

The Power of Giving Up Hope

October 30, 2022

Dear Residents,

We all hope a lot – we hope that things will turn out just fine because common sense will prevail, because the arc of the universe will bend towards justice, and because nice guys finish first. When we hope, we place the responsibility of something on someone other than us or outside the current moment to a future time. Sometimes we have no choice but to hope. If I need emergency surgery, I can only hope that the surgeon knows what they are doing.

I do a lot of hoping as a program director. I hope that people remember not to page you during noon conference for a routine matter. I hope that you won't get that 11th admission, that post-call rounds will finish on time and I hope that you can always get to go to noon conference. I hope that your evaluations will be timely and helpful. I hope that no one will treat you with disrespect. I depend on everyone honoring you, your education, and your limits. The point is that the minute I began to hope these things is the exact moment that I realized that the situation is no longer going as planned!

Clearly then, "hoping" is not enough and one needs to own the problem. Over the next few months, I want to "give up hope" and own a few problems.

The first of these is the **#Take10 initiative** that the chiefs presented to you recently – I want to prevent you from taking more than 10 admissions in a single call cycle (lower on some rotations). This is a rule we end up occasionally breaking because there will always be that extra patient who has nowhere to go other than to a resident team (cardiology and critical care is where this can happen). We have made progress on the CUH Advanced Cardiology Service (ACS) where we have a defined pathway for excess admissions. I will help develop similar pathways on other rotations.

The second problem is **post-call rounds**. Each week I get a report from ResQ detailing the number of times post call rounds cause you to run over the 24+4 limit. About half of you utilize ResQ, so I usually double these numbers to get a sense of what's happening. It will take consistent faculty (and resident) instruction to fix this problem.

Your Program's Work Week Internal Medicine	
Monday October 10, 2022 - Sunday October 16, 2022	
Number of Active Residents	75
Number of Recorded Shifts Average Weekly Hours [‡]	361 49
Average Shift Duration Primary WorkZone™ P	10 Parkland Health and Hospital System
80 Hour Week Violations [‡] 24+4 Shift Length Violations	0 5
Download the Data	
ACGME Compliance Checklist	
80 Hour Week Violations ‡ ✓	24/4 Hour Shift Violations

The third issue is **constant interruptions** especially when you need quiet time to focus on your learning. Dr. Willet has sent me instructions on how to switch off Epic Chat when you are in conference or morning report. I will explore the feasibility of doing so. I will also work with nursing administration to limit pages to only very urgent ones during your protected learning hours.

A hopeful outlook usually makes us feel happier and often strengthens our anticipation for a good future. Hope provides a buffer for stressful situations and helps build resilience. But hope alone won't remedy difficulties and can leave you in a quagmire. When you give up on hope as a strategy to fix problems, you are empowering yourself to take responsibility, to take the next necessary step to solve the issue. Moving from hope to action has given me a surge of motivational energy to remedy the issues I have listed. My ask of you – don't hope that I will fix these problems – become allies in this endeavor.

Warm regards,

Dino Kazi