

dear residents

The Case for Lifelong Learning

November 26, 2023

Dear Residents,

I was recently at the American College of Rheumatology Annual Meeting – some people came right up to me asking me if I was who I was – I am apparently recognizable because of my role as the Rheumatology Board Chair for the ABIM. A couple of rheumatologists advocated for suspension of recertification and would prefer to simply engage in CME rather than take tests, whether these be once every 10 years or the quarterly online questions that are offered as an alternate pathway for recertification/maintenance of certification. One rheumatologist stated that he both loved and hated the quarterly questions – loved them because he felt that he learned a lot, hated them because he lives from deadline to deadline and that these questions are one more deadline that he must keep up with. Another told me that most of her practice involves rheumatoid arthritis and that she rarely sees anything else. She disclosed that she does a good job of keeping up with the latest developments in rheumatoid arthritis but that she didn't think that proactively seeking new knowledge in everything else would be a good use of her time. She would look up something if she had to.

Getting good at that one thing is what musicians and athletes do. They are devoted to perfecting that one skill. According to Malcolm Gladwell, it takes 10,000 hours of deliberate practice to achieve full muscle memory and approach perfection. Angela Duckworth suggests that grit is that quality of persistence and perseverance that gets you there. Deliberate, conscientious, and methodical practice makes perfect. In the medical profession we need to get good at several things and be prepared for the previously unencountered. Within our profession, we do have elements that require deliberate practice (think removing cataracts or performing endoscopy as examples) but by and large we are equal parts explorers and experts. We embrace the undifferentiated clinical presentation, and we hold ourselves accountable to treating our patients with the latest evidence-based expertise (I hear you refer to GDMT quite often. BTW, I did not know what that acronym referred to until someone enlightened me!).

When I graduated medical school, I graduated with methyldopa, hydrochlorothiazide, and propranolol as the mainstays of blood pressure control. I was briefly an expert in the management of hypertension. Captopril and nifedipine surfaced during residency and others like the ARBs came after I had finished fellowship. In fellowship, I treated rheumatoid arthritis with what would now be considered ineffective low-dose methotrexate. We used prednisone like water, convinced that staying on low to moderate doses of prednisone was safe. Much has changed over the years, and I've kept up with most of it through my own efforts, but also because I have entered a contract with society that I will maintain valid and verifiable credentials to ensure that I am practicing medicine in a safe and contemporary manner.

In stable environments like playing chess or the piano, a rigid adherence to routine will serve you well. Not so in modern medicine where rapidly changing rules and concepts will leave you ill-equipped. Today's resident is ready to think though novel diseases (COVID) or work through the myriad unexpected check-point inhibitor syndromes. Our work is full of surprises. Fluid, intellectually-intensive environments require different traits – thinking on your feet, getting comfortable with ambiguity, embracing and responding to error, and seeking out new knowledge – not just the elements ahead of you, but what may be coming over the horizon. To stay current, self-directed knowledge seeking may not be enough – because you don't know what you don't know. A carefully curated and continuously updated

curriculum developed by experts in your field is one answer. The curse of "expertise" is that we may become blind to our own knowledge decay. I experience this daily. I am so often humbled on the wards and in morning report with what I didn't know or from the discovery that my "expert judgment" had been long invalidated – I just didn't know to look. At least half of what I have learned has been replaced with new knowledge. The trouble is that I don't always know which half to discard.



Now more than ever, I value life-long learning. It's what gets me out of bed in the morning. It's what makes grand rounds and morning report so interesting, it makes me appreciate why [@David Johnson](#) often says, "I don't know anything about hematology."

Warmest regards,

Dino Kazi