
The First 90 Days of my First Assignment

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This was the advice I received before I left residency for my first assignment:

- When you get to your new base, try to lay low for a little while. It is okay for no one to know your name, and it is best to fly under the radar.
- Just observe for the first several months – try not to suggest changes or alterations to the clinic flow and structure. You want to respect that while you're eager to get going after residency, you also are not yet familiar with the particulars of your clinic.
- Breathe. Seriously. Don't forget to breathe.

Armed with my new knowledge after a year of clinical and military training, and loaded with lots of advice to help ease the transition and ensure success, I left San Antonio enthusiastically. If I am being honest, I do not know the true reason for the enthusiasm: the adventure that lay ahead, or the desire to escape the San Antonio heat in August. Regardless, I was eager to start my first assignment. On the first day, I tried to do everything as I was instructed, and things were going well. The biggest issue was that with a name like Zurlinden, I go by "Captain Z," and a lot of people were remembering my name. Otherwise, I was trying to stay under the radar, follow the rules, and play it safe.

That was about to change. One morning, I had a conversation with a colleague about my clinical interests, and I shared that I was interested in sleep (both personally, and professionally). She asked me more about my interest and experience, and then presented me with an opportunity. She mentioned that one of the group commanders on base was VERY motivated to improve sleep quality in his Airmen: would I be interested in getting involved? She asked if I would be available for a meeting with someone from the command team about a possible collaboration, simple, nothing too elaborate. After a quick check with my supervisor (after all, I was trying to follow all the rules), I was good to go – I wasn't able to see patients yet anyway, so why not give me some space to pursue things I enjoyed. I excitedly prepared for the meeting, which was a welcome break from Examination for Professional Practice in Psychology (EPPP) studying (more on that later), because if there was anything I learned in my year-long population health seminar during residency, it was to treat any meeting as an important one – and I'm so glad I did. The purpose of the seminar was to help prepare us to solve some of the issues we may encounter at our future assignments (i.e. sleep, drinking, risk behaviors). We were not only prepared on how to try and solve some of these issues (think small behavior changes on a large scale), but also on how to communicate with commanders as fellow Of-

ficers – not just as nerdy psychologists. As someone coming from a clinical PhD program, I was fairly comfortable in academic speak, but military speak was a whole new ballgame. It was a humbling experience, but one that was about to come in handy right away.

I showed up for the meeting expecting to talk to someone lower down on the totem pole, so I was surprised when I was ushered into a conference room. I sat nervously (after all, I had only become a big kid a week before) and had a brief moment of panic when I realized I had brought several handouts for the briefing, but had completely forgotten to bring a pen. I sheepishly asked to borrow one from someone in the front office before rushing back to my holding area. After a few minutes, the Group Commander himself walked into the room (I knew who he was by the rank on his uniform and the photo of him in the front area) and told me we would be meeting in his office. I knew he was interested in improving sleep, but not so interested that he would personally be meeting with me. I was quite sure I had not earned the right to talk with a Group Commander – after all I could barely remember my new zip code. It was hard to not be intimidated as I walked in, this man has had an impressive career (as evidenced by his amazing office decor!). We started small talk while we waited for the rest of the command team to arrive, and I slowly started to relax. And, oh by the way, *my* Group Commander would be joining as well. *Gulp*. I was slightly terrified – I was prepared for an important meeting, but this escalated quickly. Needless to say, I was not heeding ANY of the advice I had been given, and this was not the plan.

The meeting went well (or at least well enough that I wasn't thrown out), and the Commanders were impressed with my level of preparation. I was impressed that I could remember my own name after the shock of the whole ordeal wore off. My supervisor was thankful for the rapid debrief to provide situational awareness as soon as I returned to the clinic, and we passed it up the chain, who completely understood that I had not intentionally planned to meet with two Group Commanders during my first week in the unit. But that was indeed what happened.

Unsurprisingly, nothing else in my first 90 days made my heart race quite as much as my surprise meeting with two group commanders within my first week on base. As nerve-wracking as reporting to my first base was, I have since heard many similar experiences of things not going *quite* to plan during that initial transition period.

My otherwise uneventful first 90 days flew by, and below is some of the advice I feel might be worth passing along to the next batch of residents eager to take on their first

assignment. Just remember: if I can survive my first 90 days, you can too! Heck, you might even thrive!

Lessons Learned:

- Try and tell people your interests early; once you're swept into the tempo of the clinic, it will be harder to establish your interests and passions. Because I communicated to my supervisor that first week that I was interested in sleep, health psychology, and group interventions, she went out of her way to help provide me with opportunities as I got established (supervisors, let this be a reminder to ask what your people are passionate about!).
- Take time during the initial phase to study for the EPPP. Even though I desperately wanted a break after 20 straight years of schooling (that could be a whole other article), I decided to push forward with studying for the EPPP during my first month— and I have NO regrets. My command recognized the importance of getting me fully licensed ASAP and helped ensure that I had the time and space to seriously study upon arrival.

For example, they held off on additional duties until I was licensed, something that I know came at a great sacrifice due to our ops tempo. Once I started seeing patients I had very little time to study during duty hours, and I was so thankful for that initial time and support. Within the first 45 days of arriving, I was fully licensed – and I could FINALLY take a break: delayed gratification at its finest. While I know this might not be a possibility for everyone, I am thankful that I was able to make the most of the opportunity I was given and would strongly encourage others to at least consider knocking out their EPPP as soon as feasible.

- Take it all in! No one is expecting you to be an expert, so don't be afraid to ask questions. Additionally, take opportunities (both formal and informal) to get to know your unit. Many a laugh were shared with my new colleagues during squadron PT or walking together to trainings. Mental Health is a fast-paced environment, so make opportunities to interact with people other than in crisis situations – it will make it so much easier to handle challenges as they arise.