

The Transition for R2 April 14, 2024

Dear Residents,

Greetings from Vienna. I tagged along with my spouse who is attending a conference here this weekend. Vienna is a city of gardens, museums, music, sidewalk cafes and lots of charm. Spring seems to be a beautiful time to visit.

I've enjoyed the firm dinners, and I am looking forward to the Firm C dinner on Monday. Around this time of the year, interns start to worry about the transition to PGY-2 and the responsibility of leading a team. My first PGY-2 rotation was an inpatient nephrology ward team (it was common to have primary subspeciality teams at that time). My interns were Ed Parsley and Joe Lee - both were excellent - interestingly both went on to serve as chief residents. My clearest memory of that time is that both Ed and Joe thought I was being too helpful. They were eager to figure things out independently.

In your new roles, you will have to balance helpfulness with letting others discover and develop their own potential. Here are some things to consider:

Some conflict will be inevitable - there will be disagreement. Keep your patients safe but permit some experiential learning. You might want to check LFTs less frequently - perhaps your intern wants to track them more closely. You might have Dr. Seldin's preference for normal saline, while your intern may prefer Lactated Ringer's.



- Let your interns call consultants directly avoid overprotecting your team. In my residency there was a rule
 (based on an outdated hierarchy), that only the resident could call consultants and that no lowly intern
 should ever take the risk of calling the mighty fellow. Knowing how to formulate a question for the
 consulting team is an important skill to learn.
- Don't hurry them up as residents you have learned speed and efficiency this will come only after the necessary steps of thoughtful reflection and an easing of the need to triple-check everything. Your fingers will fly on Epic theirs will be sticky. Be patient. Let them learn through doing, not by just watching you.
- Balance micromanaging with a totally hands off approach. Watch for when someone needs full step-by-step instructions. At other times, let them experience a (small) failure or two. My first resident was very much a micromanager, and I was too afraid of making any decisions. My next resident was "you got this...

see ya." My third resident was much more balanced in their approach and that's the month I grew most in confidence.

• Be friendly - but be direct. Honest and direct feedback is developmental and constructive. As Kim Scott says challenge directly while caring personally - otherwise you risk ruinous empathy, obnoxious aggression or even worse, manipulative insincerity.

Wishing you a pleasant week,

Dino Kazi