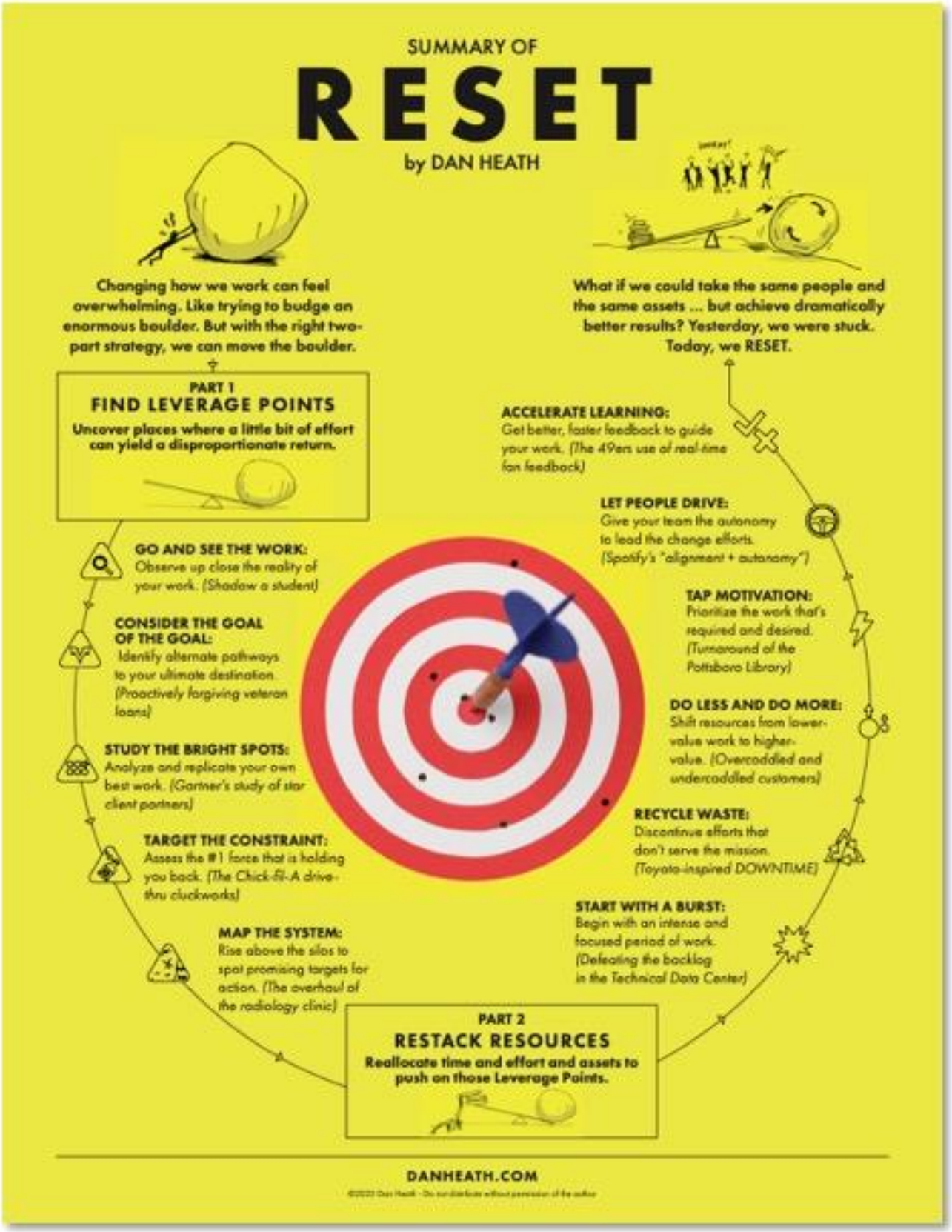
Resetting How We Work **April 20, 2025**

Dear Residents,

I know that you experience the inner workings of the healthcare system every single day — its routines, its inefficiencies, its moments of brilliance, and its persistent flaws. Being immersed in this environment, I imagine there are times when you pause and wonder whether there's a better way to do things — whether the system we've inherited can evolve into something more sustainable, humane, and effective.

Your observations have not just been passive reflections; you've actively voiced thoughtful suggestions, ranging from the simple yet meaningful — like eliminating plastic water bottles from our noontime lunches — to the bold and transformative, such as rethinking the structure of call schedules and eliminating overnight shifts on every rotation. These ideas reveal a mindset that not only questions the status quo but also dares to envision and advocate for a better alternative.

Imagine you were entrusted with the responsibility of becoming the hospital CEO or the head of a specific unit or area. How would you go about identifying the areas that need improvement and devising strategies to effect those changes? That's the central premise of Dan Heath's newest book, **RESET: How to Change What's Not Working**. Naturally, it caught my attention—after all, change management is a big part of my job.



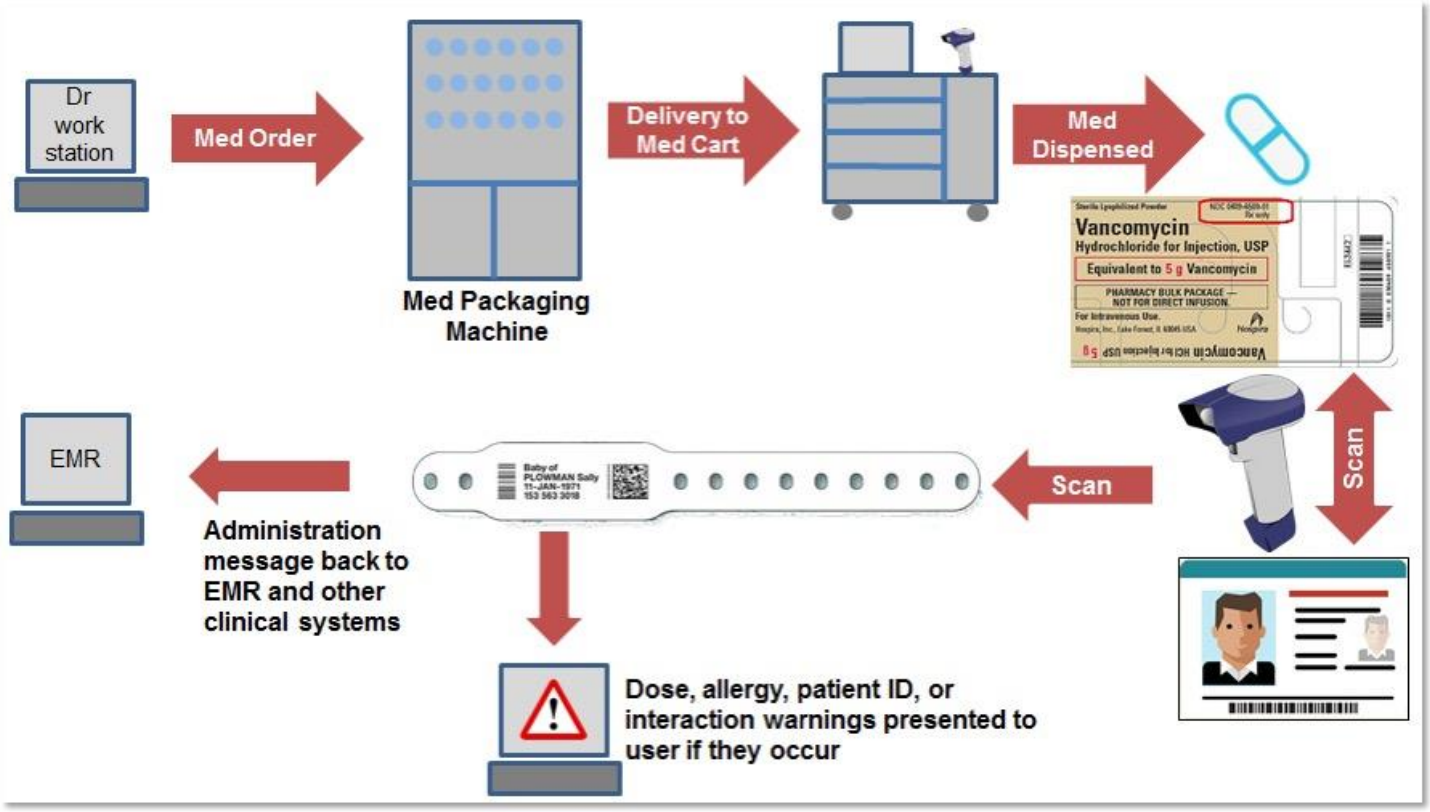
Heath begins with what I think is the most important principle: **Go and see the work**. In other words, move beyond the conference-room "guess-a-thons" where the loudest voice wins, and instead go to the front lines. See what's actually happening. Spend a day with a social worker. Shadow a nurse or a case manager. People doing the work usually understand it better than those managing them. Genchi Genbutsu, which in Japanese means "go and see for yourself" is a fundamental principle of Lean

manufacturing, emphasizing the importance of managers regularly visiting the production line instead of relying solely on reports. In residency training, this translates into the "direct observation" principle of resident education and is the cornerstone of competency based medical education (CBME).

Heath also points out that many projects stall—not because the ideas are bad, but because we try to move them forward via endless back-and-forth emails or misaligned calendars. The solution? **Start with a burst**. Get everyone in the room, align on the goal, and build momentum from the start. That's how our chief residents tackle the annual schedule—they hunker down and finish it in one focused effort. Our education team is doing the same, carving out half-days each week for focused bursts of project work.

Other strategies Heath outlines—though not new—are presented in a clear, practical way. You'll recognize them from systems redesign work: mapping processes, identifying bright spots, targeting bottlenecks, and reducing waste. During my time as chair of the Systems Redesign Committee at the VA, we used methods like PDSA cycles and DMAIC to make real improvements in appointment scheduling, clinic wait times, and patient flow.

As residents, you're perfectly positioned to identify both elegant solutions and glaring inefficiencies. You're on the front lines, where the best ideas often emerge. Take the story of **bar code medication administration (BCMA)**: it was born from a nurse's insight at a VA hospital in Topeka after she noticed how her rental car return was accurately and quickly accomplished with a hand held device scanning a barcode on the windshield. That one observation transformed patient safety nationwide.



So, if you have a Eureka moment—no matter how small—don't keep it to yourself. Share it. Your idea might be the one that resets how we work.

Happy Easter to all who celebrate.

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