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The next several articles by the Council on Medical Student Education in Pediatrics (COMSEP) will describe the strategies and skills that great clinical teachers use to enhance medical student learning, regardless of the clinical setting, and illustrate ways to incorporate these strategies and skills into daily practice. This article begins the series and explores the role of orientation to a learning environment.

We all remember the first day of a clinical rotation during medical school or residency or even the first day of a new job. We wanted to know important information to help prepare us for the experience. An orientation should align the expectations of the student, preceptor, and educational program to help create a successful and enjoyable learning environment. Medical students face a particularly difficult challenge, because they usually begin their clinical experiences in pediatrics with no knowledge of a particular office or clinic and limited clinical experience with children. Furthermore, the preceptor rarely knows the student and usually did not design the educational curriculum, which creates a tenuous beginning for the student-preceptor relationship. Yet, by the end of the clinical experience, the student is expected to accomplish certain tasks and the preceptor must submit an evaluation of the student. One of the most common suggestions that medical students offer preceptors is that they spend time orienting students.¹

ORIENTATION IN CLINICAL PRACTICE During orientation, a preceptor introduces the student to the mechanics and processes of the health care team. Mechanics describe the

facilities, working hours, patient flow, and duties, among others. Processes provide the framework for learning through explicit expectations, clearly defined performance standards, and assessment. Because clinical teaching occurs in a variety of settings and for variable amounts of time, no single orientation fits all settings. For example, orientation for a student beginning a 4-week primary care block will include more information and take longer than one for a student spending a single day with a pediatric subspecialist. During orientation, the student learns about the clinical experience and the preceptor learns about the student, which equips them to tailor the educational experience to best meet the needs of the academic institution and the learner.

ORIENTATION TO THE MECHANICS OF THE TEACHING SITE

Most physicians know the importance of the first encounter and, hence, rarely assign a surly employee to greet patients. The importance of the first encounter with medical students is no less important. A timely and enthusiastic welcome captures students' attention and excites them about learning.² Conversely, allowing a student to wait in the reception area while the staff tries to figure out what to do conveys lack of interest and preparation. For example, in a clinic, introducing the student to all members of the health care team including the receptionists, schedulers, and nurses helps them feel part of the team.³ Beyond introductions, the student will need to know basic information about where they are to be, including what time they should arrive,

where they may park (if applicable), what time they may leave, how they will be assigned patients, who they should contact if they need to be absent, whether they should attend non-clinic-based or office-based clinical activities (eg, to deliveries, school-based clinics, or conferences), how to access the Internet, and how to use the electronic medical record (if applicable). If the preceptor responsible for the student cannot orient him or her to the mechanics of the teaching site, an able assistant or colleague may do so.⁴

ORIENTATION TO THE PROCESS OF THE TEACHING SITE Orientation to the process addresses how students will learn. The first step is to make sure that both the preceptor and the student are aware of the goals and objectives or competencies of the overall educational experience (eg, the clerkship). For example, the COMSEP curriculum defines the knowledge, skill, and attitude competencies expected of clerkship students by the end of their clinical rotation.⁵ Simply put, these competencies inform both students and preceptors of expected achievements.⁶

The preceptor can assess a student's experience and learning needs toward achieving expected competencies by asking questions such as (1) What is your year in medical school? (2) Which clinical rotations have you completed? (3) What types of patients have you seen? (4) What areas do you want to study or improve? and (5) How do you best learn? Armed with this knowledge, the preceptor can ensure that the teaching and learning support the curriculum and that the student has an opportunity to meet all stated competencies. For example, if students by the end of the experience are expected to correctly perform the Ortolani and Barlow maneuvers, the best way to ensure that they can is by demonstrating the correct way to perform the maneuvers and then watching the students perform the maneuvers with patients.

Although the curriculum informs the preceptor and the student of expectations, adults learn best when their own needs and interests are met. To this end, successful clinical teachers ask students what they hope to learn and then help them set personally relevant educational goals.⁷ Although students still need to meet the overall competencies, learning can be tailored to meet individual goals. For example, a student may want to refine communication skills with adolescents or pursue an interest in orthopedics. Because apt clinical performance depends on awareness of one's abilities and areas that require increased knowledge and skill, a preceptor also makes an important contribution by helping

the student identify tasks tailored to individual learning needs. Although learners tend to either overestimate or underestimate their overall abilities, they tend to be more successful in assessing their knowledge in relation to specific tasks.⁸ Supporting the student's self-reflection, helping the student identify individual goals, and providing an opportunity to meet these personal goals furthers successful lifelong learning.⁴ Moreover, listening to and acting on the student's requests conveys enormous respect for the student and is one of the most appreciated attributes of great clinical teachers.^{9,10}

Students value clearly defined expectations and goals.^{11,12} Expectations might include how many patients each student should see, how much time a student should spend with each patient, when the preceptor will observe the student, what information students should give to a patient when seeing a patient independently, what and how clinical information should be presented to the preceptor, and what the student should include in medical documentation. Working together, the student and preceptor should agree on specific, measurable, achievable, realistic, and time-bound (SMART) cognitive, procedural, or behavioral outcomes.⁶ Giving students protected time to reflect on their experiences, how they might improve, and how they will apply what they have learned to the next patient is important for quality of care and professional development.⁴ The context of the teaching experience is more important to a successful clinical experience than the number of patients seen.^{11,13,14}

SUMMARY Medical students highly value a learning environment in which they feel part of the health care team, their views are valued, and they make significant contributions to the care of patients.⁴ An orientation that includes an enthusiastic welcome, an opportunity to get to know from where the students have come and where they want to go, and setting mutually agreeable SMART objectives helps create a supportive and effective learning environment.^{10,11,15,16}

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