**New Faculty Orientation**

Last updated: February 26, 2020

We are glad you are here and look forward to working with you in educating our learners including students and residents! We have collected some basic information that is helpful for new faculty as they get started, but there is much more to learn about the job of being an educator. The below is intended to be an outline that inspires further discussion and questions.

**Knowledge** – these are questions you want to be able to answer

1. What are the goals and objectives for this learner?
   1. This should be available from the learner’s school and the learner should be able to give it to you.
   2. For psychiatry residents, this is available on MedHub
   3. For USUHS Medical Students, this is available on Sakai
2. What kind of learner is this? How advanced are they in training?
   1. This will determine what level of supervision they need (direct observation for everything vs. gradually increasing degrees of independence with periodic direct observation for feedback)
   2. This will also help you set your expectations
3. What are the benchmarks I can use to assess a learner?
   1. For psychiatry residents, use the ACGME psychiatry Milestones
   2. For USUHS Medical Students, use the PRIM model (Professionalism-Reporter-Interpreter-Manager)
4. What are the hospital’s rules for supervision (which patients must be seen by faculty as well?)
   1. Which tasks must be done by a staff member (certain orders, final signature on notes, treatment plan notes)?
   2. What are the rules for coding and obtaining RVU/visit credit?
5. What is the liability? (All responsibility for patient care and safety rests with the staff physician assigned to that patient)
6. How hard should the learners work? (at all times learners must remain within duty hours, but the expectation is that learners are growing into medical roles and should be invested in the care of patients, putting in needed time without going over hour limitations)

**Skills**

1. Orient the learner to the rotation. What do you expect of them? What are their day to day tasks? What does success on this rotation look like? What knowledge, skills, attitudes and resources does the learner need? The recommendation is to write this down in a brief form so that you can print it and give it to each new learner (updating as needed)
2. Teach and answer questions. This can be informal – five minutes discussing why you are making a particular clinical decision in the context of that decision can make a big impact!
3. Model for learners. Allow learners, even more senior learners, to observe your work (at least once per rotation even for a senior learner).
4. Observe learners. Beginning learners need frequent direct observation and feedback, however, even senior learners should be directly observed at least once per rotation.
5. Give Feedback. Focus feedback on specific behaviors (what you saw the learner do). Frequent brief feedback helps learners grow during the rotation. Ideal feedback is “ASK-TELL-ASK” which means ask the learner for their self-assessment, tell the learner about your observations (positive and negative), and ask the learner for their plan to change or improve (help them with ideas if needed).
6. Evaluate.
   1. At the end of the rotation please turn in your evaluation within 2 weeks.
   2. Evaluate learners according to benchmarks, not in comparison to other learners or to your own skills. Please refer back to benchmarks for that learner (ACGME milestones, RIME scheme)
   3. Evaluations should reflect feedback you have been giving throughout the rotation and should not be a surprise to the learner.
   4. Do’s and Don’ts:
      1. DO give specific, behaviorally based comments. Use the word “because” to link evaluation and behavior. (i.e. this learner was unprofessional BECAUSE she frequently showed up late and left early.)
      2. DO give specific plans to improve (i.e. read the chapter on antipsychotic medications in a psychopharmacology textbook so that you are more familiar with these treatment options).
      3. DO engage with other faculty, including site director, clerkship director, program directors if a learner is not performing well. It is better to engage within the first ½ of a learner’s time with you if you are observing problems.
      4. DON’T sugar coat or excuse behavior that does not meet appropriate benchmarks. It is part of our professional responsibility to provide honest assessments
      5. DON’T just compliment or give generalities

**Attitudes**

1. Psychological Safety – makes sure learners can ask questions, acknowledge when they don’t know.
2. Humility – willingness to say “I don’t know” and seek information, assistance and guidance
3. Openness to Feedback from other staff and learners
4. Initiative – seriousness about work, attention to patient safety, go the extra mile, expectation that learner is invested in patient well-being
5. Investment in Student Learning – willing to spend time on orienting, teaching, modeling, observing, giving feedback, evaluating
6. Commitment to lifelong learning and self-directed learning

**Resources**

1. Information:
   1. ACGME Milestones
   2. RIME (Reporter- Interpreter-Manager-Educator) paradigm
   3. Sakai (clinical information resources for teaching and education)
   4. Medical Staff Bylaws (for policies on hospital requirements related to education)
2. Computer systems:
   1. MedHub (Psychiatry Residents – evaluations, information about goals and objectives, feedback on work as faculty) – can request access via residency program coordinators
   2. Sakai (USUHS Medical Students – goals and objectives, teaching resources, curriculum) – can request access via Clerkship director
   3. AMION- use to see up-to-date schedule of any NCC psychiatry residents including on-call resident and staff psychiatrist at Walter Reed and Fort Belvoir: http://amion.com/?NCCPsych
3. People:
   1. Dr. Rohul Amin (rohul.amin.mil@mail.mil) – PD for NCC Psychiatry Residency
   2. Dr. Elizabeth Greene – Chief for training/education at FBCH, APD for NCC Psychiatry Residency @ FBCH
   3. Dr. John Burger – APD for NCC Psychiatry @ WRNMMC
   4. NCC Psychiatry Residency Program Coordinators – Ms. Veronica Lopez and Ms. Jennifer Ramaekers
   5. USUHS Psychiatry Clerkship Director – Dr. Kelly Cozza
4. Faculty Development:
   1. NCC Psychiatry Faculty Portal (coming soon) at https://www.nccpsychiatry.com/
   2. USUHS offers monthly faculty development at USUHS and WR and periodic offerings at FBCH
   3. ACGME offers faculty development on their website
   4. Coursera: free online course (Instructional Methods in Health Professions Education) from <https://www.coursera.org/learn/instructional-methods-education/home/welcome>
   5. MedEdPortal (<https://www.mededportal.org/>) is a free online journal from AAMC with multiple articles about education