The Keystone Habit **September 7, 2025**

Dear Residents,

I can't remember why I chose to read this book back in 2012, but it helped me think through my priorities as I took on the role of Program Director. The book is called The Power of Habit and is written by Charles Duhigg. Perhaps the chapter that influenced me the most was the one about the "keystone habit." It describes how Alcoa (Aluminum Corportation of America) went from a struggling company full of safety incidents to the exact opposite - a profitable and safe place to work with fully engaged and empowered workers.

When Paul O'Neill took over as CEO of Alcoa in 1987, investors expected a speech about profits and strategy. Instead, he said his number one priority would be *worker safety*. Wall Street thought he was out of touch. But O'Neill understood that by focusing relentlessly on one *keystone habit*, everything else would follow. Safety forced managers to communicate openly, empowered workers to speak up, and built trust across the company. Over time, not only did injuries plummet, but efficiency, morale, and profits soared.

I reflected on this story in the context of residency training. From my own experience as a resident and as a faculty member, I knew that Internal medicine is filled with competing priorities - patient care, learning, research, wellness, service, and leadership. It felt overwhelming to decide on what to focus on first.

From 2012-2014, I spent my time learning the system referred to as Graduate Medical Education and familiarizing myself with not only the day-to-day workings of the program but also learning about the rules and regulations that govern us (ACGME, ABIM, TMB, UTSW-GME etc.). Things were already evolving and the ACGME was launching the Next Accreditation System. In 2014, the residency management system migrated from New Innovations to MedHub giving us some new tools to work with.

But like Alcoa, I thought our program would thrive if we focused on a single keystone habit. For me, that was **psychological safety:** creating a culture where every resident feels comfortable asking questions, admitting uncertainty, and speaking up for patient safety and personal wellbeing. Of course, we did other things too, but more than a decade later, I am convinced that this one area of focus lifted morale, improved trust and engagement and served as a springboard for other good things that followed - curricular reform, better meals, more protected time for education and wellbeing, increased scholarship, less sleep deprivation and more personal control.

With this keystone habit firmly rooted in our culture, the next area to focus on might be **clear communication** by making sure that our handoffs and notes consistently support excellent care. This year, we are building a framework to strengthen communication, and it begins with something simple but

powerful: **predictability of start and stop times**. When your colleagues know when to expect sign out, and when handoffs follow a reliable structure, we fully realize the benefits of moving away from 28-hour shifts toward more humane work hours without sacrificing patient care or your education.

Just as important, I want you to experience the stability and trust that come from **truly protected time** - for morning report, for noon conference, and even for the rhythm of call days that let you finish on time. These moments are not interruptions to your training; they are the heartbeat of it. The message should never be about endurance for its own sake, but about building a culture where your learning, your well-being, and your care for patients all flourish together.

The old 24+4 call cycle fostered a culture of rushing, as residents tried to beat the clock and avoid work hour violations. Even after 28-hour shifts disappeared (and should also disappear in the MICU by next year, barring unforeseen hurdles), that culture of rushing lingered. COVID compounded it: to minimize exposure, residents often defaulted to writing notes and checking results from home. Some of those practices may stay, but they should not come at the expense of thoughtful communication.

If we can recommit to predictable work hours and high-quality handoffs, we will achieve something important: a **win-win for residents and patients alike**. Residents gain balance and clarity; patients benefit from safer, more reliable care. This is the same ripple effect we've seen with other keystone habits - get the foundation right, and everything else grows stronger.

I so appreciate your commitment and your tolerance for change as we work together to continuously improve the program.

Warm regards,

Dino Kazi