

Intern orientation: Obstacle or opportunity?

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Orientation programs for medical interns generally bombard new physicians with a barrage of information from the hospital director of medical education, the chief executive officer, and other hospital personnel, as well as from a number of outside speakers. Advanced cardiac life-support training and social events round out the orientation program, which typically lasts 3 to 4 days. The authors propose a three-phase orientation program that begins even before the intern reports

for duty and continues for an estimated 6-month period thereafter. This seemingly long-term time investment will foster good relations between employer and employee, thereby helping to encourage the intern to stay on as a resident and staff physician. Such commitment can only enhance the growth of the osteopathic medical education programs.

(Key words: Internship training, osteopathic medical education, orientation programs)

Gene O. Graham, DO, thought he had found the perfect internship program. After being heavily recruited by allopathic and osteopathic medical programs, Gene decided to do an internship at Pleasantville Osteopathic Hospital. Persuaded by the Director of Medical Education's (DME) promises of both clinical and didactic learning opportunities and the new emphasis on education versus service, Gene looked forward to an internship that met his personal and professional needs. Best of all, Gene would be able to look at his options for residency training as he progressed through the internship.

On orientation day, Gene arrived at 7 AM. Orientation didn't begin until 7:30 AM, but Gene

wanted to make a good impression. Rolls and coffee were brought in at 7:15 AM, and a few of the new interns soon followed. Several of the interns seemed to know each other and began a conversation among themselves. The day began with some words of welcome from the DME. The hospital CEO then gave a brief address, in which she discussed the hospital's mission and emphasized the importance of the internship program.

Throughout the remainder of the morning, the interns were presented with an array of department heads, nursing service personnel, the librarian, the public relations director, and other hospital staff members.

A lunch presentation, sponsored by a pharmaceutical firm, provided a break from the morning routine. The early afternoon was a continuation of the morning program. Late in the afternoon, the interns toured the hospital, then had their photographs taken for identification (ID) badges.

Before leaving for the day, the interns were reminded by the DME that orientation would continue at 7:30 the next morning. The morning would begin with physical examinations, followed by additional speakers until noon when orientation would

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officially end; *Advanced Cardiac Life Support (ACLS) training would then begin.*

As Gene drove home that evening, he reflected on the day. Although impressed with the well-organized orientation, he felt overwhelmed with information. He was concerned that he couldn't remember many of the speakers' names and that there hadn't been time to talk to the other interns. He hoped that the next day's luncheon would provide the opportunity to become acquainted with some of them. As Gene entered his home he was greeted by his wife and two children. Because she had been unable to find a babysitter, Mrs Graham said that she would be unable to accompany Gene to the dinner to be held at the CEO's home the following evening. "Oh, how did your first day go?" she asked. Gene reflected on the question, as his two children worked to capture his attention.

Unusual day for a new intern? Surprisingly, orientation programs such as the one described in the preceding paragraphs are commonplace. In 1990, a total of 1248 students were enrolled in osteopathic internships.¹ The orientation program represents the launching pad for the trainees' experiences in our graduate medical education system. Yet, very little has been written about the internship orientation experience, and virtually no research has been done in this vital area.

Any informed discussion of intern orientation programs must begin with the recognition of two factors. First, the internship is an educational program requiring the trainee's extensive participation in patient care.² Second, as a representative of the hospital, the intern is viewed as a new employee of the training institution. The organizational development literature that deals with the orientation of new employees can provide insight for those who develop the intern orientation program. The purpose of this article is threefold. First, we will review the relevant literature. Next, we will assess the status of current orientation programs. Finally, we will present suggestions for the enhancement of these programs.

Review of literature

Most organizations do a less-than-adequate job of orienting new employees.³ According to recent organizational development research, several reasons can be cited for ineffective orien-

tations. One primary reason is a perceived lack of available time. Organizations that function under formidable time constraints tend to devote less time to what they consider nonessential activities. The view that "time is money" may encourage the belief that the time spent on orientation programs could be better used in meeting service quotas.

Ineffective orientation programs may also result from an organization's unwillingness to recognize orientation as a continuing process rather than a one-time event. Traditionally, orientation is viewed as a "one-shot" process that begins at the start of employment and ends before the "real job" begins. Treating the orientation as an event that ends before the real job begins increases the likelihood that orientation will be perceived as an experience with little job relevance. According to Smith,⁴ "It's almost as if we consider new employee orientation an obstacle," rather than an opportunity to build a cohesive relationship between employee and employer.

The organizational development literature suggests that entry into an organization is a phasing-in process that begins when a person is recruited. Jablin^{5,6} refers to these phases as anticipatory socialization, encounter, and metamorphosis. Based on Jablin's conceptualization, we suggest thinking of the intern orientation as a three-stage process composed of prearrival, preduty, and progressive orientation.

Prearrival

Louis⁷ states that "newcomers' expectations are a critical factor" in the early stages of employment. According to Feldman,⁸ a primary activity during the anticipatory stage is the formation of expectations. Unrealistic expectations result from traditional recruitment strategies. These strategies focus on communicating an organization's positive attributes to interviewees, while ignoring or dismissing factors that could be perceived as negative.⁹ Failure to meet new employees' expectations may result in low levels of employee commitment, decreased job satisfaction, and high turnover rates.

To provide a realistic perspective, Wanous⁹ and Popovich and Wanous¹⁰ have proposed the

realistic job preview (RJP). "RJP functions very much like a medical vaccination ... by presenting job candidates with a small dose of 'organizational reality.'"¹⁰

Research indicates that if new employees have accurate perceptions of the organization's climate, they will be more satisfied with their job, the organization, and have a higher probability of job survival.¹¹⁻¹³ Furthermore, one study concludes that new employees with realistic expectations achieve higher job performance levels than those of employees with unrealistically high expectations.¹⁴

Preduty

The encounter or preduty stage begins with the new employee's formal orientation to the organization. During this phase, the newcomer learns the requirements of his or her role and what the organization and its members consider acceptable behavior patterns.¹⁵ This phase takes place on two levels, the organizational level and the group level. At the organizational level, the newcomer may learn about work rules, employee benefits, and the like. Such information often dominates preduty orientation and is delivered in voluminous amounts, often overwhelming new employees. Research suggests that it is important to avoid jamming all orientation, especially detailed information, into one long session at the beginning of the job. Limits exist as to how much information any new employee can be expected to absorb, digest, and retain during the initial induction session.¹⁶

Orientation at the group level is often an informal process. Yet, we know that interaction with peers is one of the most important factors affecting one's assimilation into an organization.⁶ According to Louis and coauthors,¹⁷ interactions with peers can contribute extensively to job satisfaction, commitment, and tenure intention. Wanous and colleagues¹⁸ suggest that conceptual similarities exist between organizational socialization and group development. He further asserts that the two processes can occur simultaneously, as an integrated process.

An example of this integrated process is military boot camp. In the reality of boot camp,

group development occurs as a result of the necessity to make the best of a bad situation. While the new recruits learn about the military as an organization, the principles of group development, such as teamwork, conflict resolution, and consensus decision-making are also learned.

Progressive orientation

In the metamorphosis, or progressive phase, the newcomer attempts to become an accepted, participating member of the organization by learning new attitudes and behaviors or modifying existing ones to be consistent with the organization's expectations.⁵ During this time, the new employee attempts to form relationships, resolve role conflicts, establish a reputation, and become integrated with a multitude of work teams, many of whom have different goals. The progressive phase continues until the employee considers himself or herself a member of the organization. What happens early in this phase is critical to later success. We prefer to call this early period *progressive orientation* because it is a continuation beyond the preduty phase of orientation activities.

Current status of orientation programs

Presently, internship orientations begin with the preduty, or traditional, orientation. As previously mentioned, little research has been published regarding the internship orientation. It is reasonable to conclude that most programs meet the requirements of the American Osteopathic Association (AOA). Specifically, the AOA requires the following of its internship programs:

At the beginning of the intern training program, there shall be a period devoted to the formal orientation of the intern to the administrative and professional organization of the program, facilities available in the laboratories, nursing, social services, risk management, quality assessment, dietetics, record room and pharmacy. Interns shall be advised regarding the duties, professional ethics, and conduct towards other members of the health care team.²

An informal survey of program directors in Ohio, finds that the average orientation program lasts 2 to 3 days. During this time, the new intern may meet as many as 40 persons

and hear a comparable number of presentations. Often considered part of orientation, ACLS training may extend the orientation to 4 days.

Some programs include social functions, such as picnics, receptions for families, or spouse-support meetings. A presentation by the CEO and other organizational leaders is a standard component of intern orientations. Additionally, interns are presented with a host of logistical tasks, such as securing ID badges and completing personnel forms. Each internship orientation presents new interns with many new people and vast amounts of information during a very short time.

Suggestions for the design of orientation programs

An effective orientation makes a positive and lasting impression. The orientation process can contribute significantly to the intern's success and satisfaction with the hospital experience. A thoughtfully designed orientation is one of many factors that can influence our graduates to remain in osteopathic medical programs. The following suggestions are based on both the organizational development literature and personal observations.

The orientation process occurs in three phases: prearrival, preduty orientation, and progressive orientation. For each of these phases a set of written goals is critical. Know what you want each phase to accomplish. As Stephen R. Covey states in his book *The 7 Habits of Highly Effective People*, "Begin with the end in mind."¹⁹

Prearrival (interview):

- Adopt the realistic-job-preview philosophy. This doesn't mean that one should emphasize the negatives and deemphasize the positives. It does mean that during the interview, the candidate is given an honest and realistic view of what it will be like to work and learn in your hospital.
- Use residents to assist in the interview process. Having one or more residents on the interview team helps to ensure an accurate portrayal of the training program.
- During the interview, ask the candidate

about his or her perception of the training program. This provides the opportunity to correct any misconceptions.

- If the candidate has completed only one or two rotations at the hospital as an undergraduate, arrange for him or her to spend some time on the floors with interns, residents, and attending physicians.

Preduty orientation:

- Write a comprehensive set of goals and objectives for the preduty orientation. Phrase the objectives in terms of what you want the new intern to learn during this orientation component. Examples are:
 - Become acquainted with the philosophy and goals of the hospital and the internship program.
 - Become acquainted with the department heads.
 - Become familiar with the syllabus for each of the core clinical rotations.
 - Learn group development and team-building skills.
- After constructing the objectives, decide the best way to accomplish each of them; then develop a time frame. Perhaps some of the objectives can be accomplished completely in the preduty orientation, while others will take time in both the preduty orientation and the progressive orientation. Other objectives may be best accomplished solely in the context of the progressive orientation.
- At the beginning of the orientation, give the interns an overview of what will be covered, with an accompanying schedule. This schedule will help reduce anxiety and give the program a sense of timeliness and importance.
- Avoid giving the interns too much information in a brief time frame. One way to control the information overload is to allow time for questions. Instead of having one speaker come in every 15 minutes, have one speaker every 30 minutes—15 minutes for presentation and 15 minutes for questions. This approach will also introduce the interns to fewer speakers. Perhaps some of the speakers could become a component of the progressive orientation stage.
- Allow time for the interns to get to know

each other. Many interesting alternatives can accomplish this in both formal and informal settings. A social event can provide the informal setting. Icebreakers, such as asking each intern to speak about himself or herself for 5 minutes—without including anything about medical training or medical interests—afford interns an opportunity to get to know each other in new and different ways.

- Conduct a social activity that includes interns' spouses. Some DMEs arrange for a social linkage between the interns' wives and selected physicians' wives. It is also important to remember that some spouses will be husbands, to whom a social linkage could also prove beneficial.
- Involve the hospital administrative leadership in the orientation. It is important for administrators to make the interns feel they play a vital role in the mission of the hospital.
- Ask the interns about their expectations for the internship. A discussion that focuses on what they would like to accomplish provides the opportunity to reinforce the expectations set during the interview.

Progressive orientation

During this phase, the organization can accomplish those objectives that cannot be accomplished in the brief time allotted for preduty orientation. During the progressive phase, the goals are satisfaction, integration, improved performance, and organizational membership. During this phase, the intern becomes a functioning, contributing member of the hospital's culture. Suggestions are:

- Provide periodic and systematic follow-up with new interns. This follow-up can include formal, as well as informal, meetings between the interns and the DME, and the continuation of group development activities.
- Ask the interns to evaluate the orientation program. This process sends the message that program improvement remains important and that intern feedback is valuable.
- Provide time and personnel for training and development in areas that include team building, clinical teaching skills, and medical ethics.

- Schedule additional team building activities periodically to reacquaint interns who may have completed rotations outside of the hospital.
- Bring in speakers who needed more time than was available in the preduty orientation.
- Provide the opportunity for interns to make suggestions and to discuss concerns in a constructive manner.

We cannot specify the time frame for the progressive orientation phase. The length depends on the objectives to be accomplished. However, we envision this phase as a series of meetings and seminars that may occur during the first 6 months of the internship.

Conclusion

A high-quality orientation program can be a memorable and valuable experience for a new DO graduate as he or she enters the graduate medical education process. The three-phase orientation model we have described is based on inferences from the organizational development literature and from several years of experience working in the disciplines of medical education and organizational communication. The proposed orientation process may, at first, seem lengthy and time-consuming. Yet, if we consider orientation as a first step for an intern who will then stay at your hospital for a residency and remain as a staff physician, contributing to the hospital's vitality, this time and effort take on new meaning.

At this critical time in the osteopathic medical profession, can we afford to think any other way? We invite DMEs and other educational leaders in our osteopathic teaching hospitals to try out, discuss, and share our suggestions. By working together, we can realize the potential that the intern orientation presents. That potential is the opportunity for the survival and growth of our osteopathic graduate medical education programs.

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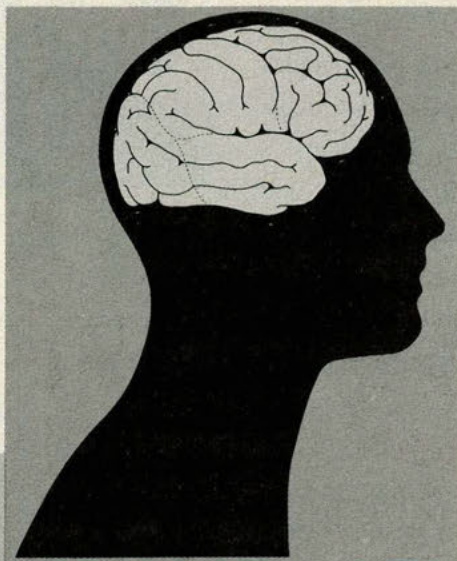
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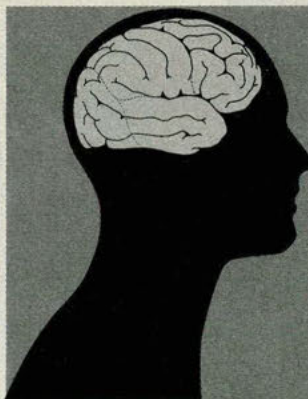
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