Program Goals for the Year **August 7, 2022**

Dear Residents,

It's that time of the year when we develop **goals for the program**. These are informed largely by the annual ACGME survey which you completed earlier this year.

Our goals for this year are:

1. **Address strategies to mitigate fatigue and sleep deprivation** – this includes improving the instructional resources we provide and constructing best practices in managing your energy reserves. The chief residents will hold focus groups to understand the dimensions of the problem and learn from those who have developed effective strategies.

2. **Improve compliance with the 24+4 work hour rule** – this problem occurs when the post-call resident cannot leave by 11:00 AM. We will begin by determining which rotations are most prone to this problem. Once we have identified the main culprits, an independent observer will attempt to understand the post-call workflow. Based on what is gleaned, we plan to find enduring solutions.

3. **Enhance career and fellowship mentoring** – residents have reported difficulty finding mentors both for scholarly pursuits and for general career guidance. We will commence a pilot program with the cardiology faculty to pair you up with a dedicated faculty member through your time here. We will add other specialties sequentially if this pilot is successful.

4. **Improve the service to education balance** – this is a carry-over goal from last year (the program worsened on this metric). Because we failed to move the needle on this measure, the program evaluation committee has suggested that we begin with learning from you what this concept means to you. What do you view as "service?" What do you view as "education?" Eliciting this information will guide our subsequent actions.

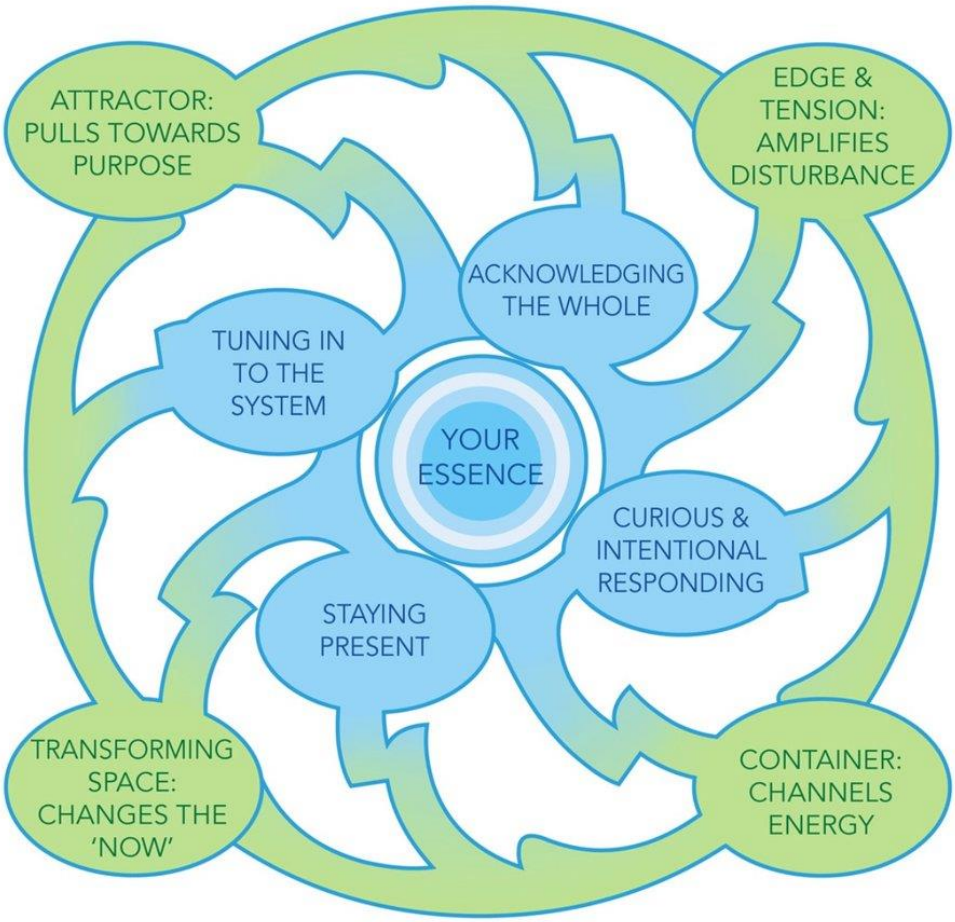
5. **Protect time for structured learning activities** – this too, is a carry-over goal from last year, and the program worsened on this metric as well. This measure reflects the opportunity to attend noon conference or be able to attend it without disruption or distraction. We will begin by identifying which rotations make it hard to attend noon conference and how we can create the quite space and time for you to focus on your learning. We already know that the ICU rotations are not conducive to attending noon conference, but there are probably other rotations (we recently

learned that BMT is one of them) where this should not be the case. The end-of-rotation evaluation form captures this information. We will analyze these reports and identify which rotations need a structural overhaul to fix this problem.

Many of these issues have plagued the residency for quite some time. Yet, your overall satisfaction with the program is very high. Improving a metric, while important for program accreditation reasons, is not the goal. The real goal is to transform the program in a way that maximizes your education *and* your enjoyment of the experience. Healthcare systems also have their metrics, such as waiting times, morning discharges, physician productivity, patient satisfaction and others. But the real goal is to improve patient care *and* the joy of delivering that care. Often improvement in one area can lead to worsening in another (suboptimization). Meaningful change should address the culture and the larger goals of a program or healthcare system, rather than simply attempt to look good on surveys.

Transformational change fails because we don't fully analyze deeper forces in a system. Unconscious dynamics exert powerful gravitational pull on our collective organizational behavior and effectiveness. The center for talent innovation (Coqual) postulates that belonging powers these dynamics. The 4thcomponent in the diversity, equity and inclusion context is "belonging." And belonging is driven by our desired emotional outcome. This desired outcome has two components: to function effectively in the system, and to develop loyalty and derive identity from engagement in the system. Residency training does not occur in a vacuum. It is greatly influenced by the residents themselves, the faculty and the healthcare system. You chose this profession and this training program with a desired emotional outcome - it is probably a combination of what you desire for yourself and for others. As I ponder the pathway to achieve the goals that have been set for the program, I recognize that we need to develop strategies to "un-belong" to some things, so that we can detach from our loyalty to certain ways of working and loyalty to assumptions that may no longer suit our needs. As a program, we have valued our traditions: autonomy, conscientiousness, accountability, personal responsibility. There is a tension between doing for others and serving the self. The faculty who teaches and supervises you are also loyal to how *they* were trained. The healthcare system is driven by an entirely separate set of goals and priorities. Merging these undercurrents will always be challenging. We may need to un-belong to concepts that no longer work if we are to harmonize well again.

Deborah Rowland in her book **Still Moving: How to Lead Mindful Change** states that "if leaders stay stuck in habitual responses, so we will their organizations." With the clever title "Still Moving" she challenges us to "cultivate a set of inner capacities (stillness) as a starting point for leading any change in the system around us (moving)." The 8 interconnected skills (4 still skills and 4 moving skills) are depicted below:



As we turn to you to best understand how you feel about your work and the space it occurs in, please reflect on who you are and why you are here. We all need to tune in and be curious and respond intentionally. We should channel our collective energy to pull our program closer to its purpose. If we can understand ourselves better, we can influence others to effect meaningful change.

Together we will advance our program. Thank you for co-directing.

Dino Kazi