**4. Leader**

*As leaders, family physicians are central to the primary healthcare team and integral participants in healthcare organizations. They use resources wisely and organize practices which are a resource to their patient population to sustain and improve health, coordinating care within the other members of the healthcare system.*

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**5. Health Advocate**

*As Health Advocates, family physicians responsibly use their expertise and influence to advance the health and well- being of individual patients, communities and populations.*

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**6. Scholar**

*As Scholars, family physicians demonstrate a lifelong commitment to reflective learning, as well as the* *creation, dissemination, application and translation of knowledge.*

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**7. Professional**

*As Professionals, family physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation and high personal standards of behaviour.*

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**Additional Comments** *(Optional)*

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**Authorizing Signatures**

*Name of Fellowship Supervisor*

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*Signature (Digital signature images can be inserted on the line above. Resize the image if needed.)*

*Date of Signature*

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*Name of Fellowship Director / Departmental Program Director / Chair (as appropriate)*

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*Signature (Digital signature images can be inserted on the line above. Resize the image if needed.)*

*Date of Signature*

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Dr. Meredith Giuliani, MBBS, MEd, PhD FRCPC, DRCPSC

*Associate Dean, Postgraduate Medical Education*

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*Signature (Digital signature images can be inserted on the line above. Resize the image if needed.)*

*Date of Signature*

* The Associate Dean, Postgraduate Medical Education, signs this statement of educational objectives on the understanding that the fellowship supervisor will provide a copy of the objectives to the clinical fellow prior to the start of the fellowship.
* Successful completion of these educational objectives is a requirement for the issuance of a PGME certificate of completion of fellowship training.