Transience and Permanence **March 13, 2022**

Dear Residents,

I am coming off an enjoyable 2-week rotation on CUH wards and I am ready (and nervously excited) for Match Week. We all go through cycles of events. Recruiting is no exception. It commences in September each year, stretches through February, and culminates in March when the Match concludes. Attending on the wards and on rheumatology consults is also cyclical for me. But each cycle is different. There are transient elements like who you worked with and which patients you took care of. And then there are features that reinforce the permanence of what it means to be in this profession – principally the inescapable fact that medicine is learned at the bedside. The art of listening, efforts at deductive reasoning and the pervasive sense that there is a good chance that your first impressions will be wrong, all coalesce to capture the quintessentiality of the bedside experience.

Each phase of your training experience has transitory qualities. You will only be a medical student once, an intern once, a resident once, and so on – but you will be a physician forever. While we have these time-limited experiences, embedded in each are foundational elements of our enduring purpose. There are core principles in the journey from pre-medical student to experienced physician. You know these well, so I won't belabor them. But I do want to emphasize the deep and the abiding call to be a physician and the commitment to lifelong learning which are fundamental to our identity. In these last two weeks I picked up on the new interface in Epic, learned how to navigate lab results and appreciated other "upgrades" in the user experience. I also learned that some guidelines are now deeply embedded in the resident experience. I asked the residents what GDMT meant – they enlightened me – "guideline-directed medical therapy" for patients with congestive heart failure. I reflected on the "penetrance" of cardiology guidelines in our daily practice. I thought about rheumatology guidelines. We use plenty of steroids, but how often so we actively address GIOP (glucocorticoid induced osteoporosis) guidelines?

As I return from "bedside clinician" to my usual role as "administrator," I recognize the permanence of my physician identity. In the end, there is nothing more enjoyable than direct patient care and the opportunity to acquire new knowledge. In these last 2 weeks, we had the good fortune of learning from three distinctive patients with ANCA-associated vasculitis. The first had rituximab-treated vasculitis, who failed to clear her COVID infection, another with acute abdominal pain, which turned out to arise from a kidney stone, and a third in whom we diagnosed vasculitis for the first time when she presented with dyspnea which was demonstrated to be from diffuse alveolar hemorrhage. Each presentation taught us something – that rituximab blunts the immune response in COVID, that not every problem in a patient with vasculitis is a "vasculitis flare," and that diffuse alveolar hemorrhage can present with dyspnea and anemia without hemoptysis.

A transition is upon us. Next week, we will know who will join us in July – new colleagues who you helped recruit and whom you will ultimately welcome, befriend and mentor. This is the cycle of residency training, and while this period in your development called “residency training,” is relatively short (transient), the foundational principles you acquire (permanence) are the building blocks of your purpose and identity. Enjoy this time, savor the learning, the relationships, and the richness of the experience.

I look forward to celebrating Match Day with you on March 18.

Dino Kazi