Best Doctor Possible **July 3, 2022**

Dear Residents,

It's **July** – the start of another academic year. I know we have had some onboarding and COVID hiccups, but almost all of you have started your year on time.

For those who are just commencing residency – yes, you have joined one of the "best residency programs" in the country – but that is not the goal. The goal is to ensure that you become the "best doctor possible."

"**Best doctor possible**" embraces your potential, your talents, and your distinctive assets. Not everyone will have the same pathway. While we ensure that you have exposure to all branches of internal medicine, there is sufficient time and opportunity to develop your own best possibility.

Through an emphasis on the **diversity** of colleagues, patients, and training facilities, we provide an unparalleled array of stimuli for individual growth. The program continues to make incremental changes to continuously enhance the learning experience. This year we have added an experience in **addiction medicine** and have modified the **cardiology** rotation at Clements University Hospital to enrich your learning. Until June 30, the patient population on this service was restricted to those with advanced heart failure. Beginning July 1, general cardiology patients requiring critical care have been added. To make room on the modified rotation, other service lines will participate in the care of a growing population of advanced heart failure patients. Like all new initiatives, this one will require modifications as we assess the early experience.

This year we will greatly augment our mentorship and career development program through **FIGS – Fellowship Interest Groups** – an early and recurring opportunity for frequent and meaningful interactions with faculty and fellows. We hope to commence FIGS in September. As previously requested, a third-year checklist will be created to keep you on track with licensure, board certification and other important time-sensitive items.

Another initiative this year is for us to be much more mindful of **work hour limits**. The danger zones reside in critical care and in cardiology. The chiefs and I will work together with you to manage these and other rotations to optimize your learning. Patient volume x complexity = work intensity -> excessive work hours -> less time for education, rest, and recuperation.

Patient-centered care is only possible if we embrace **resident-centered education**. In the same vein, patient safety is contingent on **resident safety**. As a community we have created metrics around patient

satisfaction and patient safety – health care systems are rated along these parameters. Residency training has been slow to embrace the concepts of resident satisfaction and resident safety largely because there have been implicit barriers to raising concerns and asking for help. **In this program it is a sign of strength (and not weakness) to raise a concern or ask for help**. I hope you do exactly that. Residents in this program have equal footing on any healthcare team. You will be treated as colleagues and as peers – not as subordinates. Your voice matters.

Photo by Pawel Czerwinski on Unsplash

Thank you for joining our program and for entrusting us with your education. We take that very seriously.

I hope you have a marvelous week!

Dino Kazi