



## Chapter 3

# Writing Your Syllabus or Learning Experience Description

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### CASE STUDY

KS is a pharmacist in charge of running an internal medicine rotation for pharmacy residents. She has been running the rotation for a number of years and has received mixed reviews. Although some of her trainees love the experience and rave about the independence it offers, others complain about a lack of structure and being unfamiliar with the preceptor's expectations. Another year of rotations is about to begin, and KS is dreading the orientation session needed to get the next group of residents up to speed. She feels she regularly forgets some aspects of the orientation process and wishes it could be smoother this year.



## INTRODUCTION

Although it may not be a glamorous endeavor to put a syllabus together for a rotation, this document plays an incredibly important role in setting the stage for the learning experience, informing trainees of your expectations, and simplifying the orientation process. In addition to the obvious benefits to the learner, having a thorough syllabus offers significant benefits to the preceptor, as well. It can be used as a centralized location for commonly used instructions, limits repetitive explanations of assignments to learners, keeps orientation consistent, and serves as a repository for the rules and regulations that govern the entire experience.

## THE PURPOSE OF A GOOD SYLLABUS OR LEARNING EXPERIENCE DESCRIPTION

Even though it may not always be readily apparent, learners truly appreciate a complete and organized syllabus.<sup>1,2</sup> Arriving on day one with clear expectations of the daily activities, the assessment plan, and what it takes to achieve a passing grade can go a long way to ease nerves. It is also a document that will serve as a reference throughout the experience, allowing learners to find answers when they encounter difficult situations or unclear expectations.

For the preceptor, a well-written syllabus can make your life a great deal easier. Referring your learners to the document can save you the time it would take to explain these activities time and time again. The syllabus also simplifies the orientation process by serving as a repository for the main points that should be reviewed with the trainees at the start of each rotation. By using the document as a guide, it means fewer facts and discussions will need to be memorized and recalled so you can focus your efforts elsewhere. Finally, by creating a one-stop shop for all of the rotation's rules and regulations, you limit the chance that an underperforming learner will plead ignorance when their grades are not as high as they would have liked.

### **Case Question**

*KS has identified an issue with residents consistently grasping her rotation's expectations. How could a written syllabus help standardize her rotation and orientation?*

The terms *syllabus* and *learning experience description* throughout this chapter refer to a very similar document. A syllabus more often accompanies a student rotation and a learning experience description is the document that describes a resident's rotation. Because these documents often have significant overlap, we will use the term syllabus throughout the majority of the chapter. When describing sections that are specific to a residency learning experience description, that term will be used instead.

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***Quick Tip***

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Your syllabus is a dynamic document. After it is created, there is no reason that it cannot be changed or amended. As you encounter challenges, identify new learning opportunities, or see behaviors you would want to discourage, the syllabus should be updated, reworked, and amended to reflect the changing rotation it describes. Keeping the date of the last update in the footer of the document will help keep you up-to-date.

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## **COMPONENTS OF THE SYLLABUS OR LEARNING EXPERIENCE DESCRIPTION**

There are numerous organizational styles available for a rotation syllabus or a learning experience description. The precise format of your syllabus should be tailored to your rotation and precepting style. However, a sample syllabus is included in this text as a reference (see Appendix 3A).

### ***Preceptor Contact***

Taking a fairly prominent spot near the top of your syllabus, you should make it easy for your trainees to identify how to best contact you. The information you provide should identify the preferred method for communication in addition to some backup options. Typically, this includes email addresses, office phone, cellular phone, pager, and, sometimes, home phone numbers. If you are providing your personal contact information and you would like your residents and students to use them, make that clear in the document, as well. Most learners will hesitate to contact you on your home or personal cellular phone unless you have made it clear that you prefer that method. You may also consider including secondary preceptors or administrators that can be contacted in the event that you are unavailable. If you practice in an area susceptible to inclement weather, you may also want to establish a clear set of procedures for the trainee to communicate late arrivals or emergencies.

This section of the syllabus can also be used to describe the frequency, type, and extent of preceptor-learner interaction over the course of the rotation. This is a requirement for learning experience descriptions in residency programs and is greatly appreciated for student rotations, as well. Include the usual dates and times for scheduled rotation interactions, such as rounds, topic discussions or committee meetings, along with evaluations, presentations, and office hours.

### ***General Description and Logistics***

Although other sections included in this document will go into the rotation's details in greater degree, a brief introduction to the ins and outs of the experience should be placed near the top of the syllabus. It often opens with an overview of the kinds of experiences to which the learners will be exposed and highlights the general aspects of pharmacy practice that will be explored on the rotation. This section is also used to describe logistical concerns, such as parking, meeting location on the first day of the rotation, start and end times, lunch breaks, and navigation of the practice site. Many preceptors

choose to include a map of the facility to help new learners get familiar with the lay of the land with clearly marked acceptable parking locations, meeting places, locations of restrooms, and food-friendly refrigerators and cafeterias.

You may also choose to include some tips to help incoming trainees prepare for the rotation so that they can hit the ground running and avoid remediation of important topics. For clinical rotations, you may consider including a list of disease states that the learners will routinely encounter. For other types of rotations, the list can include skills that the learner should review, such as spreadsheet software, pharmacy calculations, or a review of pharmacy laws that are pertinent to the practice site. If you have identified required readings that should be completed before the rotation begins, these should also be described here.

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***Quick Tip***

If your rotation contains activities that occur during off-hours, make this expectation clear in the syllabus so that trainees are not caught off guard by these types of activities.

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### ***Attendance Policy***

The syllabus is the ideal warehouse for the policies on learner attendance. If an emergency strikes, the trainees will already have access to this document and can refer to it to learn how to handle the situation appropriately. Ensure your attendance section discusses the difference between an excused and an unexcused absence. This will help limit inappropriate use of time off. A passage should also describe the procedures for notifying the preceptor or other stakeholders (such as the residency program director or the director of experiential education). To address instances where a learner will miss a significant amount of time, policies on family, sick, or professional leave should also be addressed, in addition to how supplemental assignments may be used to make up for lost time.

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***Quick Tip***

You do not need to reinvent the wheel for each section of your syllabus. Chances are your residency program or the college or school of pharmacy sending you students has already created extensive policies and procedures on topics such as attendance and expectations. Feel free to use some of these existing statements as boilerplate language.

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### ***Goals, Objectives, and Activities***

The goals, objectives, and activities that are expected to be evaluated during your rotation will most likely be handed down from the college or school of pharmacy sending you their students. For postgraduates, your residency program director will likely work

with you to identify goals and objectives that should be assessed during your rotation. These learning objectives should also be clearly conveyed to the learners before they begin. As described in Chapter 1, a mapping activity should be completed to link the learning objectives to individual activities that the trainee will complete during the experience. A table such as the one provided in Chapter 1 (Table 1-2) is helpful to both the preceptor and the trainee. For the preceptor, completing the table will help identify the specific activities you will observe in order to assess each objective. For the learners, clear expectations of their day-to-day activities and how they relate to the final grade will help them prioritize their responsibilities and identify strengths and weaknesses effectively. Recall that it is particularly important to avoid using broad, general activities. Break up complex, multifaceted activities into smaller, bite-sized parts so that each component may be assessed. Instead of stating the learner will engage in “patient care,” list activities such as collecting relevant patient data, identifying drug-related problems, creating a complete drug therapy plan, and implementing a monitoring plan.

### ***Calendar***

The portion of your syllabus that will be used most often will likely be the calendar. A detailed calendar that includes important deadlines, regularly scheduled activities, assessments, and preceptor availability is a great resource for your trainees and will be referenced throughout the experience. Although it may take a little extra work on your part as the preceptor, this document should be updated before each new rotation begins to allow for up-to-date information transmission to learners. For this reason, many preceptors are moving the calendar from paper to electronic formats. A single, unified online calendar allows all parties to edit and update the contents of the document so that everyone is seeing consistent information.

### ***The Assessment Plan and Assignments***

Your syllabus should contain a section that clearly describes to the learners how they will be evaluated and what acceptable performance looks like. It may be best to include a selection of common evaluation techniques that are used over the course of the rotation. If there are particular skills your rotation is best-suited to assess and improve, identify evaluations in these areas and when they are likely to be performed. Including actual copies of the rubrics used for these evaluations (such as presentation, journal club, or communication rubrics) will make expectations clear to the learners before they begin putting these projects together. You should also describe if and when a midpoint evaluation will be completed. If you use specific criteria to trigger a midpoint evaluation, those may also be described here.

When describing the final evaluation, a brief description of what it takes to earn each rating establishes expectations and minimizes confusion about grades. In particular, criteria should be laid out for what it takes to earn “honors,” “A,” or “achieved” marks. If there are certain behaviors or actions that would lead to an automatic failure of a rotation, the Assessment Plan section is the perfect place to communicate these consequences.

Even though you have described rotation activities earlier in the syllabus, you may also choose to include more detailed descriptions of projects and presentations in this section of the syllabus. For example, if you prefer that case presentations follow a certain format, including detailed instructions for that assignment in the syllabus is a

significant benefit to your learners and to you. You can simply refer your students and residents to the syllabus for more detail and save yourself the time it takes to explain the assignment each month.

### ***Expectations of Learner Progression***

For resident learning experience descriptions, a section describing the expected progression over the course of the rotation is a requirement of the accreditation standard. A similar section could be useful for your students, although it is not a requirement for student rotations. It helps establish milestones for the trainees so that their self-evaluations can be based on your expectations and not on their own assumptions. Knowing your expectations will help struggling learners to seek out assistance before it is too late to correct the underlying issue. This section can be broken down into days or weeks and should specifically describe the types of activities and level of independence the learners should be achieving at various points in the experience. Ensure that the milestones are based on SMART (specific, measurable, attainable, realistic and timely) goals. If vague goals are used, the resident or student will not benefit from reading this section of your syllabus. For example, a clear expectation of learner progression could be written as “By the end of the first week of the rotation, students should be able to independently complete prescription transfers from outside pharmacies without direct preceptor involvement.”

### ***Case Question***

*KS's internal medicine rotation requires residents be independent in their patient work-up process by the end of the third week of the rotation. Write a SMART goal for inclusion in her learning experience description for this milestone.*

## **DELIVERY OF THE SYLLABUS TO YOUR LEARNERS**

It is best to plan to deliver your syllabus in advance of your learners' first day on your rotation. This advanced notice provides a chance for the learners to learn about the upcoming experience and begin working on any preparatory material before they arrive. Although it is in the learners' best interest to review the document before they arrive, this does not always occur. To increase the odds of getting your residents and students to read this important document, you can include your prerotation instructions in the syllabus and simply refer your incoming trainees to find their instructions within the syllabus rather than supplying them in the rotation's introductory email. This approach will decrease the time you spend providing instructions to incoming residents and students while having the added benefit of increasing the likelihood that the important details contained in the document reach their intended audience.

### Case Question

*KS has noticed that many of her residents are not actually reading the learning experience description she has prepared for them before they arrive for her rotation. Describe one strategy to increase the likelihood that they will do so.*

## THE GIST

1. A syllabus is an important document for both learner and preceptor.
  - a. It helps the learner be aware of the expectations of the experience.
  - b. It helps minimize confusion and questions while promoting consistency.
2. A complete syllabus should contain contact information, the assessment plan, logistics, goals/objectives, a calendar, and the learners' expected progression.
3. To help ensure your learners read this important document, include all introductory information for your rotation in the syllabus and refer incoming learners to the document for instructions for day one.

### SUGGESTED READINGS

- Garavalia L, Hummel J, Wiley L, Huitt W. Constructing the course syllabus: faculty and student perceptions of important syllabus components. <http://humphreys.edu/faculty/jdecosta/Jim/ED303/facultystudentperceptionssyllabus.pdf>. Accessed 13 September 2016.
- Gronlund NE. *How to Write and Use Instructional Objectives*. 7th ed. Upper Saddle River, NJ: Prentice Hall; 2004:3–29.

### REFERENCES

1. O'Sullivan TA, Lau C, Patel M, Mac C et al. Student-valued measurable teaching behaviors of award-winning pharmacy preceptors. *Am J Pharm Educ*. 2015; 79:151.
2. Young S, Vos SS, Cantrell M, Shaw R. Factors associated with students' perception of preceptor excellence. *Am J Pharm Educ*. 2014; 78:53.

◆ **APPENDIX 3A** ◆

**Sample Learning Experience Description**

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***Advanced Internal Medicine I Rotation***

*Learning Experience Description*

***Preceptor Contact***

Preceptor: John Smith, PharmD, BCPS

Office phone: 555-555-3037

Cell phone: 555-555-0398

Pager: 555-555-0900

Home phone: 555-555-8934

Email: john.smith@generalhospital.org

***Preceptor Interaction***

Daily: 8:00–8:30 Pre-rounds, Department of Pharmacy

8:30–11:30 Hospitalist team rounds (meet in ICU)

2:45–3:45 Topic discussions

Tues: 1:30–2:30 Office hours

Thurs: 9:45–11:45 Clinic

***Preferred Communication***

1. Daily scheduled meeting times
2. Email: Residents should check their email regularly (at least twice daily) as important communications may be sent via this route
3. Cell phone: Text message acceptable for non-patient care issues
4. Pager
5. Home phone: For emergencies only

***General Description***

Residents will round with the Hospitalist service, seeing approximately 15–30 patients per day, gaining skills in collecting and analyzing patient information, designing evidence-based drug regimens and monitoring plans, evaluating patient outcomes, and adjusting drug therapy in response to emerging data. In addition to the pharmacy resident, the Hospitalist team generally consists of an attending physician, a nurse practitioner, a clinical pharmacist, and pharmacy students on advanced pharmacy practice experience (APPE) rotations. Residents will also have the opportunity to provide education to patients, pharmacy students, nurses, and physicians. Emphasis will be placed

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*Source:* Adapted from ASHP's Residency Program Design and Conduct (RPDC) Workshops. Used with permission ©ASHP, Bethesda, MD. <http://www.ashp.org/DocLibrary/Accreditation/Learning-Experience-Description-Example-New-2014-PGY1-Standard.pdf>



on evaluation of medical literature, communication skills, and the development of a commitment to lifelong learning. In addition to the requirements outlined above, the Advanced Internal Medicine I rotation will allow the resident to serve as a preceptor for an APPE pharmacy student. Additional responsibilities may include syllabus creation, formative evaluations, summative evaluation, and project assignment/assessment of an APPE student.

### ***Location, Lunch, and Parking***

General Hospital is located at 1234 Main Street, Cleveland, OH 44102. With 430 beds, it is the largest community hospital in the health system. A cafeteria is available onsite; however, a refrigerator is available if a student prefers to pack a lunch. Parking is free for residents in Lot B.

### ***Disease States***

It may be worthwhile to review some of the common disease states seen on the Internal Medicine rotation before your rotation begins, such as:

#### *Cardiology*

- ◆ Acute coronary syndromes
- ◆ Congestive heart failure
- ◆ Hypertension
- ◆ Hyperlipidemia
- ◆ Atrial fibrillation
- ◆ Stroke

#### *Endocrine*

- ◆ Diabetes mellitus
- ◆ Hyper/hypothyroidism

#### *Gastroenterology*

- ◆ Gastroesophageal reflux disease
- ◆ Peptic ulcer disease
- ◆ Pancreatitis
- ◆ Hepatitis

#### *Infectious Disease*

- ◆ Pneumonia
- ◆ Urinary tract infections
- ◆ Skin and soft tissue infections
- ◆ Infective endocarditis
- ◆ Sepsis

#### *Nephrology*

- ◆ Acute and chronic renal failure
- ◆ Drug-induced renal failure

#### *Neurology/Psychiatry*

- ◆ Pain management
- ◆ Depression

- ◆ Dementia
- ◆ Drug and alcohol withdrawal

### *Pulmonology*

- ◆ Chronic obstructive pulmonary disease
- ◆ Asthma

Throughout the course of the rotation, the resident will be expected to gain proficiency for common disease states through direct patient care and educational offerings for students and other healthcare professionals.

### **Topic Discussions**

Topic discussions are designed to:

- ◆ provide a review of selected disease states or conditions.
- ◆ practice small-group presentation skills.

Topic discussions are assigned weekly (one per learner) and typically delivered at the end of the day.

### **Assignment**

1. Choose a topic that fits with the week's theme and submit it to Dr. Smith for approval.
2. Review your class notes, guidelines, and pertinent primary literature to design a 30–45 min presentation on the assigned topic.
  - a. Focus on the areas of pathophysiology, clinical presentation, treatment, and monitoring.
  - b. Other components may be included as you see fit.
  - c. Do not overlook recent developments (i.e., what has changed since you had your lecture in pharmacy school).
3. Create a complete, yet succinct, handout for your audience.
4. Deliver your presentation using your best presentation skills.
  - a. Please do not read your handout to the audience! Deliver your presentation in the style that you would like to see a presentation given.
  - b. Stick to the time limits.
  - c. Practice ahead of time, if necessary.

### **Journal Club**

Journal club assignments are designed to:

- ◆ evaluate the learner's evidence-based medicine skills.
- ◆ identify emerging evidence that might be of use to practicing pharmacists.
- ◆ examine studies closely for strengths and weakness to determine the clinical applicability of the data published.

### **Assignment**

1. Choose a recent journal article of interest to you.
  - a. It may be from any area of interest.
  - b. It should be recent (from the last 2 yr or so).
  - c. Most likely it will be a randomized control trial, although others may be accepted after review.

2. Email the article to Dr. Smith for approval.
3. Once approved, you may begin the preparation of a journal club handout.
  - a. Typically, a Power Point presentation is not necessary, although it may be done if you prefer this delivery method.
  - b. If needed, Dr. Smith has a number of sample handouts for you to review.
4. Email an electronic copy of the journal article to all likely attendees of the journal club.
  - a. This includes pharmacists, residents, and other students.
  - b. All attendees are expected to come prepared to participate in the journal club.
5. On the day of the presentation, arrive prepared with handouts for all likely attendees.

### **General Handout Structure**

*Background:* Current gold standard of practice for the disease state, condition, or medication described in the article. Brief description of any other relevant trials

*Methods:* The plan for the design and conduction of the study. Includes study design, inclusion/exclusion criteria, primary and secondary endpoints, study protocol, statistical analysis, and funding (including the role of the sponsor).

*Results:* Baseline population characteristics, primary endpoints and those secondary endpoints that raise important clinical questions that should be answered by a study of their own. Should include both measures of statistical significance and, when possible, clinical significance.

*Author's conclusion:* Paraphrased from the article.

*Critique:* Strengths and weaknesses of the trial.

*Your Conclusions:* Rewritten conclusion statement that accurately reflects what a practicing pharmacist can take from the trial.

*Unanswered Questions:* What questions were left unanswered by the trial (or were raised by) the trial.

*References:* Written in proper format.

### ***Goals and Objectives to Be Taught and Formally Evaluated***

During the learning experience the resident will focus on the goals and objectives outlined below by performing the activities that are associated with each objective. The resident will gradually assume responsibility for all of the patients within the assigned unit. The postgraduate year 1 resident must devise efficient strategies for accomplishing the required activities in a limited time frame. Achievement of the goals of the residency is determined through assessment of ability to perform the associated objectives. The table below demonstrates the relationship between the activities and the goals/objectives assigned to the learning experience.

<b>Competency Area R1: Patient Care</b>		
Goal R1.1: In collaboration with the healthcare team, provide safe and effective patient care to a diverse range of patients, including those with multiple comorbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.		
R1.1.1	(Applying) Interact effectively with healthcare teams to manage patients' medication therapy.	<p>Actively participate in daily hospitalist team rounds.</p> <ul style="list-style-type: none"> <li>◆ Establish a strong rapport with the other members of the hospitalist team</li> <li>◆ Communicate recommendations effectively to the team</li> </ul> <p>Provide drug information for patients, caregivers, and/or healthcare providers</p>
R1.1.2	(Analyzing) Collect information on which to base safe and effective medication therapy.	<p>Accurately and efficiently gather patient information from the electronic medical record and analyze it to:</p> <ul style="list-style-type: none"> <li>◆ Prioritize the patient's medical problems</li> <li>◆ Identify all drug-related problems</li> </ul>
R1.1.3	(Creating) Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans).	<p>Design a complete patient care plan that is customized to each patient's unique situation, including:</p> <ul style="list-style-type: none"> <li>◆ Therapeutic goals</li> <li>◆ Complete therapeutic recommendations that include drug, dose, route, frequency and duration</li> <li>◆ Monitoring parameters for both efficacy and safety</li> <li>◆ Important patient education topics</li> </ul> <p>Complete formal consults for the pharmacy consult service, including pain management, polypharmacy, discharge education, anticoagulation and renal dosing.</p>

*(continued)*

R1.1.4	(Applying) Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions.	Complete formal consults for the pharmacy consult service, including pain management, polypharmacy, discharge education, anticoagulation and renal dosing. Follow up on previous recommendations to ensure continued appropriateness
R1.1.5	(Applying) Document direct patient care activities appropriately in the medical record or where appropriate.	Document all patient care and medication education-related activities in subjective, objective, assessment, and plan (SOAP) note format in the patient's medical record.
R1.1.6	(Applying) Demonstrate responsibility to patients.	Prioritize responsibilities to allow for completion of patient care activities.
<b>Competency Area R2: Teaching, Education, and Dissemination of Knowledge</b>		
Goal R2.1: Provide effective medication and practice-related education to patients, caregivers, healthcare professionals, students, and the public (individuals and groups).		
R2.1.1	(Applying) Design effective educational activities.	Participate in (and often lead) daily topic discussions with APPE students, including the preparation and evaluation of handouts, journal clubs, and continuing pharmacy education presentations. Use case-based teaching to convey important therapeutics topics to pharmacy students.
R2.1.2	(Applying) Use effective presentation and teaching skills to deliver education.	Serve as the primary preceptor for at least one pharmacy student, creating a syllabus, organizing learning experiences and evaluating the student appropriately.
R2.1.3	(Applying) Appropriately assess effectiveness of education.	Serve as the primary preceptor for at least one pharmacy student, creating a syllabus, organizing learning experiences, and evaluating the student appropriately.

*(continued)*

Goal R2.2: Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other healthcare professionals).		
R2.2.1	(Analyzing) When engaged in teaching, select a preceptors' role that meets learners' educational needs.	Serve as the primary preceptor for at least one pharmacy student, creating a syllabus, organizing learning experiences and evaluating the student appropriately. Choose the appropriate preceptor role based on student experience, comfort, knowledge base and other factors.
R2.2.2	(Applying) Effectively employ preceptor roles, as appropriate.	Serve as the primary preceptor for at least one pharmacy student, creating a syllabus, organizing learning experiences and evaluating the student appropriately. Depending on the situation, employ the four preceptor roles to effectively provide experiential education to pharmacy students.

### ***Expected Progression of Resident Responsibilities***

The length of time specified below represents a general estimation and will be customized based on the resident's abilities and timing of the learning experience during the year.

- Day 1:* Orientation to the learning experience, expectation discussions and goal-setting.
- Week 1:* The resident will continue to improve their patient evaluation and problem identification skills along with the added responsibility of precepting an APPE student. An initial rapport will be established with the pharmacy student during the first week.
- Weeks 2–3:* Additional focus will be placed on the design and communication of the therapeutic regimen. The preceptor will begin to shift toward a facilitator's role as the resident demonstrates an ability to make sound recommendations with all relevant evidence to increase the likelihood of acceptance by the team. He will attend rounds on an occasional basis. The resident's interaction with the students will be assessed, including any formative evaluations, topic discussion sessions, and other assigned student work.
- Week 4:* A summative evaluation will take place that encompasses the clinical aspects of the rotation (focusing on problem identification, plan design, and plan communication) along with the resident's ability to incorporate a student pharmacist into his or her practice.

### ***Evaluation Strategy***

Throughout the rotation, the preceptor will provide an opportunity for the resident to practice and document formative self-assessment in addition to the preceptor’s ongoing formative assessments. At the end of the rotation, the preceptor will complete a summative assessment of the pharmacy resident. The pharmacy resident, preceptor, and residency program director will review and make comment on this evaluation. The pharmacy resident will complete a self-evaluation and an evaluation of each learning experience and each rotation preceptor. Resident evaluation meetings may be scheduled more frequently if the resident or faculty identifies areas of concern. Academic or professional performance requiring corrective action will be handled using the policies and procedures set forth in General Hospitals’ Policies and Procedures and the Residency Handbook.

<b>What</b>	<b>Snapshot</b>	<b>Who</b>	<b>When</b>
Formative	Developing a therapeutic plan	Preceptor	End of Week 2
Formative self-evaluation	Developing a therapeutic plan	Resident	End of Week 2
Formative	Grading a Student	Preceptor	End of Week 4
Formative self-evaluation	Grading a Student	Resident	End of Week 4
Summative (optional)		Preceptor	Midpoint
Summative self-evaluation (optional)		Resident	Midpoint
Summative		Preceptor	End of each learning experience
Summative self-evaluation		Resident	End of each learning experience
Preceptor evaluation		Resident	End of each learning experience
Learning experience evaluation		Resident	End of each learning experience

**Calendar of Events**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
3	4	5	6	7	8	9
	<b>Rotation Begins</b> 8:00 - Orientation  9:00 - Rounds 10:00 - Warfarin Education  2:45 - Topic Discussion	8:00 - Rounds   2:45 - Topic Discussion	8:00 - Rounds   2:45 - Topic Discussion	8:00 - Rounds  10:00 - Clinic  2:45 - Topic Discussion	8:00 - Rounds   2:45 - Topic Discussion	
10	11	12	13	14	15	16
	8:00 - Rounds 10:00 - Warfarin Education 3:00 - Topic Discussion	8:00 - Rounds  3:00 - Topic Discussion	8:00 - Rounds 10:00 - Feedback Session 3:00 - Topic Discussion	8:00 - Rounds  10:00 - Clinic 3:00 - Topic Discussion	8:00 - Rounds  3:00 - Topic Discussion	
17	18	19	20	21	22	23
	<b>Dr. S. Offsite</b> MLK Day  8:00 - Rounds 10:00 - Warfarin Education 3:00 - Topic Discussion	8:00 - Rounds  1:00 - Journal Club  3:00 - Topic Discussion	8:00 - Rounds   3:00 - Topic Discussion	8:00 - Rounds  10:00 - Clinic  3:00 - Topic Discussion	8:00 - Rounds 10:00 - Feedback Session  3:00 - Topic Discussion	
24	25	26	27	28	29	30
	8:00 - Rounds 10:00 - Warfarin Education  3:00 - Topic Discussion	8:00 - Rounds   3:00 - Topic Discussion	8:00 - Rounds   3:00 - Topic Discussion	8:00 - Rounds  10:00 - Clinic 1:00 - Feedback Session 3:00 - Topic Discussion	8:00 - Rounds  2:00 - Final Evaluation	