MED 8740 Advanced Practice Integration

"The Progression to Postgraduate Experience – One Pager"

Contacts	Dr. Christopher Patey Selectives/P2P Coordinator	christopher.patey@med.mun.ca
	Ashley Anthony Phase 4 Academic Program Administrator	ugme.phase4@med.mun.ca
General	 12 week integrated Selective – 'Real Life', tailored to you experience that allows you to follow patients in the system. Longitudinal generalist community based experience. Based on entry point, i.e. EM, FM. Sites in NL, NB and PEI can be considered. First come first serve basis – apply early. The P2P Field Notebook (available online via T-res) used regularly throughout your rotation allows for great discussion points with your preceptor and will assist with the mid point session. 	
KEY COMPONENTS		
Goals	Your personal goals/interests are best to determine how you set up your P2P rotation.	
Determine Site Options	 Your primary on site physician preceptor will connect you with all other specialties and services available at your site. This should occur on the first day of your P2P rotation. 	
ED Shifting	 Majority of your time will be spent in the Emergency Department as you collect patients for your patient panel. Book ED shifts that work best for your schedule, ideal ED flow and the department. At least one (1) after hours ED shift/week. Shift times are variable. 	
Patient Panel	 A group of patients who agree to have their medical experiences closely followed throughout P2P. Required collection of patient list (~10) that you build from interaction in your primary interest. 	
Weekly Schedule	 4.5 days/week – may include weekend. Meet weekly with preceptor to review patient panel and ensure rotation is moving well. Daily inpatient rounds on your inpatient panel. One (1) surgical list per week. Emergency after hours is recommended 	
Main Project	 Grand Rounds presentation recommended for the hospital. Ideal time to initiate and/or complete a main project. Self-study is included and again reviewed with primary preceptor. 	