

dear residents

Belonging and Organizational Justice

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Dear Residents,

We belong to a profession that gives us so much: the opportunity to hone our skills, find meaning in our work, help others, and continually advance our craft. Yet, this journey is undeniably tough. It begins in high school, striving for the grades needed to enter college, followed by earning the credits, experiences, and scores required for medical school. Then comes the pursuit of a residency, often a fellowship, and ultimately, the "real job" as a physician.

Traditionally, we've been taught to focus on this ultimate goal—the real job—as the primary driver for navigating the challenges of the journey. We tell ourselves we can endure almost anything as long as we stay on track. But along the way, many of us face stress, disappointment, fatigue, and burnout. For some, the toll is greater, leading to setbacks or even the difficult decision to step away from the path altogether.

Residency marks a pivotal phase of this journey—what could be called the second act. In the words of Dr. Johnson, "At the end of medical school, you become a doctor; at the end of residency, you become a physician." Everything before residency represents the first phase of your professional development. Residency and fellowship form the second phase, bridging the gap between medical school and the "real job," whether in community, industry, or academic work. Of course, the journey doesn't truly end there, but that's a conversation for another day.

Residency, however, may be the most demanding of all phases. It's a time of profound transformation, as you evolve from a learner into a "worker-learner," navigating a curriculum increasingly shaped by real-world experiences within the healthcare system. Residency programs formalize partnerships with health systems through Program Letters of Agreement (PLAs), ensuring a structured clinical learning environment aligned with national accreditation standards (ACGME common and specific program requirements). But beyond these formal agreements lies an unspoken understanding between the program and its residents—a shared culture that shapes your experience and growth.

There are two elements of program culture that I believe are most important: belonging and organizational justice. **Belonging** is a fundamental human need ([Maslow](#)) and a sense of belonging at work can be [quantified](#) through these four elements:

THE ELEMENTS OF BELONGING

Belonging at work means you feel seen for your unique contributions, connected to your coworkers, supported in your daily work and career development, and proud of your organization's values and purpose. We constructed a ten-point scale that measures belonging, rooted in four elements.



When you are seen at work, you are recognized, rewarded, and respected by your colleagues.



When you are connected at work, you have positive, authentic social interactions with peers, managers, and senior leaders.



When you are supported at work, those around you—from your peers to senior leaders—give you what you need to get your work done and live a full life.



When you are proud of your work and your organization, you feel aligned with its purpose, vision, and values.

Organizational Justice is a more complicated construct which flows from equity theory and addresses real or perceived inequities in the workplace. The domains of organizational justice include:

- Interpersonal justice – equal treatment with respect to dignity and respect
- Informational justice – the sharing of relevant information with everyone
- Procedural justice – fairly constructing schedules and providing equal opportunity to resources
- Distributive justice – refers to recognizing effort and outcome fairly.

Residency is a dynamic and complex experience, shaped by variations in individual schedules, rotation sequences, firm assignments, and differences in exposure to specific disease entities and training sites. Achieving procedural justice in this context is no small task. One strategy to promote fairness is by increasing degrees of freedom—broadening access to diverse learning opportunities. Another approach is enhancing simulation environments to help bridge gaps in clinical experiences.

The advent of combined programs and specialized tracks, while beneficial for tailoring unique training experiences, can sometimes inadvertently limit flexibility for others. I often imagine a future where residency training offers a "pick-your-own" experience, allowing trainees greater agency in shaping their paths. For now, we remain guided by prescriptive ACGME training requirements, which, though well-intentioned can limit choice as they aim to ensure broad competence and exposure to critical but often overlooked areas of medicine, such as geriatrics and addiction medicine.

Despite these challenges, I hope this program fosters a strong sense of belonging and fairness for you. Ultimately, you are the best judge of whether we succeed in this endeavor. As always, I am eager to hear your thoughts and perspectives.

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