

Chapter 2: Educational Administration and Leadership

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The goal of this chapter is to provide a practical guide to leadership and management of the clerkship. Other chapters in this handbook examine various aspects of clerkship administration, such as career and curriculum development, faculty development, multi-site administration, evaluation, and professionalism in more depth. We will provide an overview of some of the skills of leadership and a management timeline for the clerkship.

The clerkship director functions on multiple levels, as an expert clinician and teacher in his or her field, leader in the school, medical education advisor, and mentor to residents and faculty in their role as teacher, and director of the clerkship. To be a leader, the clerkship director must navigate these territories with innovation, a long-range perspective and a high level of visibility. Some of the skills required to be a leader, which we will address, are strategic planning, negotiation and conflict resolution, and team building.¹

Leadership Skills

Leadership skills typically are not taught in medical schools. However, physicians are expected to possess such leadership skills as time management and delegation, negotiation and conflict resolution, and dealing with difficult people. In the past, the attending physician held a dominant, powerful position over the student, and the need for negotiation was much less evident (See also Chapter 16, The Clerkship Orientation). Joyce Wipf, MD, writes in the Role of the Senior Resident: Team Manager, Leader and Teacher, "Our goal is to be a flexible, changeable leader. A false dichotomy may be created between a "strong" leadership style (e.g., authoritarian, autocratic, hard-nose, tough) and "participative management" (e.g., democratic, humanistic, nice). The skill sets are not mutually exclusive. It requires agreed upon goals, regular comparison of goals and behavior, and prompt comment when behavior meets, exceeds or falls short of agreed upon goals."²

Skills of Leadership (Adapted from Wipf²)

Strategic Planning

- Be pro-active instead of re-active.
- Set goals and practical behaviors to achieve goals. Long-term personal goals as well as short-term goals for a time period or specific project. Reassess goals frequently.
- Recognize leadership qualities in others and find positions for these talented individuals.

Negotiation and Conflict Resolution

- Facilitate parties talking directly to each other
- Be open and direct
- Be able to compromise
- Have respect for the other party
- Be aware of the needs of others and your own needs
- Clarify goals each of you brings to the table

Team Building

- Establish team identity. Incorporate all members as colleagues and minimize one-upmanship.
- Recognize when to act in leadership role, and when the appropriate action is to step back and support others in their role as leader.
- Clearly state expectations. If you have an overconfident student, you will need to discuss your need to supervise and negotiate his or her need for independence.
- Be a consensus leader. Ask for feedback. If something is not working, ask the student how he or she would solve the problem.

Your Roles in the Department

The clerkship director should play an integral role in forming the medical student educational mission and programs for the department. To effectively lead, the clerkship director should be granted authority by the chair to make decisions that affect the student teaching programs^{3, 4} and monetary support to carry out those decisions. The clerkship director should be chosen because of outstanding teaching skills and a commitment to education. Strong interpersonal skills are needed to recruit faculty and inspire trust in students and residents. Visibility as a resident attending and speaker at resident conferences and report will foster relationships with residents. They teach students during residency and may be future junior faculty and teachers in your institution. A good relationship with the residents makes it easier to give them feedback in their crucial student teaching role.

Role as Education Leader in the Department

The clerkship director is a key education leader in the department and should strive to be an effective advisor to and sometimes spokesperson for the chair. It is helpful for the clerkship director to be part of the administrative leadership of the department and to be part of discussions about all issues that relate to education. Such issues may include decisions about clinical care, research, and specific faculty as well as curriculum and evaluation. The exact role of the clerkship director in departmental leadership must be worked out between the clerkship director and the chair. Be sure to create or review an existing job description that includes both responsibilities and expected outcomes. Use the description and your accomplishments as you negotiate proposed changes in your activities with your chair.

Role in Clerkship Administration

Many clerkship directors find it helpful to create a clerkship education committee, comprised of faculty and the clerkship administrator. One or more departmental committees may be responsible for addressing issues such as collaborative curriculum development, variation of students' experiences on various services, and evaluation. It may be helpful to develop a student education leadership team rather than the clerkship director trying to "do it all". A team approach facilitates faculty "buy in" to new ideas and encourages "ownership" of the clerkship.

Role in Faculty Recruitment, Orientation and Development of Teaching Skills

Recruitment

Consider talking with your chair about a role you as clerkship director might play in faculty recruitment. The clerkship director participating in faculty recruitment highlights the importance of student education in the department.

Orienting Faculty Regarding Clerkship Expectations

The clerkship director should orient all new department faculty regarding the department's education programs. The faculty want to contribute effectively to student teaching and, generally, respond well to a clear description of expectations of students; expectations of attending physicians related to topics such as teaching, evaluation, and advising; and expectations of the residents regarding student education. Faculty should be familiar with relevant department policies such as time off, numbers of write-ups, feedback, evaluation, and students' role on rounds and in clinics.

Faculty Development

The support of teaching faculty is crucial to maintaining a successful clerkship. With the support of the chair and Education Committee, the clerkship director should have funding and educators available to train faculty how to teach. Faculty development programs have been found to improve faculty teaching and have long-lasting effects on teaching skills.⁵ Good teachers provide the foundation for a successful clerkship and must be recognized. Recognizing outstanding resident teaching through teaching awards is a good way to promote teaching excellence. (See also Chapter 8, Faculty Development).

Role in Clerkship Budget Development

Sources of Funding

Responsibility for financial resources to manage the clerkship varies from school to school, and usually resides in the dean's or department chair's office. Regardless of the mechanism of requesting or allocating funds to support the clerkship, every clerkship has a budget. As clerkship director, should strive to impact the budget decisions.

Dean's Office: The Dean's Office may allocate funds to departments for clinical teaching. Clerkship directors may have little responsibility for budgeting in this framework except for negotiation of large expenditures, such as additional staff and teaching support, space, or on-line evaluation systems. Non-clinical costs of the clerkship may be budgeted by the dean's office.

Department chair's office: Internal medicine clerkships may be funded by department funds, allocated by the chair. A pre-defined budget may be earmarked for the clerkship or the clerkship director may submit a budget to the chair's office as part of the annual budget process.

What to Include in a Clerkship Budget

One of the authors (Engle) posted a question on the Clerkship Directors in Internal Medicine (CDIM) administrators' list serve to determine what budget items are included in administrative costs of clerkships that submit budget requests. Clerkship budget items include purchasing NBME Subject Tests, creating internal examinations, catering, retreat, web site development and maintenance, standardized patient programs, books, travel, meal tickets, faculty

development, teaching awards, and student interest group. Detailing expenditures provides opportunity for discussion with your chair and clerkship faculty about development and implementation of new systems, ideas for clerkship improvement, and prioritization of budget items. Table 1 shows a sample budget.

Sources of funding for meals, pagers, PDA's and laptops also vary from school to school. At the University of Washington, medical students are expected to provide their own meals, pagers, PDA's and laptops. However, funds are available through financial aid for assistance in purchasing equipment and discounted rates are provided to students (See also Chapter 4, Technology in Clerkship Education).

Potential Larger Role for Clerkship Director in Determining Cost of Clinical Education

Many medical schools are attempting to determine the cost of medical education and to allocate funds specifically for the education mission. In most medical schools, faculty are expected to generate more funding through clinical or research activity than in the past. As a result they have less time to teach. Likewise, changes in remuneration by third party payers have impacted negatively the revenues generated by community-based volunteer faculty. As a result, it may be more difficult to recruit both fulltime and community-based volunteer faculty to teach students. Clerkship directors may be asked by the dean and chair to assist in determining criteria to calculate medical education costs. Blazer⁶ outlines a comprehensive budget plan for the direct cost of medical education at Duke University.

Role in Ensuring Adequate Space

The chair and/or department Education Committee should advocate for student space needs with the hospital administration. Students must have access to call rooms, team work rooms, on-call meals, scrubs, computers, and lockers to function as integral members of the team.

Role in Creating Reports about the Clerkship

In addition to reporting students' grades, the clerkship director should keep ongoing reports about the clerkship to document outcomes and provide information to inform decisions. Reports should include summaries of faculty and resident teaching quality, quality of rotation experiences, summaries about students clinical experiences (e.g., by rotation, site, year), the extent to which objectives have been met, and grade summary reports comparing sites. Reports may be presented in graphic or table form (See also Chapter 7, Evaluation of the Clerkship: Clinical Teachers and Progrma and Chapter 4, Technology in Clerkship Education).

Your Role Outside the Department

Role as Participant in School-wide Education Committees and National Organizations

The clerkship director should be an active member of education committees for the School of Medicine. Examples include third-year required clerkship committees, curriculum review committees, student progress committee, and evaluation, professionalism, and infection control standards committees. Participation in a student progress committee may present a conflict of interest.

Strive to participate on school-wide education committees and in national organizations to increase your visibility and networking that may lead to collaborative projects and improved clerkship education. Participation in school of medicine activities such as Introduction to Clinical Medicine and introductory history and physical diagnoses courses helps to establish your role as mentor early in the students' clinical education process and keeps you apprised of the curriculum before the clerkship year. You must stay abreast of trends in medical education and be integral in forming new policy for your school that may prompt changes in your clerkship.

Role in Integrating Clerkship Experiences across Departments

Clerkship curriculum, tracking systems, and assessment methodologies are more likely to be interdisciplinary now than in the past. Multidisciplinary programs in global health, rural health and primary care have been developed at multiple medical schools. Pipas, et al.⁷ describe three collaborative ambulatory education programs at Dartmouth, the University of Pittsburgh, and the University of Wisconsin. They conclude that the collaborative combined ambulatory experience improved the students' experience and faculty evaluation of the students. However, faculty and administrative time and costs to maintain the combined experience remain challenges.

Administrative Timeline of the Clerkship

The administrative timeline of the clerkship includes pre-planning, coordinating the on-going clerkship and post-clerkship grading and feedback. A separate section of this chapter will discuss yearly planning. The clerkship administrator plays a very important role in the administrative process of the clerkship (See also Chapter 11, Redefining the Role of Clerkship Administrator). Typically the administrator assigns students to sites, creates call schedules, facilitates communication, initiates and tracks evaluations, and acts as advisor and daily manager of the clerkship.^{4, 8} An effective administrator is invaluable in organizing a successful clerkship.

Pre-Planning: Prime the teachers and sites

Planning for successful clerkships must begin months prior to the actual start date. Nothing is more stressful to the teaching attending and hospital or clinic site than having an unexpected student at the door at 8:00 am on Day 1. Planning for the clerkship should start when student enrollment is released to the department. By this time you should have a written set of goals and objectives, curriculum, and required textbook or syllabus (see Chapter 3, Creating a Clerkship Curriculum).

Assign students to sites

The first step in management of the new rotation is to assign students to sites. Once the students are assigned to sites, attendings and teams can be assigned, credentialing paperwork initiated and detailed information can be prepared to give to the student, teaching attendings, and residents at orientation.

Multiple methods can be used to assign students to sites in clerkships with multiple training sites. One method is to provide preference sheets to the students at the time of initial scheduling and match student to site based on student preference, family, and travel needs. Alternatively, you can provide a period of time where students switch sites amongst themselves. Students who have had some input in their site assignment feel that the clerkship director is

listening to their needs. You cannot make every student happy about site assignment, but a fair and flexible selection process gives the students a positive first impression of you as clerkship director.

Students use various methods to determine preference for clerkship training sites. Student interest groups may host career day events where panels of third-year students discuss their clerkships. The School of Medicine may host the clerkship directors for short talks to the second-year classes and provides clerkship descriptions. Clerkship evaluation data are available to students at some institutions, officially or through confidential web postings. The influence of the student grapevine should not be overlooked. Students talk about clerkships and teaching sites amongst themselves and an informed clerkship director is aware of this phenomenon and should counsel students to meet and discuss any issues of concern face-to-face with him or her.

Travel

Students are resistant to travel. If your school assigns students across geographic areas or even across town, this should be made very clear at initial scheduling or even at the time of admission to medical school. Students perceive that exposure to faculty at the main teaching hospital is more beneficial to obtaining honors grades and letters of recommendation. The clerkship director should verify the perceptions and address misconceptions up front. Site descriptions should be included in materials and the positives of community-based practice should be described, such as, one-on-one attending to student ratio, exposure to real-life medical practice, and practice of patient-centered care. The clerkship director should clarify the procedure to request letters of recommendation and offer to counsel students who rotated outside of the academic medical center. Accommodations such as school-provided housing, meals, and mileage reimbursement are available at some institutions. (See also Chapter 9, Directing a Clerkship Over Geographically Separate Sites).

Communication with Sites

Communication to the teaching sites, inpatient services, ambulatory clinics, teaching attendings, chief residents, and students is crucial once site assignments are made. Attendings may have to re-adjust clinic schedules to accommodate students, and advance notice to manage schedules is crucial. Other administrative duties, such as ordering required textbooks or photocopying syllabi, scheduling core lecture series, and ordering exams and booking classrooms, should all be done at this time.

What do the Teaching Sites Need to Know About Your Students?

Affiliated hospitals and clinics are requesting paperwork on each student even with signed affiliation agreements and contracts. Many clinics credential students through the medical staff office. Medical schools and students are being asked for social security numbers, dates of birth, proof of liability insurance, HIPAA certification, immunization status, criminal history background check, signature on release of information, and computer systems confidentiality notices. Often, protected information such as social security numbers and dates of birth, are not available to the clerkship director by the School of Medicine, and communication with the teaching site and student is crucial. The clerkship director and administrator should have knowledge of the privacy acts and understanding of allowable release of information.

What Needs to be in Place Before the Students Start?

Goals and Objectives

Write goals and objectives for the clerkship because they provide the framework for teachers and learners to know what is to be taught.⁹ They also provide a method to evaluate students, teachers, and the clerkship. See Chapter 3, Curriculum, for discussion on accessing pre-written curricula, communicating goals and objectives to students, and assessing and measuring competencies and outcomes.

Clerkship Administrative Policies

Write clerkship guidelines to include hours of duty, overnight call policy, number of patients admitted on call nights, write up guidelines, oral presentation guidelines, and chart documentation rules as well as schedule during exam week and didactic attendance policy.

Clerkship Professionalism Policies

Clerkship policies for dress, time off requests, and illness all fall into the category of professionalism. Many schools are now developing school-wide professionalism policies.¹⁰ A sample time-off policy can be found in Table 2. Two sample dress code policies can be found on the web at Columbia University, College of Physicians and Surgeons¹¹ and The University of Texas, Health Science Center at Houston.¹² The physicians, staff, and students should all be made aware of the clerkship expectations and consequences for breach of professionalism policy. The teaching attendings, interns, and residents should be made aware of the chain of command for communication of professionalism problems and the importance of written documentation and feedback to the clerkship director and the student. The recognition and recommendation for report of professionalism issues can be found in Chapter 10, Working with Students with Difficulties: Academic and Nonacademic.

Evaluation

The students should understand how the evaluation process works. Who is evaluating me, what is being evaluated, and how? When should I receive feedback, and what if I don't? What is good feedback? How are final grades assigned? If you have a grade grievance procedure, outline this process to the students. The issue of feedback is especially important, as our goal is to improve student performance and not to be punitive. Encourage students to actively seek out specific feedback from their interns, residents, and attendings. Use resident teaching courses, faculty development courses, retreats, and evaluation feedback sessions to teach interns, residents, and attendings how to give productive feedback and identify problem students.

Work with clerkship faculty, Department of Medical Education, and other clerkship directors to determine which assessment tools your clerkship will use to measure competencies, such as simulators, OSCE's, and examination. See Chapter 6 for a full discussion of assessment options. If your examination is given across multiple sites, special attention should be paid to security and consistency in examination procedures, such as proctoring and start and end times.

During the Clerkship

Orientation

The first day of your clerkship should begin with orientation to the students. Whether you conduct orientation across multiple sites or bring all the students together, the students should

meet with a physician representative from the clerkship. A sample list of topics covered in orientation is in Table 3. (See also Chapter 16, The Clerkship Orientation)

Didactics

Medical students are expected to attend department-sponsored conferences, however, a core group of didactic topics aimed at the third-year medical student is crucial.¹³ These didactic sessions can be in the combination of small-group sessions, large format lecture and computer simulations. Involving junior faculty or residents in the core lecture series exposes the students to young, enthusiastic physicians in the field and gives the junior faculty member experience with preparing lecture material and slides and establishing mentor relationships. Case-based teaching is a very popular approach to student-focused conferences. Posting cases and key points covered on the clerkship web site is very helpful to students. For discussion of didactic topics please see Chapter 3, Creating a Clerkship Curriculum and Chapter 5, Instructional Methods and Strategies.

Clerkship Director Duties during the Clerkship

A selected list of duties for the clerkship director during the clerkship includes:

- Teaching in the clinical setting
- Meeting with students for small-group didactic sessions
- Lecturing in the core lecture series
- Advising residents and faculty on student-related issues and providing feedback.
- Meeting with students who show cognitive deficiencies, professionalism issues, difficult team interactions, or personal or medical emergencies
- Monitoring implementation and outcome of simulator, OSCE and examination. The clerkship director should be available on examination day to assist in problem solving emergent situations.

Post Clerkship

Evaluation and Grading

In the weeks following the clerkship, the clerkship director is responsible for gathering the cumulative evaluation data and determining the final written grade. The clerkship administrator is an integral part of this process, collating the evaluation data and examination score. The literature strongly recommends assignment of grades by committee. This allows the clerkship director to maintain his or her status as student advocate and neutral party. Student clerkship ratings can also be reviewed at this time. Please see Chapter 6, Evaluation and Grading of Students, for full discussion.

Grade Grievance

The clerkship director probably will need to meet with students who have complaints regarding their final clerkship grade. It is wise to assume that students will complain, officially to the School of Medicine or unofficially to the clerkship administrator about their grade. It is prudent to have a procedure in place. These communications often start with e-mail to the clerkship director or administrator. If it is possible to meet with the student in person, do so. The student's stress in getting into a competitive residency program may be driving the complaint. If the student's performance was high pass, reassurance that a strong letter of recommendation will be written and advice regarding residency program selection and competitiveness may alleviate some of their stress. Some institutions have the student request a formal grade review in writing, citing details and a suggested resolution. The clerkship grade committee then considers

the request for grade review. This recognizes the request as official, maintains evaluation and grade consistency across sites and allows the clerkship director to keep his or her status as student advocate intact (See also Chapter 10, Working with Students with Difficulties: Academic and Nonacademic).

Letters of Recommendation

Students hoping to enter your specialty will look to the clerkship director for a letter of recommendation and advice on applying to residency training programs. Often the clerkship coordinator fulfills the role of career counselor for the department and sits on residency selection committees.

Yearly Duties

Directing a clerkship is an immense task and there is not much time to stop and reflect. Setting aside time to evaluate your clerkship should be a priority. Scheduling quarterly meetings with key teaching faculty, an annual one-day retreat or workshops targeting key elements such as feedback, evaluation and grading are some suggestions.

Tasks that need to happen at least once a year are:

- Review and revise clerkship goals and objectives as needed in collaboration with a departmental student education committee and school-wide curriculum committee. Are the clerkship goals and objectives being met? Do they need to be updated?
- Formal review of student evaluation of clerkship sites.
- Site visits. If you have a multi-site system, a faculty representative should visit each site at least once per year. Ideally this visit should take place while students are at the site. The site visitor should round with students and listen to presentations, and meet with the on-site coordinator and community physicians. Incorporate student feedback on suggestions for improvement.
- Review of evaluation systems. Is there consistency across sites? Are additional assessment methods needed?
- Test performance. Write new test questions if your institution uses an in-house examination.
- Implement curricular, organization or grade policy changes for the new academic year.
- Present teaching awards to interns, residents and community faculty at recognition ceremonies.

Table 1: Sample Clerkship Budget

Academic Year, July - June

Clerkship Education Costs

NBME Shelf Exams	\$ 3,600.00
NBME Exam Administration Fee	\$ 600.00
Catering - grade meeting Food \$100 x 4	\$ 400.00
Retreat Conf. Center \$200 and Food \$1,000.00	\$ 1,200.00
Books/Supplies/Orientation packets	\$ 2,000.00
Web site development/computerized instruction materials	\$ 2,000.00
Parking for visiting faculty	\$ 500.00
Student meal tickets	\$ 500.00
Standardized patients	\$15,000.00

Faculty Development

Travel - clerkship director, associate directors, administrator	\$ 5,000.00
Membership dues	\$ 1,500.00

Miscellaneous Expenses

Student interest group - AV, photocopying	\$ 500.00
Residency recruitment meeting - catering	<u>\$ 200.00</u>
	\$33,000.00

Table 2

UNIVERSITY OF WASHINGTON DEPARTMENT OF MEDICINE STUDENT PROGRAM TIME OFF POLICY

Because we want you to act as the primary care provider for your patients, actively participate in the care of your patients by being a key member of the inpatient ward team and work closely with interns and residents on your call nights, the Department of Medicine has developed the following policy for students requesting time off from the Medicine Clerkship:

STUDENTS ARE EXPECTED TO ACTIVELY CARE FOR PATIENTS ON THE WARDS OR IN CLINIC MONDAY – FRIDAY, 7:30 OR 8:00 AM UNTIL YOUR DUTIES FOR THE DAY ARE ACCOMPLISHED. YOU WILL BE ON CALL WITH YOUR MEDICINE TEAM EVERY FOURTH (OR FIFTH) NIGHT AND MUST SPEND THE NIGHT IN THE HOSPITAL BEING ON CALL TO WORK-UP NEWLY ADMITTED PATIENTS. IF YOU ARE NOT ON CALL ON FRIDAY, SATURDAY OR SUNDAY EVENING, YOU DO NOT HAVE TO REPORT TO THE HOSPITAL ON SATURDAY OR SUNDAY. YOU SHOULD EXPECT A TOTAL OF FOUR DAYS OFF PER MONTH WHILE ON HOSPITAL ROTATIONS. FOR STUDENTS CHANGING SITES BETWEEN ROTATIONS, SWITCH WEEKENDS ARE OFF (7/30 & 7/31, 8/27 & 8/28). PROVIDENCE STUDENTS, PLEASE REFER TO PROVIDENCE TIME OFF POLICY. **STUDENTS WHO WILL SPEND THE SECOND 6 WEEKS OF THE CLERKSHIP AT A WWAMI SITE ARE DISMISSED FROM THEIR SEATTLE SITE AT 12:00 PM ON THE THURSDAY PRIOR. WWAMI STUDENTS WILL BEGIN THAT PORTION OF THE CLERKSHIP ON MONDAY, AUGUST 15, 2005.**

IF YOU ARE ILL AND UNABLE TO REPORT TO THE HOSPITAL, CONTACT YOUR SENIOR RESIDENT OR ATTENDING PHYSICIAN BY 8:30 AM. IF YOU ARE UNABLE TO REACH ANYONE CALL THE STUDENT PROGRAM OFFICE.

STUDENTS REQUESTING TIME OFF TO PRESENT AT CONFERENCES ARE GIVEN TWO TRAVEL DAYS AND ONE DAY TO PRESENT ONLY. PERMISSION TO PRESENT AT A CONFERENCE MUST BE GRANTED BY THE STUDENT PROGRAM OFFICE BEFORE THE START OF THE ROTATION. REQUESTS TO MISS A WEEK-DAY OR CALL NIGHT TO ATTEND A CONFERENCE WILL NOT BE GRANTED.

WEEK-END TIME OFF TO ATTEND WEDDINGS, REUNIONS, OR FAMILY FUNCTIONS MUST BE PRE-ARRANGED WITH THE STUDENT PROGRAM OFFICE BEFORE THE START OF THE CLERKSHIP. WITH ADVANCED NOTICE IT MAY BE POSSIBLE TO REARRANGE CALL SCHEDULES OR SCHEDULE YOUR CLINIC BLOCK SO YOU HAVE TWO WEEKEND DAYS OFF.

MISSING EXTENDED DAYS (MORE THAN THREE DAYS TO PRESENT AT A CONFERENCE, WEEK DAYS, OR MISSING A CALL NIGHT) WILL NOT BE GRANTED.

SUMMER QUARTER HOLIDAY SCHEDULE:

Monday, July 4, 2005 – Fourth of July is a holiday for all sites. Students begin the clerkship on Tuesday, July 5.

Monday, September 5, 2005 - Is a holiday for some sites. Some clinics will be closed. If on in-patient rotation, please check with your Clerkship Coordinator or Chief Resident regarding your schedule. If you are on-call or post call you should be in the hospital with your team. Typically holidays are treated like weekend days while on in-patient rotation.

EXAMINATION SCHEDULE

The last full call night is Tuesday, September 20. Students on call Wed. Sept. 21 should be released at 8:00 pm. Students on in-patient services are dismissed at 11:30 am on Thursday, the day before the examination. Students on clinic block attend regularly scheduled clinics on Thursday afternoon. examination begins on Friday, 8:00am.

This policy will be in effect at all Seattle and WWAMI sites unless there is a personal or medical emergency. Please contact your site coordinator or the student program office if you have an emergency.

IF YOU HAVE QUESTIONS REGARDING THIS POLICY PLEASE CONTACT:
MEDICINE STUDENT PROGRAM
C511 HEALTH SCIENCES UNIVERSITY OF WASHINGTON. (206) 543-3237
kaengle@u.washington.edu

Table 3

Student Name _____ Date _____

Orientation Guide

Topics To Cover During The Student's Orientation To Your Site

Location and/or Utilization of:

- _____ Location of practice's library.
- _____ Location of computer at office and hours available.
- _____ Password for internet / web access.
- _____ PCC / EBM Curricular Resources
(Powerpoint slides, Video, Observation form, Readings, EBM – RCG Exercise)
- _____ Common Problems online link.
- _____ Pelvic Exam and Infection Control videos.
- _____ Patient exam rooms.
- _____ Lab and pharmacy.
- _____ Clerkship web site access, information needed for e-mail and Web site access.

Expectations of Students at Your Site:

- _____ Reviewing written schedules.
- _____ Delivering a presentation (not required at some sites).
- _____ Attendance.
- _____ Fulfilling site specific requirements.
- _____ Fulfilling goals and objectives of the course (checklist).
- _____ Fulfilling hospital responsibilities.
- _____ Completing evaluation forms.

Expectations of Faculty at Your Site:

- _____ Giving student a six week written clinic and call schedule in the first few days of the rotation.
- _____ Informing students of how, when and by whom they will be evaluated.
- _____ Scheduling of mid-and-end of course reviews (checklist)
- _____ Informing students of your clear expectations of them.
- _____ Inquiring of students what it is they want to learn (Clinical Skills Inventory – which is helpful and optional)

Orientation Tasks Which Could Be Delegated to Others (such as head nurse):

- _____ Explaining sterile technique (if needed).
- _____ Describing office policies as regards patient care.
- _____ Show location of lab slips, charts, schedules, etc.
- _____ Explain infection control procedures and materials.
- _____ Describe mid-levels' roles in the practice (if applicable).
- _____ Explain business management systems.
- _____ Explain medical records system.
- _____ Review any clinic flow sheets or forms for adult health maintenance, well child care, etc.

Medical Records:

- _____ Explain expectations around medical records.
- _____ Explain dictation and equipment (if applicable).
- _____ Explain how she/he will give feedback to the student about dictations or written note.

Social Worker: ___ Explain mental health services.

Pharmacist: ___ Explain prescription writing.

Lab Technician: ___ Explain labs and Ordering procedures.

Clinic Manager or Program Coordinator:

___ Notify staff of students' names, arrival dates, year in medical school, etc.

___ Explain office procedures, patient scheduling, etc.

___ Location of student housing (if applicable).

___ How to access internet / web from housing.

___ Orientation to clinic rules and regulations.

___ Options for learning more about practice management.

Department of Family Medicine, University of Washington.

Student Orientation Guide. Clinical Teaching Handbook. 2003-2004.

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