NATIONAL CAPITAL CONSORTIUM
MILITARY PSYCHIATRY RESIDENCY TRAINING PROGRAM
WALTER REED NATIONAL MILITARY MEDICAL CENTER
DIRECTORATE OF BEHAVIORAL HEALTH
8901 ROCKVILLE PIKE, BETHESDA, MD 20889-5630
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WRNMMC-DBH   1 July 2021

MEMORANDUM FOR NCC Military Psychiatry Residency Program

SUBJECT: Senior Teaching Resident Rotation Responsibilities and Expectations

1. BACKGROUND:

    a. The word *doctor* derives from the Latin *docere*, to teach, and it is therefore appropriate that so many clinicians consider teaching to be one of their major responsibilities. While it is possible to be a very adequate clinical teacher without special training in education, it is difficult to be a superb teacher without formal guidance or special experiences.

    b. In accordance with ACGME Program Requirements for Graduate Medical Education in Psychiatry, residents' teaching abilities must be documented by evaluations from faculty members and/or learners. (Core Requirement).

    c. The Senior Teaching Resident (STR) rotation is established to cultivate critical thinking skills required to be an effective and successful military leader and physician teacher.

    d. Leadership is the process of influencing people by providing purpose, direction, and motivation to accomplish the mission and improve the organization. The STR, through teaching and leadership skills improves the educational experiences of NCC Military Psychiatry Residency.

2. PROCEDURES: see Annex 2

3. RESPONSIBILITIES:

    a. The STR will meet with the program director (PD) one week prior to starting the rotation to receive guidance and faculty development. Thereafter, the STR will meet with PD or other designated mentors once a week to review progress, and receive further guidance and mentorship.

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 b. The STR will execute tasks and duties as outlined in Annex 1 and understand objectives of the rotation outlined in Annex 2. The STR will review and adjust the sample schedule provided in Annex 3; this is to ensure that all rotation requirements are met and that daily responsibilities throughout the month are clearly outlined in advance.

 c. The STR will notify the Chief Resident for coverage for any planned or emergency leave during this rotation. The Chief Resident will ensure coverage is provided and communicated with the Academic Chairs when needed.

 d. The STR will deliberately request feedback and evaluation from learners after each teaching session. The learner will provide email address and the instafeedback link (http://tiny.cc/psychfb).

 e. Psychiatry residents will provide feedback via the instafeedback link immediately following teaching session by the STR.

 f. C Program leadership will ensure all collected feedback from this rotation is forwarded to the STR's Clinical Competency Committee (CCC) Chair.

 g. All resources including a copy of this memorandum are located at
\\WRNMDFPISISMBD1\DeptShares$\Dept3\PSYCHIATRY2\Academics\STR

4. The point of contact for this memorandum is the undersigned. I may be reached at rohul.amin.mil@mail.mil or (301) 400-1924.

ROHUL AMIN MD
Lieutenant Colonel, MC
Program Director

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	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	● **<u>0730-0900: Orientation/ STR Overview</u>** ● 0900-1200: Read- *Facilitating Morning Report* ● 1200-1500*:* Self-Study/Prep Time; Read Mindful Language Toolkit ● **<u>1500-1530: IPASS (PCLS)</u>**	● 0730-0900: 7W Report/ Teaching ● 0900-1000: Hbk- Ch. 1 ● 1000-1200: Self-Study/Prep Time ● **<u>1200-1300: Noon Conference</u>** ● 1400-1530: Hbk- Ch. 3 ● **<u>1530-1600: IPASS (7W)</u>**	● 0800-1000: BH Tech Instruction ● 1000-1100: Admin time ● 1100-1200 Grand Rounds ● 1200-1600: Didactics	● 0730-1200: Clinic Day* ● **<u>1200-1300: Noon Conference</u>** ● **<u>1300-1400: Morbidity & Mortality Conference (1st Thursday of the calendar month)</u>** ● 1400-1530*:* Self-Study/ Prep Time	● 0730-0900: PCLS Report/ Teaching ● 0900-1000: Self-Study/Prep Time ● 1100-1200: Med Stud Case Conf. ● 1200-1500: Self-Study/Prep Time
Week 2	● 0730-0900: 7W Report/ Teaching ● 0900-1200: Hbk- Ch 15 ● 1200-1530*:* Self-Study/Prep Time ● **<u>1530-1600: IPASS (7W)</u>**	● 0730-0900: 7W Report/ Teaching ● 0900-1200: Self-Study/ Prep Time ● **<u>1200-1300: Noon Conference</u>** ● 1400-1530: Hbk- Ch.16&17	● 0800-1000: BH Tech Instruction ● 1000-1100: Admin time ● 1100-1200 Grand Rounds ● 1200-1600: Didactics	● 0730-1200: Clinic Day* ● **<u>1200-1300: Noon Conference</u>** ● 1300-1500: Self-Study/Prep Time	● 0730-0900: PCLS Report/ Teaching ● 0900-1100: Hbk- Ch. 4 ● 1100-1200: Med Stud Case Conf. ● 1200-1500: Self-Study/Prep Time
Week 3	● 0730-0900: 7W Report/ Teaching ● 0900-1200*:* Self-Study/Prep Time ● 1200-1500: Hbk- Ch 5&6 ● **<u>1500-1530: IPASS (PCLS)</u>**	● 0730-0900: 7W Report/ Teaching ● 0900-1000: Hbk- Ch. 7 ● 1000-1200: Self-Study/Prep Time ● **<u>1200-1300: Noon Conference</u>**	● 0800-1000: BH Tech Instruction ● 1000-1100: Admin time ● 1100-1200 Grand Rounds ● 1200-1600: Didactics	● 0730-1200: Clinic Day* ● **<u>1200-1300: Noon Conference</u>** ● 1300-1530*:* Self-Study/ Prep Time	● 0730-0900: PCLS Report/ Teaching ● 0900-1100: Hbk- Ch. 14 ● 1100-1200: Med Stud Case Conf. ● 1200-1500: Self Study/Prep Time
Week 4	● 0730-0900: 7W Report/ Teaching ● 0900-1200: Hbk- Ch 9&11 ● 1200-1500*:* Self-Study/Prep Time ● **<u>1500-1530: IPASS (PCLS)</u>**	● 0730-0900: 7W Report/ Teaching ● 0900-1000: Hbk- Ch. 13 ● 1000-1200*:* Self-Study/Prep Time ● **<u>1200-1300: Noon Conference</u>** ● **<u>1500-1530: IPASS (PCLS)</u>**	● 0800-1000: BH Tech Instruction ● 1000-1100: Admin time ● **<u>1100-1200 Grand Rounds</u>** ● 1200-1600: Didactics	● 0730-1200: Clinic Day* ● **<u>1200-1300: Noon Conference</u>** ● *1300-1530:* Self-Study/ Prep Time	● 0730-0900: PCLS Report/ Teaching ● 0900-1100: Hbk- Ch.12&20 ● 1100-1200: Med Stud Case Conf. ● 1200-1500: Feedback w/ Course Director

Annex 1: Schedule Template   ****Hbk = Clinician Educators Handbook;   *Clinic Day: shift things around based on your own clinic day**

Annex 2: Procedures

1. Schedule
   a. Recommended sample schedule is provided in Annex 1.
   b. Items which are bolded and underlined are required at that specific time
   c. Noon report and IPASS evaluations are required at that particular time of day, may change day of week this is done in coordination with PCLS and 7W service chiefs if it conflicts with your clinic, for example.
   d. Coordinate Medical Student Case Conference with service chiefs to allow for maximum attendance. I recommend you keep at the recommended time on Fridays in order to have set expectations.
   e. Residents with clinic at Fort Belvoir Community Hospital on Tuesdays or Thursdays should change their clinic day to another day of the week for the duration of the rotation in order to ensure you are physically here to do your STR duties.
   f. All other requirement times may be adjusted to fit STR's schedule.

2. Noon Conference (Obj. 1-6)
   a. Overview: Each STR has 6-8 noon conference hours that they have ownership of in their STR month, and 4 junior assigned trainees. STR **must** have each trainee assist with one case conference, and **may** ask each trainee to assist with up to one additional presentation.
   b. The STR is also responsible for one journal club, and one operational topic which will account for 2 other noon conference hours. These are outlined in greater detail below. Any remaining noon conferences are "dealer's choice" (jeopardy, dedicated board review, guest presenters, cases, etc) and are at the discretion of the STR. Some noon conferences may be dedicated to DEI curricula, with the permission of respectively scheduled STR.
   c. Topics: To ensure teaching the full breadth of available topics, each STR will be asked to claim 1 broad topic from both of the following lists, without overlap between STR's. STR must incorporate these topics in at least one designated noon conference per topic. Otherwise, teaching topics, case selection are at your discretion.
   DSM-5 Categories:

Schizophrenia & Psychotic Disorders	Bipolar Disorders	Depressive Disorders	Anxiety
OCD Disorders	Trauma Disorders	Somatic/Functional Disorders	Feeding/Eating Disorders
Substance Disorders	Personality Disorders	Neurodevelopmental Disorders	Neurocognitive Disorders

Systems/Subspecialty Topics:

Value/Cost Conscious Care	DEI	Pregnancy	Psychedelics

ECT & Interventional Psych	Therapy	CAPS	Forensics
Consult Liaison Psychiatry	Sleep Disorders	Military Psychiatry	Neuroanatomy & Biochemistry

3. Case Presentations: Meet with junior resident prior to case presentation to review case and ensure intern/resident is adequately prepared to present.
    - Facilitate teaching and discussion of a topic relevant to the case presented by the junior resident.
    - Formulate and clearly state ~1-3 learning objectives for every case presentation.
        1. Additional responsibilities include setting a positive learning climate, control of session, and stimulating audience participation.
        2. Use of multi-media, whiteboard, etc. to augment teaching is highly encouraged. Please avoid reading from PowerPoint or lecturing residents.
        3. Elicit learner feedback as described in Responsibilities.

4. Operational Topic (Obj. 2-5)
    a. Present one operational psychiatry topic ranging from administrative regulations to discussions about military-unique mental health issues. View these as "skills" i.e. application of policies to a Service Member rather than "knowledge" which would be going over the content. Making these case-based is always preferred.
    b. A list of topics is available in the Shares folder □Academics □STR; please note, these topics are optional and the list is not all inclusive.
    c. Incorporation of a personal case experience is highly encouraged for added context, but not required.
    d. May use PowerPoint or any other appropriate teaching modality but encourage active-learning by avoiding reading from slides or "lecturing" at the audience. For example, It is better to provide cases and have the learners break out and try to solve the cases rather than going through slides as a lecture.
    e. Elicit audience feedback as outlined in Responsibilities.

5. Board Review
    a. Integrate board review into noon conference using question bank questions and other resources. This is a suggestion but not a requirement.
        - Review approximately 2-3 questions at the start of each Noon Conference (ideally related to the topic of the last Noon Conference. This should take no more than 5 minutes of the conference.
            - You can access free QBank here—contact the library if you have issues accessing it: https://wrnmmc.libguides.com/home/mobileapps

6. Journal Club
    a. Review the Journal Club Memorandum at \\WRNMDFPISISMBD1\DeptShares$\Dept3\PSYCHIATRY2\Academics\Journal Club
    b. Facilitate a single journal club in coordination with Ms. Emily Shohfi (the Journal Club Course Director).
    c. The STR is expected to send a chosen article to Academic Chair one to two weeks prior to presentation, in order to be distributed to residents and staff.

    d. The STR will create a presentation and lead group discussion utilizing 5 A's of EBM (assess, ask, acquire, appraise, apply). Use the Journal Club slides template at \\WRNMDFPISISMBD1\DeptShares$\Dept3\PSYCHIATRY2\Academics\Journal Club

7. Morbidity & Mortality Conference
    a. Facilitate a single morbidity and mortality conference on the first Thursday of the month from 1300-1350.
    b. Select a case with an adverse outcome to analyze medical errors using a systems based approach.
    c. Discuss this case and you plan with your assigned faculty advisor and inform Dr. McKeathern of your selection.
    d. Use the provided template located at \\WRNMDFPISISMBD1\DeptShares$\Dept3\PSYCHIATRY2\Academics\M&M
    e. During the presentation focus on identifying error reduction strategies to eliminate preventable harm to patients.

8. IT Resources
    a. It is the responsibility of STR to coordinate with the academic chairs and the Knowledge Management Officer, and other appointed residents to ensure virtual access for Belvoir and Meade PGY-3's. **Bringing a personal laptop is strongly recommended.**

9. Noon Report (Obj. 2-6)
    a. We prescribe to the "KSA" model of teaching. It stands for Knowledge, Skills, and Attitudes. In our program, didactics are focused on "K", i.e. via lectures. The noon report, however, is focused on "S" or skills. This includes the skill for diagnostic reasoning, organization and synthesis of information, and reasoning through management. Skills may also include modeling communication skills such as confrontation, rapport building, breaking bad news etc. Given our focus is on Skills—this is the reason I want to avoid lecturing at residents which is a passive way of knowledge acquisition.
    b. The reading items in Annex 1 should be read in the order they are listed. Most of the readings come from Clinician Educators Handbook. You are expected to read these topics, apply them to your teaching, and be prepared to discuss with the faculty or the program director.

10. Medical Student Case Conference (Obj. 2-5)
    a. Identify a medical student (ideally a sub-I) to present a case.
    b. Provide teaching focused on broad psychiatric competencies relevant to material covered on shelf-exams.
    c. Elicit and review instafeedback from medical students
    d. The goal here is to create a safe space for the students and get them excited about our program (recruitment), as well as psychiatry.

11. Evaluation of I-PASS Transitions (Obj. 6)
    a. Walter Reed's #1 patient safety priority is to reduce hand-off communications errors. This is why each service is required to observe at least 10 observations per service. For us, this is 7W and PCLS. Please note that PCLS is reported under "7E"on the tool.

b. You are being tasked to improve the quality of hand-off and learn how to give feedback to others. I need you to perform this responsibility with pride and attention and set high expectations for your subordinates.

c. Review the schedule and be present during the transition of care for PCLS or 7W.

d. If you need a refresher, Review I-PASS video for here: https://apps2.capmed.mil/IPASSAudit/Chart

e. Document and report your I-PASS evaluations to the hospital via https://apps2.capmed.mil/IPASSAudit/Chart

f. Give feedback in person verbally to the trainee and also document it using the MedHub 360 evaluation form for that trainee at: https://ncc.medhub.com/evals?p=psy

g. Milestones being targeted by this activity are:
   - ICS1: Sustains therapeutic and working relationships during complex and challenging situations, including transitions of care.
   - ICS2: Ensures transitions of care are accurately documented, and optimizes communication across systems and continuums
         - PROF1: Role models professional behavior and ethical principles (as it pertains to the use of anti-bias language, refer to **Mindful Language Toolkit.docx** located at \\WRNMDFPISISMBD1\DeptShares$\Dept3\PSYCHIATRY2\Academics\STR\Required Readings)
             1. Specifically, please answer the following: did the IPASS GIVER use language that…
                 a. casts blame on the patient?
                 b. reinforces a stereotype?
                 c. includes extraneous information that does NOT impact the condition for which the patient is presenting?
                 d. contains perjorative language (i.e. pseudoseizure, retarded)?
                 e. considers how their patient would feel hearing this signout?
   - PROF2: Accepts the role of the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care

12. Reading
   a. Required reading includes:
      - Tips for Facilitating morning report.
      - A Dozen Techniques for Being a Better Clinician-Educator.
      - The Clinician-Educator's Handbook, Chapters outlined in Annex 1.
      - Mindful Language Toolkit

   b. Optional Reading
      - Adult Learning Theories: Implications for Learning and Teaching in Medical Education
      - Overview of Current Learning Theories for Medical Educators
      - Educational Strategies to Promote Clinical Diagnostic Reasoning
      - Presenting With Confidence
      - Coursera Free Course: https://www.coursera.org/learn/instructional-methods-education/home/welcome

13. Contingency Planning

a. In the event of a space scheduling issue- the STR may contact Ms. Smoot (Kimberly.w.smoot.civ@mail.mil) and Mr. Lee (kevin.lee6.civ@mail.mil) to confirm the Noon Conference location.
b. Physical space issues? The STR should contact the chiefs, academic chairs, and knowledge management officer to arrange for alternative space.

14. End of Rotation Evaluation: Send the specific STR evaluation form to the program director, associated program directors, and Dr. Hines no-later-than 3 days prior to the end of your STR rotation. This is a specific form in MedHub.
   a. The form will ask the following questions:
      ● The resident displayed punctuality, came prepared for each session, and demonstrates reading the requirements outlined in the STR memorandum.
      ● The resident sought feedback from peers and mentors, and showed improvement over the course of the STR rotation.
      ● The senior teaching resident displayed mastery of subject content and application of adult learning theory concepts.
      ● The resident displayed control of the session(s), effective information exchange, sensitive and respectful use of language and non-verbal behaviors.
      ● The resident shows awareness of highlighting system specific patient-care concepts, cost/value conscious teaching and care.
      ● Overall areas for improvement.

Annex 3: Rotation Objectives

1. Describe Adult Learning Theory and its implication in educating physicians and commanders on psychiatric topics.

2. Develop clear and concise goals and objectives for a variety of clinical teaching events.

3. Create and maintain an effective learning climate and control of session when leading a clinical conference with psychiatry residents and medical students.

4. Demonstrate small group teaching during weekly BH Tech training sessions.

5. Evaluate and provide feedback to psychiatric learners in a clinical setting.