

dear residents

Loosening Up

August 6, 2023

Dear Residents,

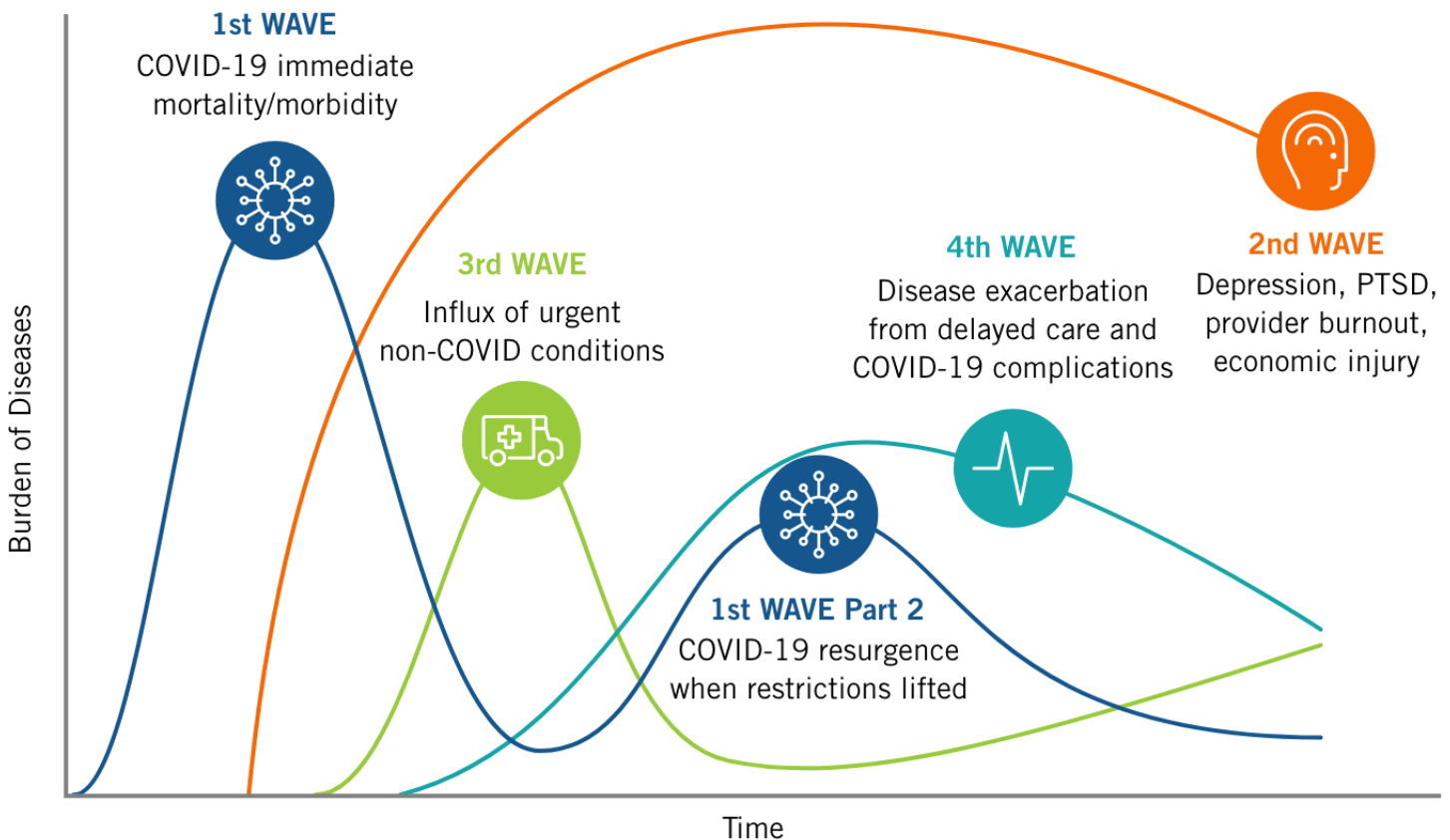
A residency runs best when it has a “tight culture” – when we adhere to social norms, follow established processes, use checklists, employ order sets, perform a time-out, respond to alerts, follow ACGME rules etc. This makes us unified, “productive” and “efficient” and less likely to make medical errors or risk loss of accreditation. But we also covet creativity and innovation and may view “productivity” as the blunt cudgel of a corporate culture that comes in the way. A residency innovates best when it has a concurrent “loose” element.



Yongyuan Dai/Getty Images

Three years ago, I wrote a weekly update about “tight and loose” cultures. The main message was that there needs to be a **balance between tightness and looseness** to be productive *and* creative. Sometimes we get conflicting messages: a “loose” message like “take that extra admission (the patient is sick after all and there is no one else available)” vs. a “tight” message like “you are losing Epic access because you have one unaddressed inbasketmessage.”

Three years ago, we were experiencing the first peak of the COVID-19 pandemic in Dallas and our “tight” masking and isolation rules helped us stay safe. Countries with “tight” cultures fared better with the COVID pandemic than did countries with “loose” cultures. [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(20\)30301-6/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30301-6/fulltext). But we were a bit “loose” with ACGME rules and began to exceed our critical care 26-week limit. We have since pulled back and have recovered from those days. While overall hospital census numbers were generally on the lower side in 2020 as patients avoided seeking healthcare (except for COVID), as COVID receded, the hospital census steadily increased, and has remained high, stretching available resources. While the 2nd wave noted below is receding, the 3rd wave is rising. This was predicted in 2020 by Victor Tseng – PCCM, University of Colorado.



Graph adapted from Victor Tseng – Pulmonary & Critical Care Physician: University Of Colorado, March 2020

Three years later, we are in the process of further tightening up our rules, some of which we loosened during the COVID years. Our focus will be on three rotations – Parkland MICU, Parkland CCU and Clements ACS. All three are rotations where you learn a lot but that also pose the risk of overwork. Our team will increase the educational content while simultaneously optimizing the patient care workflow to restore the education to patient care balance – which remains an ACGME metric that we have scored less well on in the past three years.

The three-year long COVID pandemic has been a defining event for the world, much like World War II was for my father’s generation. He often made reference to “before the war” and “after the war.” And even though the war was 6 years long – he viewed all of World War II as one chunk of time. I feel the same way about the COVID-19 chunk of time – I often think in terms of “before COVID” and “after COVID” when trying to contextualize events.

The COVID years upended more than health and healthcare. These years witnessed the genesis of widespread remote work and hybrid work arrangements, ushered in virtual medical school, residency and fellowship interviews, revealed the downside of supply chain economic theory, and instigated worldwide inflation. Housing affordability for residents <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2806420> created financial challenges for you.

As a program director, I've tried to balance "tight" and "loose" principles and over these last three years, **I am increasingly drawn to viewing "productivity" as a mixed bag.** Over the years, I have consumed several **productivity books:**

- The 7 Habits of Highly Effective People – Steven Covey
- David Allen – Getting Things Done
- Charles Duhigg – The Power of Habit
- Atul Gawande – The Checklist Manifesto
- Gretchen Rubin – Better Than Before
- Daniel Levitin – The Organized Mind
- James Clear – Atomic Habits

But I have also read other books which have, in one way or another, **questioned the productivity culture:**

- Marcus Buckingham - Nine Lies About Work
- Oliver Burkeman – Four Thousand Weeks: Time Management for Mortals
- Morten Hansen – Great at Work

More recently I read a piece by [Oliver Burkeman](#) in which he posits that **we should treat our list of to do items as menus** – he states that “spending your days trying to *get through* a list of things you feel you *have to do* is a fundamentally joyless and soul-destroying way to live.” And that “most of what passes for expert advice just involves organising the list differently, or getting through the list more efficiently.” He explains the menu vs. list approach as “the daily practice is to pick something appetising from the menu, instead of grinding through a list.”

There are many goals of residency training: acquiring knowledge, applying knowledge to clinical care, learning how best to communicate with patients, working effectively in teams, becoming proficient in bedside procedures, passing the board exams, and becoming competitive for your fellowship or next job. But there are these “soft” skills that are much harder than the word suggests: getting to know yourself, developing a personalized path that is consistent with who you are and what you value, making a difference (the one that matters most to you). All of this can get lost in a productivity culture. While I want to keep the core goals of residency training “tight” (and simultaneously hold our health system co-responsible for these goals), I want to create the space for “loose” goals – the ones that you discover for yourself and have the time to pursue. Perhaps this is a better way of reframing the “education to patient care balance” – there is that education we must impart on you (and much of it comes from patient care) and then there is that personally directed education that you must have time for. As Burkeman says we should “... *dive in* to one of the vast range of possibilities the world has to offer, without any expectation of getting through them all.”

As always, I am eager to hear your thoughts. Drop me a note @Salahuddin Kazi or reply to this message.

Best regards,

Dino Kazi