Ori·en·ta·tion, function: noun, date: 1839
1a : the act or process of orienting or of being oriented b: the state of being oriented; broadly: arrangement, alignment 2: a usually general or lasting direction of thought, inclination, or interest 3: change of position by organs, organelles, or organisms in response to external stimulus
- ori·en·ta·tion·al / adjective - ori·en·ta·tion·al·ly adverb

I. Objectives
At the conclusion of the presentation, the learner will be able to:
1. Describe the elements of an Emergency Medicine orientation program
2. Evaluate the utility of these elements in their own program

II. Introduction
Every residency will conduct an orientation. There are probably about as many Orientation Programs as there are Emergency Medicine Residencies. There are no guidelines describing an orientation program and no requirement to conduct one. The orientation period can be a critical part of the first year of training and affords the Program Director the opportunity to take advantage of the unparalleled attention of the new interns. Some orientations may be conducted in a formal way by the institution without a complex orientation by the residency. Other residencies may expend a great deal of concentrated time and effort in an orientation program for interns. Orientation programs should be designed to meet specific objectives that are coordinated and well planned. Each training year may require it’s own orientations or “re-orientation”.

III. Institutional and Departmental Orientation
Every institution will conduct some sort of orientation for new housestaff, referred to by human resources as “employees”. Every Department of Emergency Medicine will conduct some sort of orientation for new interns. The line between these two is indistinct at the outset but must be well understood before crafting an EM orientation in order to avoid redundancy.

Clearly institutional topics might include introduction of “important people”, human resources policies, “employee issues” and the like. Other topics are clearly “departmental”: “really important people”, clinical schedules, evaluation policies, etc. Although coordination is critical, no rules govern the topics covered by either party. The institution and their regulatory agencies may have a vested interest in presenting certain common policies. Institutional orientations are often short, lasting one to two days. Departmental orientations may last as long as a month. Content will dictate
length.

IV. Goals of Orientation

Dissemination
1: to spread abroad as though sowing seed <disseminate ideas> 2: to disperse throughout

Assimilation
1a: an act, process, or instance of assimilating b: the state of being assimilated
2: the incorporation or conversion of nutrients into protoplasm that in animals follows digestion and absorption and in higher plants involves both photosynthesis and root absorption 3: change of a sound in speech so that it becomes identical with or similar to a neighboring sound <the usual assimilation of \z\ to \sh\ in the phrase his shoe> 4: the process of receiving new facts or of responding to new situations in conformity with what is already available to consciousness

Indoctrination
1: to instruct especially in fundamentals or rudiments 2: to imbue with a usually partisan or sectarian opinion, point of view, or principle

Inculcation
1: to teach and impress by frequent repetitions or admonitions

Appropriation
1: to take exclusive possession of 2: to set apart for or assign to a particular purpose or use 3: to take or make use of without authority or right

V. Types of Orientation Activities
A. Dissemination of information

Introductions
Dean
Chief Executive Officer/President
Department Chief, Residency Program Directors
Chief Resident
Faculty
Residency Coordinator

Operational (employee) issues
Parking
Cafeteria
Call Rooms
Beepers
Scrubs, coats
Insurance (health, dental) and benefits
Pay and direct deposit
Pension plans
Employee savings plans
Vacation, sick leave policies

**Human Resource Policies for housestaff**
- Impaired Physician Policies
- Resident Assistance Programs (debt, wellness, spouse)
- Institutional Due Process
- Information services (computers, medical records)
- Universal precautions and post exposure prophylaxis
- Sexual harassment, cultural sensitivity and discrimination

**Emergency Medicine Residency issues**
- Schedules (vacation, monthly, EM block, call)
- Academic assignments (presentations, scholarly activity)
- Discipline and due process
- Evaluation tools (resident, rotations)
- Departmental committees
- Stipends
- “The Resident Manual” (sign for receipt)

**B. Academic activities**

*Merit Badges*
- Basic Life Support Provider/Instructor
- Advanced Life Support Provider/Instructor
- Pediatric Advanced Life Support Provider/Instructor
- Advanced Trauma Life Support Instructor
- Base Station Command Course

*Clinical topics (read, teach)*
- Approach to…
  - The ED patient
  - Critically Ill patients
  - Trauma patient
  - Musculoskeletal complaints
  - Obstetric and gynecologic complaints
  - The pediatric patient
  - Chest pain
  - Shortness of breath
  - Neurologic complaints

Medical Decision Making
- Creating the medical record, reviewing intern ED records

*EKG Review*
- Basic radiographs in the ED

*Clinical skills*
- Basic airway skills and adjuncts
- Wound evaluation and repair
- Splinting skills
Tools of the trade

Research activities
- Ongoing ED projects
- Role of the research assistants
- Resident research activities

C. Clinical orientation
Depending on the configuration of the intern rotation schedule, several months may pass before an intern “rotates” into the ED. Several useful things can occur if all of the interns serve in a clinical capacity during “orientation”.
- Team introduction
- Team building
- Physical orientation to the ED
- Using information systems
- Understanding clinical systems (ordering studies, admitting patients)
- Creating medical records for review

VI. Assimilation, indoctrination, inculcation
Some element of assimilation, indoctrination, inculcation must occur to create a productive resident and an effective implementation of the training program. Although this often takes a long time (sometimes the duration of the training program), the groundwork is laid during orientation. The Department leaders must:
- Articulate the Department and Residency’s Mission Statement
- Set expectations
- Set the “tone”
- Define professionalism and collegiality
- Describe program history and tradition

Other activities include:
- Defining the resident roles by training year
- Defining the “faculty-resident” interface: supervision, HCFA policy
- Define levels of academic achievement and promotion
- Review the Resident Manual and it’s policies

Social activities improve bonding between classmates and classes
- Picnics
- Parties, dinners
- “Big brother” programs

VII. Summary
Orientation is part “necessary evil” and part “critical activity”. The length and format are defined by the EM Residency Program Director in
coordination with institutional and departmental officials. Orientation is a continuum of activities that may stretch over days, weeks or months. Although typically thought of as “intern” activity, each class must be oriented to its new role.

**Examples of EM Orientation Sessions**

**Institutional Orientation**

- Human Resources – W2, Health Insurance, etc.
- Medical Records & Transcription
- Managed Care, Billing & Coding
- Pager Instruction & Distribution
- Blood Borne Pathogens/Universal Precautions
- Use of Restraints
- Medical Legal Issues/Risk management
- HIPPA/Corporate Compliance
- Employee Health & Wellness Resources
- IT Services (Emails, passwords, etc)
- Knowledge Services (library orientation)

**Communications Orientation**

- Customer Service Training
- Learning styles
- Resident as a Teacher
- One Minute preceptor
- Management skills
- How to give an effective presentation
- Cultural Awareness

**EM Residency Program Orientation**

- Rotation Goals and Objectives
- EM Scheduling Guidelines and Rules
- Off-service Rotation Schedules
- Charting Guidelines
- Emergency Department Dress Code
- ED Patient Follow-Up
- Procedure/Resuscitation Log
- Evaluation of EM Residents
- Resident Evaluation of Rotations/Faculty
- Scheduled Conferences & Attendance Policy
- Scholarly Activity Requirement
- Vacations requests
- Educational Meetings/Conferences
“Extra Curricular” Activity and Moonlighting
Elective Policy
Procedure Labs

I. Airway Lab(s)
   a. RSI (table top discussion)
      i. Adult
      ii. Pediatric
      iii. Special
         1. Head injury
         2. Asthma
   b. Basic protected airway
      i. Adult ETT
      ii. Pediatric ETT
      iii. LMA
   c. Cricothyroidotomy
      i. Surgical
      ii. Retrograde intubation
      iii. Needle/jet ventilation
   d. Bronchoscopy
   e. Special airway devices
      i. Glidescope
      ii. Bougue
      iii. Flipper
      iv. Bullard laryngoscope

II. Critical Procedures – Common
   a. Chest tube
   b. Central lines
      i. Internal jugular
      ii. Subclavian
      iii. Femoral
   c. Arterial line
   d. Lumbar puncture

III. Pediatric procedures
   a. Intraosseous
   b. Umbilical lines
   c. Intubation with McGill’s
   d. Venous cutdown

IV. Critical Procedures – Uncommon
   a. Diagnostic peritoneal lavage
   b. Pericardiocentesis
   c. Transvenous pacing
   d. Chest thoracotomy
V. **Extremity procedures**
   a. Compartment Pressure measurement
   b. Knee aspiration
   c. Upper extremity nerve blocks
   d. Lower extremity nerve blocks

VI. **Splinting lab**
   a. Upper extremity
      i. Volar splint
      ii. Thumb spica
      iii. Ulnar gutter
      iv. Sugar tong
   b. Lower extremity
      i. Posterior
      ii. Sugar tong

VII. **Suture lab – Basic**
    a. Simple interrupted
    b. Deep simple
    c. Horizontal mattress
    d. Vertical mattress
    e. Corner stitch

VIII. **Suture lab – Facial**
     a. Eyelids
     b. Ears
     c. Nose
     d. Lips
     e. Tongue