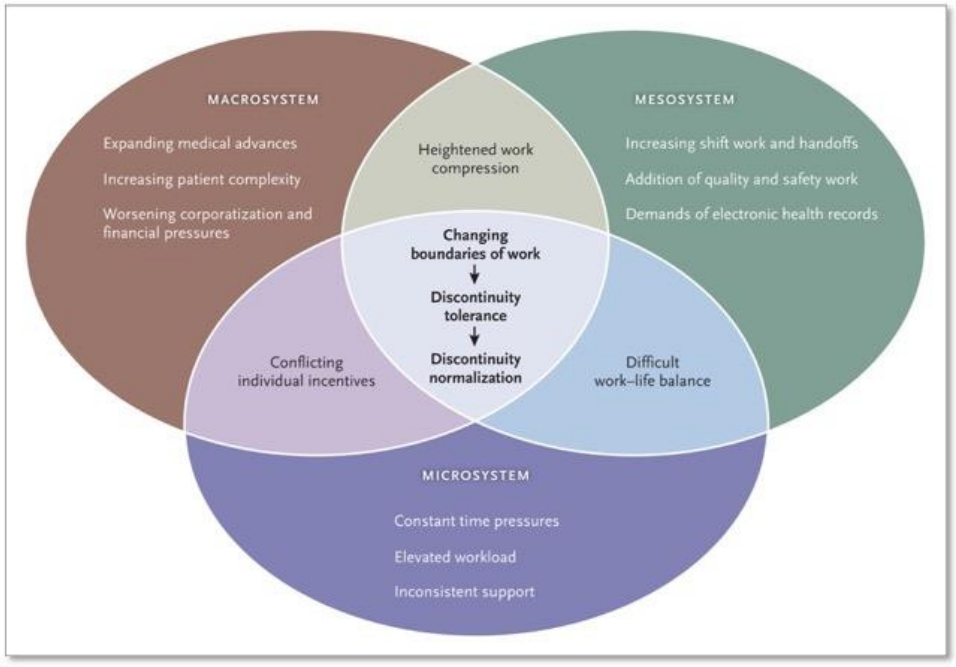
Embracing Change **July 6, 2025**

Dear Residents,

The new academic year is underway! And almost everything unfolded smoothly. We have an exciting year planned for everyone with some notable enhancements: POB added several new primary care slots, Team G was launched at Parkland, and we have moved Parkland Morning report to the 12 floor, right next door to the LRC. The CPH track residents will expand our learning footprint in several new areas, planning has commenced for new resident-led teams at Clements University Hospital, POCUS will be expanded, and the conference curriculum will be upgraded.

Change can seem unimaginable, but it inevitably occurs and often leads to positive outcomes. Plato was concerned that handwriting would impair memory. Musicians resisted the rise of streaming services, and wedding photographers distrusted the iPhone camera. I was an enthusiastic advocate for the Electronic Health Records when they first launched. Most physicians were wary of giving up the paper chart. Despite their numerous flaws, both direct (note bloat) and indirect (the emergence of the iPatient), EHRs have resulted in enhanced efficiency, improved safety, and augmented team collaboration. Artificial intelligence will undoubtedly be the next disruptive force in both patient care and medical education.

I had mentioned last week that the New England Journal of Medicine (NEJM) was launching a series on medical education to examine and understand how it is evolving. In the first article of the series, Eric Warm and his co-authors discuss the discontinuity crisis in medicine, which is driven by how we compartmentalize care, the drive to specialization, financial incentives, increasing medical complexity, and work compression. Solutions involve understanding the forces at play on three levels: macrosystem, mesosystem, and microsystem.



Discontinuity in Medical Education and Clinical Care

To address the crisis, the article outlines a multi-level framework with interventions tailored to each system layer. At the mesosystem level, innovations like longitudinal integrated clerkships and ambulatory long blocks show promise in restoring continuity. At the macrosystem level, policy changes and financial incentives, such as the CMS G2211 code, can support sustained relational care. Microsystem solutions require careful balancing of educational and operational needs to avoid overburdening trainees. Ultimately, the authors call for collective recognition of the discontinuity crisis and coordinated efforts to create sustainable, patient-centered, and learner-supportive systems. The goal is a culture that no longer tolerates fragmentation as the norm.

I did enjoy reading this broad perspective, but I also got the sense that the authors are critiquing some of the changes to residency training that improved resident well-being and morale (work hour limits, days off, shorter shifts etc.), while also drawing attention to work compression and time pressures. Given their concerns about shift work and handoffs, perhaps they want to restore longer shifts such as overnight call and limit or eliminate days off, but they don't explicitly state that. I am reminded of a quote attributed to Albert Einstein: *We cannot solve our problems with the same thinking we used when we created them*. The article moves toward a new mindset but doesn't fully inhabit it. It diagnoses the problem well, gestures toward solutions, and uses language that suggests system rethinking, yet it ultimately remains within the ecosystem that produced the problem. I look forward to the subsequent articles.

After a 2-week stint on the Parkland Wards, I'm taking next week off and will be back at work on July 14.

Sending wishes for a great week!

Dino Kazi