Looking Ahead to 2026 **Dec. 28, 2025**

Dear Residents,

As the year draws to a close and a new one approaches, I find myself reflecting on what has been a truly remarkable year, not just within our residency program, but in all the large and small spaces that surround us.

Even as we work within the familiar "bubble" of medical education, we know, perhaps more clearly than ever, that learning does not occur in isolation. Just as there are social determinants of health, there are social determinants of learning. Our cognitive and emotional bandwidth is modulated by events around us: by uncertainty, by moral injury, by questions that challenge long-standing assumptions about the institutions and principles on which modern society and medicine are built.

Recently, while renewing my CITI training, I re-read the Belmont Report. It struck me how timeless and broadly applicable its three core ethical principles are, not only to research, but to education, clinical care, and leadership itself:

Respect for Persons - the requirement to acknowledge autonomy and the requirement to protect those with diminished autonomy.

Beneficence - Persons are to be treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being.

Justice - An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly.

These principles feel especially relevant at this moment in medicine. As Dhruv Khullar has written in *The New Yorker,* until relatively recently physicians held a near-monopoly on medical information and the delivery of care. That era has ended. With the rise of online platforms, increasing interest in non-traditional treatments, and the rapid emergence of artificial intelligence, medicine is undergoing what he describes as a kind of unbundling. Decades earlier, Paul Starr predicted that the corporatization of medicine would fundamentally remake American health care. It has, and it will continue to do so.

This evolving landscape creates new roads for us to navigate. I suspect that residency training will increasingly require new competencies: comfort with uncertainty, fluency in technology, and the ability to critically evaluate information that no longer flows solely through us. At the same time, it will demand something even harder: finding new ways to stay anchored to our core principles amid change. Regardless of how medicine is delivered, structured, or financed, our purpose remains unchanged: we are here to help others.

With that in mind, as we enter the new year, I want to highlight several areas of focus each grounded in those same ethical commitments:

First, access to VA information systems.

We must solve both initial onboarding and ongoing access challenges. When access lapses, it creates downstream effects that impact patient care, team function, and fairness to your colleagues. This is a systems problem, not an individual failing, and we will continue working with VA partners to make this more reliable and humane.

Second, deepening our engagement with patient safety.

Safety is something you carry at the bedside every day, but it is also a responsibility of the systems that surround you. I know that submitting patient safety reports can feel burdensome and, at times, disconnected from your already full days. Still, reporting is the first step that allows patterns to be recognized and systems to improve. Our responsibility as faculty is to make this work visible and meaningful, by engaging in reporting ourselves, closing the feedback loop, and role-modeling how physicians advocate for safer care at both the individual and system level.

Third, maintaining balance between patient care and education.

Service is essential, but education is not a byproduct. It is the mission. We will keep examining rotations, workflows, and supervision structures to ensure that learning is protected and meaningful.

Fourth, redesigning our evaluation system.

Feedback should be timely, specific, and useful. Our goal is to move away from diffuse, checkbox-driven assessments toward focused, constructive input that truly supports your professional growth.

Finally, leveraging AI thoughtfully.

AI tools can reduce clerical burden and enhance efficiency, but they must never undermine clinical reasoning, curiosity, or skill development. Our task is to use these tools as supports, not substitutes, and to prepare you for a future where discernment matters more than ever.

None of this work happens without partnership. You are not passive recipients of a program. You are co-creators of its culture. I remain deeply grateful for your professionalism, your advocacy for patients and one another, and your willingness to speak honestly about what works and what does not.

Thank you for everything you bring to this community. I look forward to the year ahead and to continuing this work together.

Warm regards,

Dino Kazi