Dear Residents,

Things change. Some things give the appearance of being unchangeable - they have seemingly always been there and don't seem broken. There is little momentum to change them – it's the status quo. But things do change. I've been around here long enough to see **many things change**:

- Paper chart to EHR
- Paper script to e-script
- Paper evaluations to electronic residency management systems
- Physical library to digital library
- Radiology file room to PACS
- Textbooks to UpToDate
- Old Parkland to New Parkland
- St. Paul to Clements
- Weekly clinic to 4 +1
- Pharmaceutical company lunches to department-funded lunch
- Oral/Essay exams to standardized MCQs
- Lifetime certification to time-limited board credentials
- Limitless work to the 80-hour work week

And some things went away:

- Inpatient general oncology service at Clements
- Inpatient diabetes unit at Parkland
- Latex gloves
- Physical restraints
- Neckties in the hospital
- Step 1 scores
- Step 2 clinical skills (CS) exam

And some may return:
- In-person interviews
- The lost art of the physical exam
- Reproductive health rights
- Dying at home

And some were added:

- Diagnosis related groups (DRGs) and relative value units (RVUs)
- The HIPAA rule
- Time outs and 2 patient identifiers
- Two-factor authentication
- Touch ID
- Face recognition
- Voice recognition
- QR codes
- DocuSign
- Barcode medication administration (BCMA)
- Robotic surgery
- Urgent care centers
- Restrictions on prescribing narcotics
- Patient portals
- Secure messaging
- Wearable technology
- Smart phones
- Social media
- Online reputation management

And some changes are ongoing collective movements rather than discrete shifts:
- Psychological safety
- Physician wellbeing
- Diversity
- The rise of women in medicine
- Health equity
- Patient centered care
- Medical ethics
- The just culture framework
- Mind-body connection
- Holistic care
- Functional medicine
- Cultural competence
- Advanced directives
- Hospital medicine
- Palliative care
- The quality movement
- The patient safety movement
- High value care
- Antibiotic stewardship
- Vaccine innovation
- Hybrid work
- Virtual meetings
- Telemedicine
- Home based healthcare
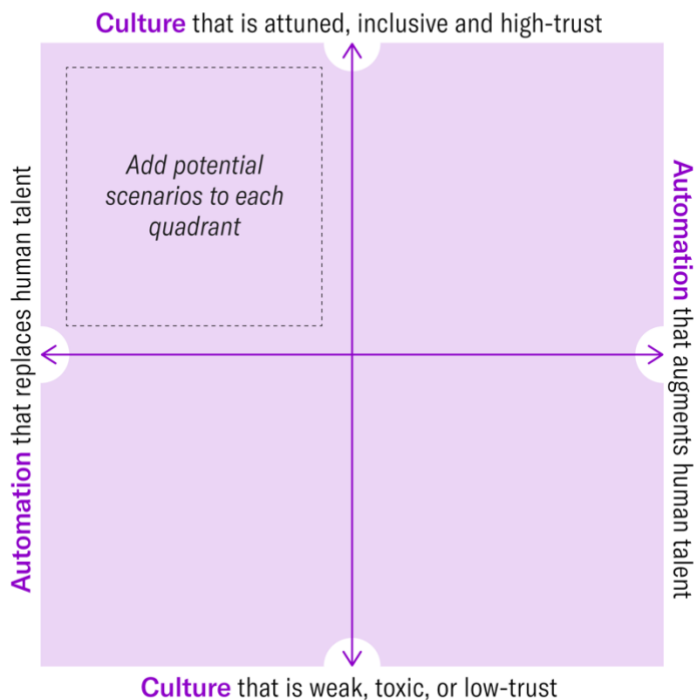
- The rising complexity and cost of healthcare

Finally, some are emerging:
- Nanotechnology
- 3D printing
- Machine learning
- Generative artificial intelligence
- Whole genome sequencing
- Gene editing
- Precision medicine

A residency program can never fully prepare for the future. However, if we maintain a culture of high trust, and remain nimble and open to change, we become "future proof." There is of course, no one future, but many possible futures. Accordingly, it is foolish to predict the future, but wise to prepare for many possible futures. Scenario mapping is one tool that can be employed to navigate how future possibilities may play out. In the example below, imagine a technology that either replaces human talent or augments human talent and think through what effect it would have on our culture – would it strengthen it or weaken it?

An Example of Scenario Mapping

This simple yet powerful tool is designed to help teams and organizations imagine what could happen in the future.

Culture that is attuned, inclusive and high-trust

Automation that replaces human talent

Add potential scenarios to each quadrant

Automation that augments human talent

Culture that is weak, toxic, or low-trust

Source: April Rinne   ▽HBR

I will leave you with a quote from **Voltaire**:

"One day everything will be well, that is our hope. Everything's fine today, that is our illusion."

Dino Kazi