What Changes and What Remains the Same **July 5, 2026**

Dear Residents,

It's July again. It is the start of a new academic year, with new faces, new hopes, and new opportunities.

One of the most significant changes this year is the **retirement of the last remaining rotations with 24-hour call.** This transition **will require greater attention to handoffs and transitions of care**, but it should also result in less fatigue, improved well-being, and a more sustainable training experience.

When I began residency in the United States, I was struck by how many consecutive hours everyone seemed to work. At 3 AM the coffee was flowing. At noon conference the next day, heads would bob as exhausted residents fought to stay awake. Days off were rare. **At the time, this was simply accepted as part of becoming a physician**. But I remember wondering: Why were we doing this? To what end?

That question became more personal when a colleague fell asleep while driving home after call and was killed. She was seven months pregnant. It remains the most difficult funeral I have ever attended. More than three decades later, I still think about her whenever discussions about resident fatigue arise.

For many years, medicine viewed endurance as a virtue and sleep deprivation as a rite of passage. We now understand that fatigue impairs attention, memory, judgment, and learning itself. The goal was never to create exhausted physicians; the goal was to create excellent physicians. Those are not the same thing.

S**everal years have passed since the major studies examining resident duty hours were published**. These studies found that educational outcomes and patient safety could be maintained under different scheduling models, although questions remained about continuity, handoffs, and the educational value of prolonged clinical exposure. At the same time, an expanding body of neuroscience has reinforced what many of us experienced firsthand: fatigue impairs attention, judgment, memory, and learning.

Many of the people making decisions about graduate medical education trained in a different era, and it is understandable that they wonder what these changes mean for learning, professionalism, and patient ownership. I understand those concerns because I shared them. Yet I have come to believe that **patient ownership is not defined by the number of consecutive hours spent in the hospital**. It is defined by commitment, accountability, preparation, follow-through, and effective communication. Those values remain unchanged.

In many ways, medicine has already adapted to this reality. Hospital medicine has demonstrated that shift-based care can be both safe and effective. Nursing made this transition decades ago. Modern

healthcare also requires a degree of coordination that previous generations of physicians rarely encountered. Patients are sicker, illnesses are more complex, and care is delivered by larger teams across multiple settings. At the same time, electronic health records, inbox messages, computer screens, and smartphones continuously compete for our attention and cognitive bandwidth.

For all these reasons, I am convinced this was the right change to make. **Our challenge now is not to recreate the training experiences of the past**, but to build systems that preserve excellent education, strong teamwork, meaningful patient ownership, and compassionate care in the environment we practice in today. **The fundamentals of medicine have not changed**. Patients still need thoughtful physicians who listen carefully, think critically, and care deeply. Our goal is to help you become those physicians while ensuring that the path to getting there is safer, healthier, and more sustainable than it was for those who came before you.

Welcome to a new academic year. Thank you for being here.

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