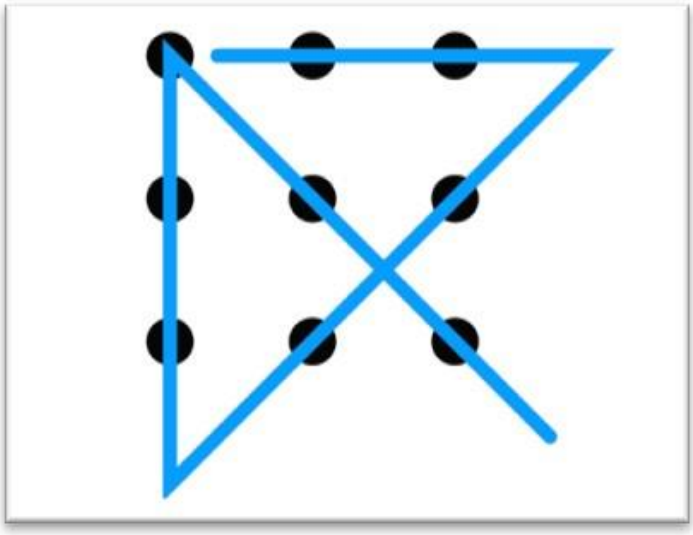
dear residents

Thinking Inside the Box **Jan. 11, 2026**

Dear Residents,

The phrase “think outside the box” comes from a simple puzzle: nine dots arranged in a square, with the challenge of connecting them using four straight lines without lifting the pen. The solution requires extending the lines beyond the implied boundary of the dots - literally stepping outside the box. It’s a useful reminder that some problems cannot be solved if we are often bounded by constraints that may or may not actually exist.



We often encourage one another to do just that - to be creative, daring, and inventive, and to push the limits of what’s possible. These instincts matter, especially at a time when change is accelerating all around us. Innovation has always moved our profession forward. But it works best when it is held in balance with inside-the-box thinking.

Residency, by design, is a defined period of training. It has a deliberately structured curriculum and a clear set of competencies, not to constrain you, but to ensure that you leave with a reliable foundation. Across disciplines, progress has often depended on the recognition of fundamental patterns that endure. Some truths, once discovered, are not easily refuted. Examples are the Pythagorean theorem, the Fibonacci sequence, predictable physical laws, or the core physiologic principles that govern the human body. These are not relics of the past; they are scaffolding. They allow complexity to be built safely on top of something solid.

William Osler spoke of the importance of method, and that lesson remains deeply relevant today. Methodical observation is what allows us to recognize patterns, detect deviations, and know when something doesn't fit. Consider heart failure: over time, you begin to recognize familiar constellations: progressive dyspnea, orthopnea, weight gain, rising JVP, subtle vital sign changes, or early renal dysfunction that often precede overt decompensation. Or consider delirium: the older patient who was conversant yesterday, now staring past you at 6 a.m., misplacing words, pulling at lines, and whose overnight "confusion" turns out to be the first sign of infection or medication toxicity. These patterns are not random. They have been observed, tested, and refined over decades.

Artificial intelligence is now firmly part of the landscape in which you are training. Used well, it is fast, can surface relevant information, and support learning. We trust you to use these tools, but always with a *trust and verify* mindset. AI can extend lines beyond the dots, but it does not know which dots matter most. It cannot see the patient, weigh competing priorities, or sense when something is wrong. The responsibility for judgment, interpretation, and action remains yours. During residency especially, there is value in not wandering too far outside the box. Mastery of method, fundamentals, and pattern recognition is what ultimately allows new tools to be used wisely and safely.

Residency at the end of the day is an inside job.

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