**Rotation Orientation Checklist for Preceptors and Residents**

**Resident Name: Suzie Chen Rotation Name: Orders Integration**

**Resident’s Checklist**

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| **Rotation Preparation Item** | **Complete By:** | **Initial** |
| Review calendar to ensure no scheduling conflicts. Request approval for any required shift, appointments, residency meetings, or days off during rotation that could cause a conflict with rotation hours or duties. | As soon as the conflict arises AND prior to the start of rotation | SC |
| Contact preceptor before the start of rotation to discuss meeting place and preparatory readings. | 2 weeks prior to the start of rotation | SC |
| Read the rotation’s learning experience description on the website. | Prior to the first day of rotation | SC |
| Prepare a list of personal objectives for the rotation based on my Customized Development Plan (e.g., strengths, weaknesses, and personal interests). | First day of rotation, preferably earlier | SC |

**Preceptor’s Checklist**

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| **Rotation Orientation Item** | **Complete By:** | **Initial** |
| Prior to Rotation:   1. Contact resident if you have not heard from him/her in a timely fashion. 2. Review PharmAcademic reports for previous rotations and Customized Development Plan (CDP). Contact RPD or preceptors for clarification in needed. 3. Verify that the correct preceptor is listed for the rotation in PharmAcademic and that the rotation dates are correct. Contact the RPD to correct any errors. | At least 3 work days prior to the start of rotation | DM |
| Review rotation description, rotation-specific policies, professionalism, and resident's personal objectives for rotation with the resident. | First day of rotation |  |
| Orient resident to rotation work spaces, resources, co-workers and interdisciplinary team. | First day of rotation |  |
| Review a calendar of deadlines with the resident for providing drafts or final copies of all projects, presentations, cases, journal clubs, topic discussions, etc. | First day of rotation |  |
| Provide instructions for all projects and presentations as appropriate. | First day of rotation |  |
| Answer any questions the residents have about their roles and responsibilities | The first and every day of rotation |  |

Resident Signature: Primary Preceptor Signature: