

A Call for Collegiality in Residency

A residency program can be many things to the trainee: part workplace, part classroom, and part support network. Often, our residency programs become something of a second home. Given the stressful and demanding nature of residency education, we rely on the individuals around us to help create a safe and productive learning environment. The people around us often make the difference between a supportive environment and a toxic one.

All residents can remember a call shift when everyone seemed to be having a bad night. One of those nights when everyone had only nasty things to say, when nobody was in the mood to help. It did not matter whether you were the attending, resident, nurse, clerical staff, or medical student—everyone else was the enemy. We all took part in making it an especially bad night.

But why? Long hours, insufficient sleep, challenging cases, stress, and lack of staff support are frequently cited reasons. They are simply easy excuses to rationalize our behavior.

Maybe it is a radical idea, but our nights (and days) might just go that much better if everyone was collegial. So what does collegiality look like? It starts with establishing a working relationship through a simple introduction to your team—this includes your direct service team, other health professionals, and consultants. It challenges us to recognize that everyone in the hospital is busy and that we're in it

together for the benefit of our patients. It means genuinely listening to our colleagues, understanding their concerns, hearing their call for help, and moving beyond self-interest. It requires recognition and appreciation of the unique skill set and expertise that each of us brings to the patient experience.

Communicating effectively and negotiating disagreement respectfully through an informed discussion, particularly in cases where generalist and specialist disagree on the reasons or urgency to do something, builds trust and credibility among resident colleagues. It involves making the extra little effort whenever possible.

We will not stop advocating for improvements to residency training, including fatigue management strategies, better call room environments, more inclusive work environments, and valuing education over service. As we work toward making those values universal, however, we can do ourselves a favor and treat each other well.

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Both authors hold uncompensated positions with Resident Doctors of Canada (RDoC), an organization representing more than 9000 resident doctors across Canada on national medical education and health policy issues. Opinions are our own and are not representative of the views of RDoC.