



## Setting Expectations and The Orientation Process

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## Disclosure

I have no actual or potential conflict of interest in relation to this activity

## Objectives

- List the benefits of setting expectations
- Discuss how to present a road map for the specified rotation
- Explain the essential components of an experiential orientation process
- List the common student manifestations in a rotation with poor expectation setting

## What We Will Discuss

- Why setting expectations is important
- A student case
- First email to student
- First day and Orientation process
- Core content of the experience
- Unique information about your site
- Outcome of poorly set expectations

## Setting Expectations

- This is critical to the rotation experience
- It helps provide a smooth transition from rotation to rotation
- Allows the student to clarify preconceived notions
- Prevents surprises later in the rotation
- Provides a road map of what the overall experience ought to be

## Setting Expectations

- Keep in mind that you have been doing this for much longer than the student has
- You may need to repeat instructions
- They are new to your environment
- The student knows much less than you do about patient care



## The Case of Slick Sam

### Slick Sam Part #1

- Sam is a pharmacy student on an internal medicine rotation who is quite intelligent based on his class rank (or high GPA) and feels quite confident on his ability to perform on rotations. On the first day, he shows up with a lab coat and seems to be missing an electronic drug reference. The syllabus states clearly that a drug reference is needed preferably electronic. He argues with you (Dr Peace), that it is not mandatory and for cost reasons, chose not to purchase one. He does not have a print version of Lexicomp® with him either.

## Slick Sam Part #2

- Rounds begin in 2 minutes and another student, Sally, is with you as well, she brought the print version of Lexicomp® with her and is listening to Sam's response. Shortly after that there seems to be a need to calculate a dose for a medication and Sam is missing a calculator. You inquire about this tool and Sam indicates that the syllabus was not clear about the tool being mandatory therefore he does not possess one at this time.

## The Case of Slick Sam

At your tables please discuss the following questions:

1. What other questions do you have about the case?
2. What are your thoughts about Sam?
3. How do you proceed with rounds?
4. How do you think the rest of the rotation is going to go?
5. What approaches could you use to teach Slick Sam?

## First Email

- Prepare this ahead of time, and include:
  - ❖ Directions to the site
  - ❖ Time and place of first meeting
  - ❖ What to bring on first day
  - ❖ What to prepare ahead of the experience
  - ❖ Copy of syllabus for student to read in advance
  - ❖ Brief description of what to expect on the first day

## First day & Orientation Process

- Getting to know the student
- Objectives and outcomes of the rotation experience
- Student individual goals
- Syllabus for the experience
- Site specific policies
- Who, what, where, when, how, YOU

## Get To Know The Student

- Discuss
  - ❖ A little bit about one another
  - ❖ How they learn best
  - ❖ Strengths and weaknesses
  - ❖ Short term goals for the rotation
  - ❖ Long term goals related to career interests
  - ❖ Targeted development areas pre-identified
- This info will help you keep the student motivated during the experience

## Student Goals

- This is good to identify prior to or upon arrival
- This helps differentiate the advanced from the novice student
- Provides student an opportunity for thoughtful reflection prior to the experience
- Good to review periodically for progress
- Provides a guide for preceptor selection of customized learning activities

## Objectives and Outcomes

- Make sure the objectives and outcomes for the rotation are up to date and relevant
  - ❖ Check with the school if any ACPE requirements warrant revision
- Gives the student a bird's eye view of the experience
- Post in syllabus ahead of time for student review
- Review them with the student upon arrival to the site

## Syllabus

- This is the roadmap for the student
- It helps the student understand what is expected
- Thorough, detailed and complete,
- Make sure it is up to date, revise often
  - ❖ after each experience if necessary
- Use student feedback to make clearer from time to time



## Syllabus

- If you don't have one already
  - ❖ Use examples from peers to develop your own
  - ❖ Ask for help
  - ❖ It will likely not be perfect the first time
  - ❖ Just start, include as much information as you can, then plan to improve upon it later

## Site Specific Policies

- This document may need to be shared separate from the syllabus for emphasis
- Dress code, use of computers, texting, HIPPA and other requirements(immunizations)
  - ❖ Notify student in advance to avoid surprises or delay in learning for prerequisites
- For Dress code details, use slides or pictures to illustrate
- Refer them to the company's website

- Here is a sample statement in a preceptor's syllabus

WakeMed dress code as outlined in the Corporate Image Policy. This policy can be accessed at the following website:

## Other Details

- Attendance policies
  - ❖ Holidays, weekends
- Student conduct and behavior
- List of tools needed by the student
  - ❖ Calculator, pharmacy reference(electronic or text)
- Additional information
  - ❖ Badges, computer access, parking, housing

## **Policies**

- Provide a written copy for future reference
- Offer opportunity for questions and clarification
- Don't assume they know
- Every site is different
- If you don't tell them who will?

## **Core Content Of The Experience**

- Activities expected for the duration of the experience
- Topics to discuss throughout the experience
- Home work, Projects and or reading assignments to be completed before the end of the rotation
- Calendar or schedules relevant for the experience
- Methods and criteria for evaluation of students

## Activities For The Experience

- Provide a list of required and optional experiences
- Check to see if the activities are familiar or new
- Go through each activity as needed and explain in detail what you expect from the student
- Information overload may occur
- Provide opportunities to ask questions during the experience
- Check in to ascertain understanding
- Be patient and approachable

## Examples of Activities

- “Getting Started as a preceptor”-Randell Doty
  - ❖ Patient care related
  - ❖ Discussions
  - ❖ Meetings
  - ❖ Projects
  - ❖ Exams
  - ❖ Papers to review
  - ❖ Presentations

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**GENERAL MEDICINE ROTATION**

Wake AHEC Med Teaching Service

***Minimum Expectations***

1. Bring a Sanford Guide®, portable scientific calculator and current drug reference with you on rounds every day beginning day 1. **An electronic version of Lexicomp clinical suite on PDA is required.** An electronic version will make you extremely efficient on rounds.
2. First week round daily with preceptor and observe clinical skills, communication and team dynamics. Identify pharmacist's role on the team.
3. Collect a detailed pharmaceutical care data base, problem list and develop and record a pharmaceutical care plan for 1-2 patients by the end of the first week.
4. Obtain a list of the history and physical summaries (H&P) daily.
5. Make sure you have a copy of the patient's meds in hand while patients are being discussed and open up MAK at each patients bedside. Check the medication profile for therapeutic duplication, appropriateness of drug and dosage regimen for disease or organ impairment.
6. Find out what the indication is for each drug on the profile.

7. Screen for lab abnormalities particularly WBC & SCr, check the patients vitals for abnormalities, BP, Temp e.t.c
8. Always calculate a CrCl for each patient and adjust medication doses accordingly
9. If patient is on antibiotics, check to see what kind of spectrum it has.
10. Determine the proper duration for each antibiotic. Be aware of culture information and susceptibilities, reevaluate drug regimen when necessary.
11. Provide drug information to preceptor and physicians as needed. Provide a written response to a clinical question using EBM principles.
12. Be prepared to be on call with your team one night during the month. (You may leave at 9pm). Write up a medication history obtained from one of the patients encountered by the end of the next business day.
13. Submit a written pharmaceutical care plan for a patient of your choice approved by the preceptor by the end of the 2<sup>nd</sup> and 4<sup>th</sup> week. (2 total)
14. Present one of the above cases to the preceptor/pharmacy at the end of the month.
15. Submit a pharmacokinetic note on a patient of your choice to the preceptor by the end of the 3<sup>rd</sup> week.
16. Page the preceptor if you have any questions or clarifications about any verbal or written instruction.

It should be a very busy but interesting and exciting experience. I look forward to working with you. Proper time management is the key to efficiency

## Topics to Discuss

- Choose topics relevant to the experience
- Use the objectives or terminal outcomes of the rotation as a guide
- Foundational topics are always useful
- Target controversial topics as well
- Recent topics that have garnered media attention can be of help to the student

## Home Work Or Reading Assignments

- Be sure to provide a reading list prior to the rotation
- Allows student to read ahead if need be
- Set specific times to discuss the readings
- Let the student know which reading is due to be discussed when
- Prioritize the readings for the student if there is more than one for a designated topic

**Delirium**

- *Am Fam Physician*. 2003 Mar 1;67(5):1027-1034.
- *NEJM* 2006; 354:1157-65.

**Hypertensive Crises**

- *Chest* 2007;131:1949-1962

**Seizures**

- UpToDate. Status epilepticus in adults
- Treatment Guidelines from the Medical Letter. Drugs for Epilepsy. Volume 6 (70) June 2008.

**Acid/Base Disturbances**

- *West J Med* 1991; 155: 146-151

**Hyperglycemic Crises/DKA**

- *Critical Care Clinics* 2001; 17 (1): 75-103. (preferred)
- *Diabetes Care* 2006; 29 (12): 2739-2748.

**Hyperglycemia**

- *Diabetes Care* 2006; 29 (8):1955-1962.
- *NEJM* 2009; 360:1283-97. (Critically ill patients; for your reference)



## Home Work Or Reading Assignments

- Do you require a summary of the paper?
- Do you require a detailed presentation of what was learned?
- Update the reading assignments each year or sooner if need be
- Provide feedback to the student during and after topic discussions

## Project Expectations

- If a project is required, be sure to provide details on the
  - ❖ What, when, where, why, how
- Provide a project completion timeline
- Where possible provide samples of excellently completed projects
- If there is a grading rubric for the project, provide a copy and explain to the student how it will be used


## EBM Question Evaluation Please see example provided

- ➔ Expectations for a complete EBM write-up:
- Answers an actual question derived from direct patient care during this rotation
  - Question is expressed in PICO format (Population, Intervention, Comparison, Outcome)
  - Thoroughly reviews and summarizes all relevant literature
  - Accurately and thoroughly critiques the quality of the literature. Includes a critical appraisal of the selected article using the appropriate form for the study type( therapy, harm, meta-analysis e.t.c)
  - Appropriately applies primary data to answer the clinical question



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	Unacceptable (0 pts.)	Incomplete (7 pts.)	Complete (10 pts.)	Total
<b>Clinical question</b>	Clinical question is not an actual question related to direct patient care during this rotation		Clinical question is an actual question derived from direct patient care during this rotation	
<b>Literature review</b>	Key studies were omitted or literature review lacking crucial elements (incomplete methods, objectives, results, etc.)	All relevant literature somewhat reviewed, but lacks some necessary details	All relevant literature thoroughly reviewed	
<b>Literature critique</b>	Primary literature is not appropriately critiqued. Strengths and weaknesses are not identified or are inaccurate.	Primary literature critiqued, but lacks thoroughness. Strengths and weaknesses section is missing several components.	All primary literature appropriately critiqued. Strengths and weaknesses are accurately described	

<b>Critical Appraisal</b>	Critical appraisal of the selected article is not provided. Appropriate form not included	Critical appraisal of the selected article is provided but lacks thoroughness. Questions on the appropriate form not completed	Critical appraisal of the selected article is provided, very thorough. Questions on the appropriate form are completed and discussed.	
<b>Conclusion</b>	Does not apply primary literature to answer the clinical question or the answer is completely inappropriate/inaccurate	Applies primary literature to answer the clinical question, but did not use appropriate reasoning to connect the data to the conclusion.	Applies primary literature appropriately to effectively answer the clinical question. Answer can be applied to clinical situation.	
<b>Total</b>				/50

## Calendar or Schedules

- Prepare this before the student arrives
- Allows the student to feel included and organized
- Tailor it to the experience
- Personalize if need be for each student and experience focus
- Information can include a variety of items
- Allow some flexibility in the schedule as well

Sample Calendar				
Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week1</b> 6/1 CSP Seminar-orientation  ***Pre-round daily on your assigned patients no later than 7:00am  Afternoon discussions are at 2pm except otherwise negotiated	6/2 <ul style="list-style-type: none"> <li>• 9:00am rounds w/Post Call team</li> <li>• 12:30pm Grand Rounds</li> <li>• 1:30pm Orientation</li> </ul>	6/3 <ul style="list-style-type: none"> <li>• 8:00am morning report</li> <li>• 9:00am rounds w/Post Call Team</li> <li>• Patient discussion w/ Dr. Tofade</li> <li>• Work on Drug information exercise in pm</li> <li>• Pharmaceutical Care Plan Database #1 due</li> </ul>	6/4 <ul style="list-style-type: none"> <li>• 8:00am morning report</li> <li>• 9:00am rounds w/Post Call team</li> <li>• Kinetics discussion w/ Dr. Tofade</li> </ul>	6/5 <ul style="list-style-type: none"> <li>• 8:00am morning report</li> <li>• 9:00am rounds w/ Post call Team</li> <li>• Drug information exercise due (review w/ Dr. Tofade at 2:00 pm)</li> <li>• Pharmaceutical Care Plan Database #2 due</li> </ul>
<b>Week 2</b> 6/8 <ul style="list-style-type: none"> <li>• 8:00am Morning Report</li> <li>• 9:00am rounds w/your team</li> <li>• AHEC retreat all day</li> </ul>	6/9 <ul style="list-style-type: none"> <li>• 8:00am morning report</li> <li>• 9:00am rounds with your team</li> <li>• Grand rounds</li> <li>• Toxicology with Dr. Girardeau</li> </ul>	6/10 <ul style="list-style-type: none"> <li>• 8:00am morning report</li> <li>• 9:00am rounds with your team</li> <li>• Cirrhosis w/ Dr. Tofade in pm</li> </ul>	6/11 <ul style="list-style-type: none"> <li>• 8:00am morning report</li> <li>• 9:00am rounds with your team</li> <li>• Maureen on Call (Med History due 48 hours post call</li> <li>• Migraine &amp; CAP</li> </ul>	6/12 <ul style="list-style-type: none"> <li>• 8:00am morning report</li> <li>• 9:00am rounds with your team</li> <li>• Rebecca on call (Med History due 48 hours post call</li> <li>• Afib</li> </ul>

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Week 3 6/15 <ul style="list-style-type: none"> <li>PK note due</li> <li>Alcohol Withdrawal w/Dr. Tofade early pm</li> </ul>	6/16 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team</li> <li>Grand Rounds</li> <li>Midpoint eval</li> </ul>	6/17 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team w/ Dr. Tofade</li> <li>1<sup>st</sup> Pharmaceutical care plan due</li> </ul>	6/18 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team</li> <li>Delirium</li> </ul>	6/19 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team</li> <li>EBM Question due</li> <li>Stroke w/ Dr. Mack in pm</li> </ul>
Week 4 6/22 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team</li> <li>Management meetings</li> </ul>	6/23 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team</li> <li>Grand Rounds</li> <li>Acid/Base w/ Dr. Tofade</li> </ul>	6/24 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team</li> <li>Sepsis with Dr. Girardeau</li> </ul>	6/25 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team</li> <li>DKA w/ Dr. Tofade in pm</li> </ul>	6/26 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team</li> <li>2<sup>nd</sup> Pharmaceutical care plan presentation</li> </ul>
6/29 <ul style="list-style-type: none"> <li>PY2/PY3 Seminar</li> <li>Project Time</li> </ul>	6/30 <ul style="list-style-type: none"> <li>8:00am morning report</li> <li>9:00am rounds with your team</li> <li>Final Evaluation</li> </ul>			

Please note that calendar is subject to change to coincide topics with cases seen on rounds. Students say it helps them learn better. Glad to flex this based on your learning style.

9

## Evaluation Criteria

- Explain how you plan to provide feedback throughout the experience
  - ❖ Daily, weekly, midpoint and final
- Explain your process for a midpoint and final evaluation
- This eliminates anxiety or surprises

## **Evaluation Criteria**

- Provide a copy of the evaluation tool at the beginning of the experience
- Explain which activities will be assessed for each section on the evaluation
- Provide a rubric and sample assignments where possible
- Allow an opportunity for student self evaluation

## **Evaluation Process**

- Direct observation
- Report from faculty or other preceptors
- Report from health care team
- Formal oral and /or written

## Unique Information About Your Site

- Communication preferences
- Tour
- Key Contacts
- Orientation checklist
- Tips for success

## Communication Preferences

- Provide your contact information
- How can they best reach you
  - ❖ When running late
  - ❖ In an emergency situation
  - ❖ Snow or weather days
  - ❖ For assignment questions
  - ❖ When you are out of town
- How soon
  - ❖ should they expect a response from you?
  - ❖ do you expect a response from them?

## Tour


- Facilities-use a map where possible
  - ❖ Library, work space, bathrooms, cafeteria, lounge,
- Technology,
  - ❖ Internet use, electronic records
- Equipment
  - ❖ Fax, phones, copier, fridge, snack machine
- Other resources
  - ❖ Books, name badges, access codes, e.t.c


## Key Contacts

- Provide a contact list should they encounter difficulties
- Let them know other individuals they will encounter during the experience and their role
  - ❖ Other preceptors/ pharmacists
  - ❖ Physicians if applicable
  - ❖ Health care staff
  - ❖ Secretaries
  - ❖ Technicians, administrators
- Introduce the student to each one of them early in the experience

## Key Contacts

- Who to call for
  - ❖ Library needs
  - ❖ Copying problems
  - ❖ IT challenges
  - ❖ Electronic medical or pharmacy record issues
  - ❖ Directions

 **Orientation Checklist**  
**General Medicine Rotation**

-  \_\_\_\_\_ Daily rounds begin at 9:00a.m. Ask resident for details on **where** to start or follow team after morning report.  
\_\_\_\_\_ Observe on day 1 may work up new patients after rounds the following workday.

**Will need to know about:**

- \_\_\_\_\_ How to use the paging system  
\_\_\_\_\_ Where patient charts are placed  
\_\_\_\_\_ How charts are organized to facilitate information retrieval  
\_\_\_\_\_ Where the Medical Administration Record (MARs) are placed (paper & electronic **MAK**)  
\_\_\_\_\_ For daily use  
\_\_\_\_\_ Previous MARs  
\_\_\_\_\_ MARs, their use and function  
\_\_\_\_\_ Flow charts/vitals

_____	Soarian- Shantell Jordan
_____	How to retrieve patients on your team via Soarian-Shantell Jordan
_____	Micromedex
_____	Photocopying, Fax (ground floor Library back room)
_____	The Medical Library
_____	PUBMED system
_____	Resources
_____	Patient Monitoring form
_____	<i>May use personal system if so desire</i>
_____	Kinetics monitoring form
_____	Anticoagulation monitoring form
_____	5 <sup>th</sup> floor, 6 <sup>th</sup> floor, 3 <sup>rd</sup> floor, Observation units, Emergency department,
_____	Bathrooms, Cafeteria, Conference dining
_____	Library, Conference rooms
_____	Facility Tour

## Tips For Success

- Let the students know what system has worked for learners in the past
- What has not
- What your recommendations are for this student (based on what you know)
- Provide a compiled list from previous students if possible



Tips and steps for a successful Internal Medicine Rotation  
Neha Patel Class of 2010

- You will be rounding with your preceptor during the first week. Get a good feel of how he/she interacts with the teams since you will be responsible for rounding with your respective team starting week 2.
- Week 2 & onwards: get there early (6:15-6:30, especially on first day with team) to catch up on patients. You are responsible for knowing patients' hospital course (labs, radiology, interventions, etc.)
- To get your patient list each morning, open internet explorer →What's online→Sharepoint (right column)→Departments→WFP Medicine Housestaff→your team's document. You can also access this from the EPR dashboard.
- You can skip morning report on days your team is post-call or on Mondays to catch up on patients from the weekend. Just let your preceptor know where you are.

→ Tips for a successful "on call" night  
Maureen Bottino '10 and Rebecca Jones '10

1. Review medication history summary provided in your folder.
2. Let your team know when you will be on call with them.
3. Inform your team what you will be doing for them, for example, taking a medication history. Be proactive in interviewing patients.
4. Have your team text page you the location of the patient and where to meet.
5. Record the medical record number (MRN) for each patient your team admits.
6. As you are collecting the patient's medication history, don't forget to find out the pharmacy or pharmacies that fill their prescriptions.
7. If you get to the emergency department and can't find your team, look in the physician's dictation room (Bay B or ask a nurse where this is).

## Orientation Wrap-Up

- Consider giving the student an activity to complete
- This transitions them into the experience
- Allows them to
  - ❖ see what they will be involved in
  - ❖ apply the information they just received
  - ❖ ask questions and trouble shoot.
  - ❖ Observe on rounds and work up a patient if applicable to your site

## Poorly Set Expectations

- Student and preceptor are frustrated or confused
- Learning environment can be compromised
- Projects and assignments not done satisfactorily
- Behavior becomes toxic and unprofessional
- Could lead to poor grade or rotation failure
- Disagreement with final evaluation

## What We Discussed

- Why setting expectations is important
- The case of Slick Sam
- First email to student
- First day and Orientation process
  - ❖ Getting to know the student
  - ❖ Objectives and outcomes of the rotation experience
  - ❖ Student individual goals
  - ❖ Syllabus for the experience
  - ❖ Site specific policies

## What We Discussed

- Core content of the experience
  - ❖ Activities expected for the duration of the experience
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  - ❖ Calendar or schedules relevant for the experience
  - ❖ Methods and criteria for evaluation of students

## What We Discussed

- Unique information about your site
  - ❖ Key Contacts
  - ❖ Communication preferences
  - ❖ Facilities, technology, equipment and resources available for students use
  - ❖ Orientation checklist
  - ❖ Tips for success
- Outcome of poorly set expectations

## Summary

- Be prepared
  1. Before the first day
  2. The first day
  3. Who, what, where, when, how, YOU
  4. Assignments
  5. Schedule
  6. Rubrics
  7. Evaluations
  8. Mentoring

**Thank you for your attention**

For questions, please contact  
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(410) 706-1495