

dear residents

Redesigning Residency Training

March 26, 2023

Dear Residents,

The world around us is changing – by that I mean, **several industries have fundamentally redefined work in the wake of the post-pandemic era** akin to a [Cambrian era explosion](#) of ideas and opportunities. In our own realm, years of emphasis on wellbeing, fatigue mitigation and sleep hygiene are raising questions about the value of 24-hour call cycles. Overnight call is inherently efficient because dedicated night teams necessitate additional persons to manage the same volume of work. The burst and rest model of 24-hour call if replaced with a day team/night float model will result in more predictable schedules but potentially longer workdays. Feedback from you and from applicants suggests that overnight call is increasingly unpopular. Likewise, holistic approaches to patient care and the desire to make a difference through efforts to understand and intervene in social determinants of health is creating more interest in primary care training, health equity, advocacy and community outreach. As we explore new models of residency structure, **we need to ask four crucial questions:**

- What are our overarching values and principles?
- What is special about the residents we recruit, the work we do, and the people we serve?
- What isn't working, and what are the problems we're trying to solve?
- What innovations have we tried that we can share with others, and what are other training programs doing that we can learn from?

In 2019, we completed a 10-year self-study and anticipated an ACGME site visit in 2020 that was postponed because of the pandemic. Because so much has changed so quickly since then, we probably need to update what we articulated at the time. In 2019 we stated that the Mission of our program was to: *Empower residents to achieve their full potential as physicians and leaders.*

And we defined our **Aims** as:

- *Produce scientifically curious graduates who are clinically excellent and place patient care, particularly care for vulnerable populations, as their leading priority.*
- *Develop future academic and community leaders who will generate new knowledge and serve patients in all fields of internal medicine, regionally and nationally.*
- *Produce graduates who will help transform healthcare to meet the challenges we currently face - an aging population with multiple chronic health problems, a need for better overall population*

health at less cost, and a political and economic environment that characterized by disparity in health outcomes.

- *Foster a learning environment which values lifelong learning, practicing medicine with a sense of purpose, while being cognizant of the importance of personal health and wellbeing.*

The residency training environment is intertwined with our greater world and the forces that shape it. Organizationally we are influenced by the ACGME and other national organizations and internally by our own healthcare systems. As I think through the [Nash Equilibrium](#) between faculty, hospitals and trainees, I recognize that we will need to both compete and cooperate to achieve the best outcomes for all. The tension between [competition and cooperation](#) emerges from **three fundamental forces**: scarcity of resources, the very social nature of human networks and an inherently unstable and dynamic ecosphere. Any change we contemplate will require plenty of cooperation and a fair bit of competition for resources. Aligning our program aims with institutional aims and with what you value will be vital.

Fundamental redesign is always a challenge when you can't stop the production line – restaurants can close for remodeling, but residencies cannot. That doesn't stop us because our primary driver is to continuously improve the clinical learning environment so that you are afforded every opportunity to get to where you want to go.



Photo by [Quang Nguyen Vinh](#) on [Unsplash](#)

Enjoy the sunshine this weekend,

Dino Kazi