"Quiet Quitting" **September 18, 2022**

Dear Residents,

Understanding and addressing the **elusive metric of "service to education" balance** is a priority for our program. As you know, we scored poorly on this metric on the most recent ACGME survey. The program leadership has been grappling with how this construct is understood by us all. **Perhaps we are asking the wrong question.** There is no doubt that **in some situations service *is* education** – you may gain a lot of satisfaction and joy in your work by achieving what took a lot of work but had great payoff for your patient. You fought to get a medication approved, convinced an agency to accept your patient for long-term care or dug through volumes of medical records to discover an overlooked diagnosis. I can imagine that in some situations this is truly joyous and in other circumstances it feels like an unnecessary burden. Pulling in extra work can feel different than work being pushed onto you. **Perhaps we should be asking about joy in work.**

As professionals, we don't set limits on what we can accomplish or perform when the situation calls for it. We attend to the need of the hour. Yet, we can't "overclock" ourselves continuously. Our "processors" will heat up to unsafe levels. We have **safeguards** in place – team caps, admission limits, days off, etc. Work compression can upend these safeguards. In additional to work related to patient care, you are also expected to attend conferences and engage in scholarly activity. An additional set of activities assigned to you are regulatory in nature - recording work hours, completing assigned modules and other obligatory tasks. I know you get behind because patient care takes precedence over education and paperwork.

As residents, you can't quit your jobs. This is why it's imperative that we ensure that these years of training are educational and manageable from a workload perspective. Graduated increase in workload and complexity to match your growing skills and efficiency is what we aim to accomplish. Because we need to manage an intricate schedule, some of you will experience more demanding rotations earlier than later in your time here. This is unavoidable. Senior residents step in to help in these first few months and this permits you to adjust, adapt and gain increasing efficiency and independence. The learning curve is steep but surmountable.

The term "quiet quitting" has been in the news lately. This phrase may have taken off because people are struggling to find a name for an unnamable feeling. In one recent article quiet quitting is explained as "opting out of tasks beyond one's assigned duties and/or becoming less psychologically invested in work." Our profession depends on organizational citizenship behavior – the implicit ask is that we step up when required, driven by our own conscientiousness and by allegiance to our organization. **Being a good**

organizational citizen can also be personally and professionally rewarding because it makes work more meaningful and invigorating. However, **citizenship fatigue** can set it if you feel unsupported, if trust is eroded, or if work disproportionately lands on your shoulders.

I am committed to carefully tracking your workload and keeping your experience in this program manageable, engaging and fulfilling. Our profession is structured around the care of those who need us the most. Because these needs can surge unexpectedly (recall the COVID surges), we must remain vigilant and creative in our strategies. You will soon be receiving a survey to assess the current situation in each of your rotations. All change begins with listening and any change can only be sustained by investing in you.

You are not judged you by the sacrifices you make, you are judged by the commitments you keep. Thank you for your unwavering commitment to our profession.

Dino Kazi