

dear residents

Professional Identity Formation

January 15, 2023

Dear Residents,

There is a hierarchy in every profession – a pyramid of status and responsibility. This is relatively new to humanity and is a product of the industrial age. It organizes us across the entire institution, creating efficiency, facilitating decisions, and increasing productivity. **The modern organization recognizes that it needs more than a hierarchy** – it needs a network, that is egalitarian and adaptive, facilitating teamwork, enabling transformation, and furthering a sense of belonging. Networks that cross hierarchical boundaries are increasingly the norm in contemporary organizations including our own. The ascendance of networks has resulted in flatter hierarchical structures with a **bottom-up approach** to change and innovation.

I was raised in a culture where there **was social hierarchy within families** (deep reverence for the elders) but there was a relatively loose culture in the workplace. At work, we were generally informal, ate together and sat in shared spaces relatively agnostic of rank. This was how my internship in Karachi existed. The senior registrar (sort of a fellow) would organize our work, assign patients, and conduct rounds before the attending came. Afterwards, we ate lunch together and played cards in the late afternoon when things were quiet. We shared rides home and we socialized as equals.

When I arrived in the US and began my internship anew, on my first overnight call, a nurse directed me to the call room. It was 2 am. Shortly after I fell off to sleep, I was awoken by a resident. This is the resident call room he said and asked me to leave, which I promptly did. After a few sleepy-eyed inquiries I found the designated intern call room. I didn't think much of this incident until a few days later when it dawned on me that the 'resident' who had awoken me had been an intern just a few days ago. Over the next few months, I began to sense the hierarchy that existed within the residency. There were several ways this was reinforced. One of the more memorable ones was the edict that the rectal exam was always the intern's job. I also recall that when the residents went to morning report, we, the interns, would gather for breakfast and conduct our own 'resident report' where we would 'discuss' our residents.

The practice of medicine increasingly involves teamwork, and within the residency, there is an 'interchangeable actor' principal. In other words, we can all do the rectal exam. As we progress through residency training, our natural inclination is to separate our newly acquired identity from the one we previously held. As we 'assemble' our new selves, we 'disassemble' our old selves. This involves a combination of 'programmed forgetting' (akin to the need to forget where you parked your car yesterday

so that you might remember where you parked it today) and a tendency to dislike your previous self/role: the - 'I'm so glad that I am not an intern any longer' sentiment.

I have learned over the years that **it's best to lean toward a network and away from hierarchy**. Both structures can (and do, of necessity) coexist but people thrive best in an egalitarian framework. While hierarchies are important for optimizing work, big change occurs in networks that would be otherwise stifled in pure command-and-control hierarchies. There are several ways I have attempted to strengthen the network-over-hierarchy paradigm. Notice that my email salutation is 'Dear Residents' and not 'Dear Interns and Residents.' Each one of us is a 'peer in progress.' Each one of us started as a medical student, traversed through the years of residency before embarking on our next steps. **Our identities are socially influenced and intertwined with one's concept of self**. The culture of the learning environment plays an outsized role - we are simultaneously learners and teachers even as we pay deference to hierarchy. Let's leave our titles and ranks at the door and work and learn as equals. Each member has something to offer up and down the chain. Each benefits from the guidance of the other. I do bear some scars from my own residency training from the hierarchical intern-resident boundary, but that was the 1980s – we are in a different era now of mutual respect, cooperation, and trust.

Residency Then	Residency Now
Follow	Lead
Copy	Innovate
Authority	Responsibility
Compete	Cooperate
Comply	Invent
Answer	Ask
Correct	Possible

With a healthy team dynamic, information exchange is free-flowing and energetic. In unhealthy teams there is either a culture of silence or one of superficial niceness. Exaggerated deference to the chain of command creates an **authority bias**, overvaluing the opinions of those above us and stifling ideas from below. Under stress, we can easily snap to the hierarchy framework and forget our deep and shared commitment to science, to patient care and most importantly, to each other. Each one of you has accomplished so much even before you got here. I had 1/10th of your credentials when I began this journey. You are different. You are better than I was. And this residency training era is better than the one I trained in. I remain in awe of you, and I am grateful that we have a more humanistic learning environment. Thank you for your commitment to an egalitarian residency training program. Every voice in this program matters and is valued equally. The wellbeing fuel gauge represents that unfettered voice – it is sometimes uncomfortable but remains valuable and essential to our energetic discourse. In the spirit of transparency and authenticity, I share the information. I keep the moderation light, but occasionally I miss something that is better addressed privately. For this I apologize. Thank you for bringing this to my attention – a striking reminder of the efficacy of the bottom-up approach.

From one human to another,

Dino Kazi