

## **Orient Trainees**

### Compliments of CORE Faculty Development

#### I. Purposes

An orientation session is important because it provides an opportunity to answer questions and define roles, assess skill levels and experiences, set expectations, and anticipate and head off problems. (Society of Teachers of Family Medicine Preceptor Education Project, 1993).

#### II. Suggestions for Orientation

Some suggestions for an orientation session are the following: welcome the learners to the program and to the facility, introduce yourself and ask learners to introduce themselves, create a sense of excitement, present the "big" picture, be sure that the learners understand how the clinical learning experience is relevant to their career goals, orient learners to the facility and to any ground rules that apply to them, introduce the learners and staff to each other, help learners understand their roles and responsibilities, help learners understand your role and responsibilities, be sure that learners understand when and how you can work with them, and think of orientation as an investment. (Westberg, J. & Jason, H. (1993). *Collaborative clinical education*. New York: Springer Publishing Company).

#### III. Menu of Items and Issues for Orienting Trainees (Society of Teachers of Family Medicine Preceptor Education Project, 1993).

1. The Trainee and His/Her Interest  
Discuss interests, perceptions, and optional projects.
2. The Faculty/Attending  
Faculty could discuss his/her family, education, professional experience, role in the community, values and priorities, and hobbies.
3. Basics of the Environment  
During orientation, talk about the community, patient population, and allied health services - hospitals, government health agencies, and others.
4. Office and Staff  
During orientation, talk about the physical plant, equipment, supplies (where things are located), management of the practice (administrative responsibilities), records, charts, computer services, staff members and their responsibilities, library materials, and brief comments on the economics of the practice.
5. The Patient  
It is important to discuss the following: intake procedure for a new patient, history taking, forming a problem list, physical examination, lab and X-rays, blood count, chest X-ray, urinalysis - (which of

these can trainee do?), range of services offered to patients in the office, criteria for referral, and ethics/legal issues.

6. Responsibilities

It is important to talk about the following: the trainee is to take initiative in making the rotation a learning experience, legal restrictions, professional presentation and personal appearance, attitudes towards patients, where the trainee is to report, instructions about where faculty can be reached, and what to do in emergencies.

7. The Preceptorship/Rotation

It is important to discuss the rotation objectives, the role of faculty as confidant/counselor, the teaching methods most commonly used by faculty, the evaluation form and how it will be used, and the expectations for regular feedback.

8. Miscellaneous (schedules, phone numbers, contact information)

#### References

Society of Teachers of Family Medicine Preceptor Education Project. (1993).

Westberg, J. & Jason, H. (1993). *Collaborative clinical education*. New York: Springer Publishing Company.