

# TRANSFORMING PRIMARY CARE EDUCATION: LESSONS FROM THE EVOLUTION OF TEAM-BASED PRIMARY CARE LEARNING CENTRES (TPCLC)

**TBC@UBC**

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# Agenda

Project Overview  
TPCLC Evolution  
Faculty Development  
Evaluation  
Next Steps



# Team-Based Primary Care Learning Centres

Leverages existing  
primary care clinics

Creates  
interprofessional  
learning opportunities

Supports local  
longitudinal primary  
care needs

Depends on preceptors  
balancing teaching,  
clinical duties, &  
fostering learning



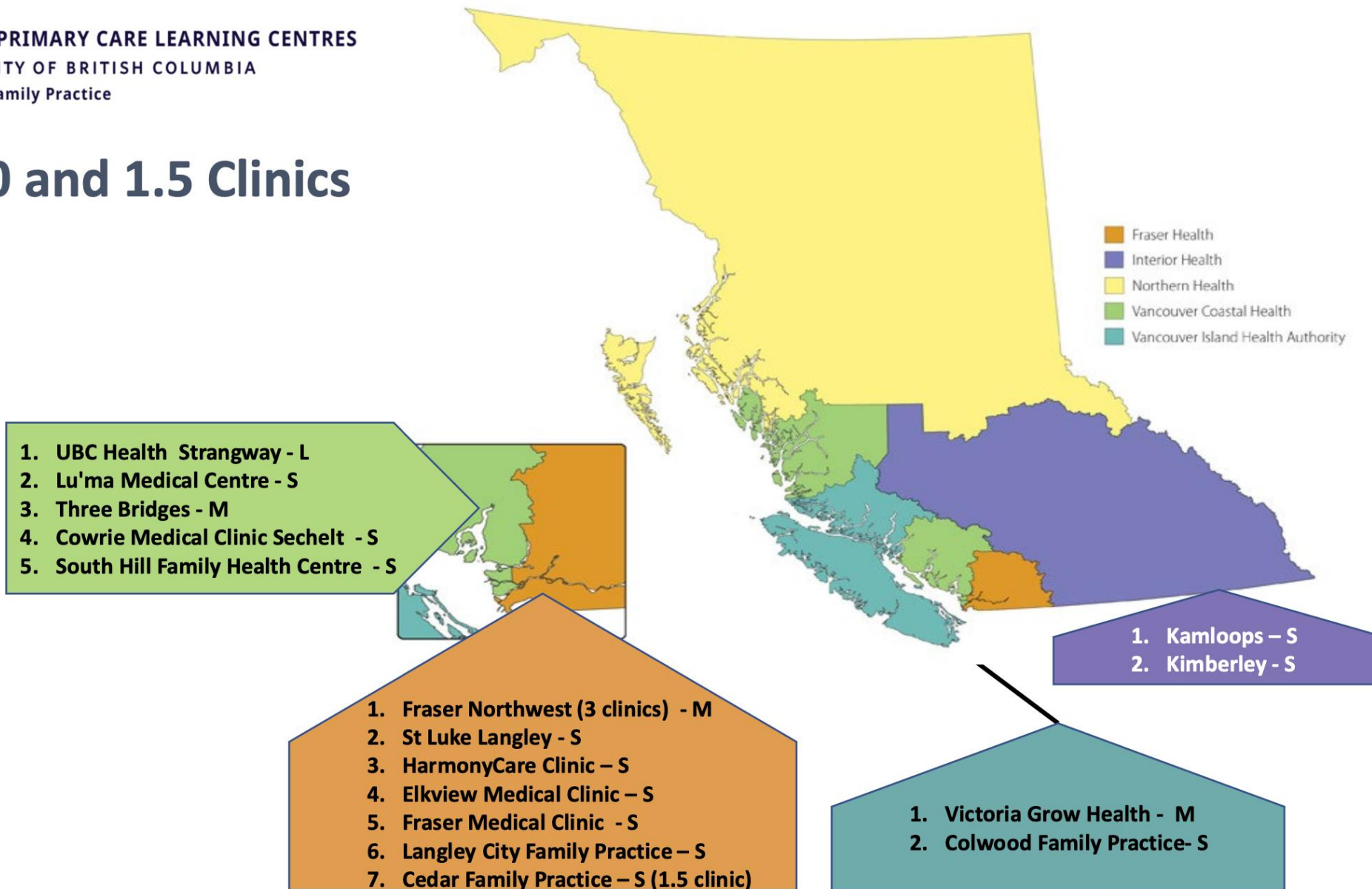
Accelerates the transition to team-based  
care in the community





**TEAM-BASED PRIMARY CARE LEARNING CENTRES**  
THE UNIVERSITY OF BRITISH COLUMBIA  
Department of Family Practice

## TPCLC 1.0 and 1.5 Clinics





# TPCLC 1.0

# TPCLC 1.0 Model & Goals

- Launched in January 2022
- \$4.2m: MoH & UBC Faculty of Medicine. Overseen by UBC PGME, managed by Family Practice.
- Focused on FM education goals, outcomes, & evaluations. Integration into interprofessional care.
- Province-wide adaptability for team-based care clinics. Linked to Primary Care Networks.



Grow Health Family Practice & Maternity Care



# TPCLC 1.0 Clinical Teaching



St. Luke Family Practice

- Funding follows resident
- One (1.0) Resident FTE equivalent to 8 months resident presence in the clinic, 4 - 5 day/week.
- Can be made up of more than one resident.
  - 11 Small TPCLC = 1–2 resident FTEs
  - 3 Medium TPCLC = 3–4 resident FTEs
  - 2 Large TPCLC = 5-8 resident FTEs

# TPCLC 1.0 Metrics 2023 - 2024



Kimberley Health Clinic

- **Residents:** 108 (22-23) & 88 (23-24)
- **FP Preceptors:** >130
- **Direct Observation Hours:** >7,100
- **Faculty Development:** >1,000





# TPCLC 1.5

# TPCLC 1.5 model

- Launched July 2024
- Six clinics:
  - Two newly recruited clinics (Chilliwack & Island)
  - Four original: (Langley, Downtown Vancouver, Vancouver Island, UBC)
- Learners continue to receive differentiated direct observation and feedback.



Langley City Family Practice

# TPCLC 1.5 model

- Family medicine teaching with interprofessional teaching & learning
- Intentionally building teaching relationships: FM preceptors, residents, & nursing students
- Practice improvement collaboration with Doctors of BC & patients.



Grow Health Family Practice & Maternity Care





# TPCLC 2.0

# TPCLC 2.0 Vision & Plan

- Scale successful 1.5 elements, roll over most existing clinics ( $\pm 18$ ), & expand by  $\pm 7$ , capped at 25.
- Priority given to Northern BC and Indigenous communities, with identified clinics ready to join.
- Expectations include differentiated resident direct observation & interprofessional learning opportunities with nursing students.
- Several other clinics have expressed interest in joining TPCLC 2.0.



# Evolution of the TPCLCs

**TPCLC 1.0:** Family Medicine teaching immersed in a team-based environment.

**TPCLC 1.5:** Family Medicine teaching with intermittent opportunistic moments of interprofessional teaching and learning.

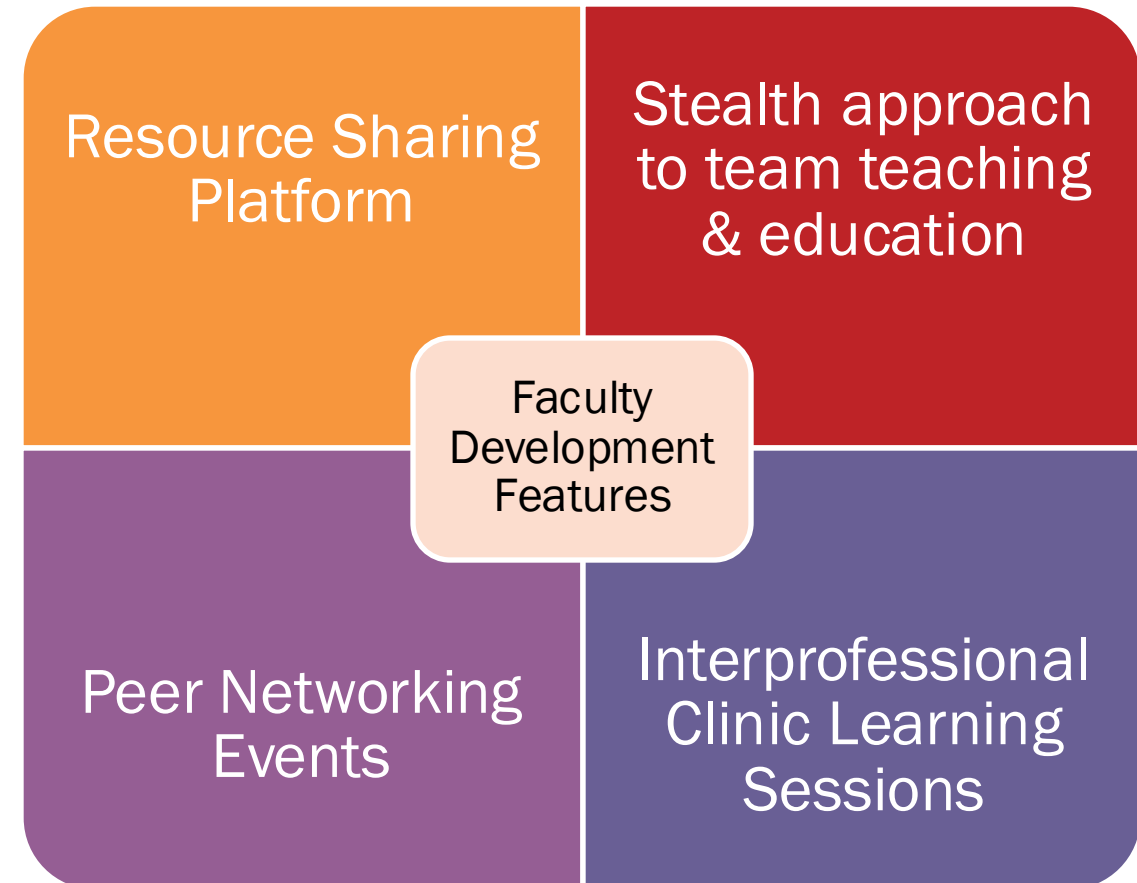
**TPCLC 2.0:** Family Medicine teaching with intentional interprofessional teaching and learning.



# Faculty Development: Newton & Ashby

## Intended Impact:

- Enhance teaching quality & confidence.
- Boost faculty engagement through collaboration.
- Improve patient care by integrating diverse perspectives.
  - Innovation Support Unit & Patient Mapping
- Promote shared learning via best practices, peer mentoring, & case discussions on orientation learners & learners in difficulty.



# Preceptor Coach: Dr. Clayton Dyck



## Observation

- Direct observation in real clinic-time.

## Feedback

- Timely & constructive feedback.

## Support

- Personalized, maximizing use of clinic teaching team & working with learners in difficulty.

## Team-Building

- Formal & informal team-building exercises with lunch provided.

# Project Evaluation: Penny Cooper

- Formal evaluation integrated into the project's planning stage.
- Project adopted a developmental approach, emphasizing continuous improvement & accountability.
- Evaluation scope addresses key stakeholders & interests including preceptors, clinic leads, the Department of Family Practice, PGME, & the Ministry of Health.
- Data sources include administrative records, in addition to participant surveys & interviews.



# Key Findings

## Program

- Evaluator from the project's inception adds value.
- Funding to support direct observation helped.
- Assumption: Resident learning about team-based care will occur naturally through exposure alone.

## Clinic

- Residents: team-based experience rewarding.
- Preceptors: satisfaction with their teaching roles has significantly improved.

I can see the benefit for patient care ... And it's helpful for the learner to see how the preceptor triages, and to understand what scope of care looks like in team-based care. I'm working in an ideal environment, using the skills I'm trained for.

- Resident

# Improving Outcomes & Future Practices

- Enhanced strategies to promote deliberate & focused teaching in team-based care (TBC).
- Sustained preceptor compensation for direct observation in TPCLC version 2.0.

# *Thank you!*

