What Residents Need

To the Editor:

I would like to comment on your editorial "Graduate Orthopedic Medical Education: You Can't Always Get What You Want," (McCann PD. *Am J Orthop*. 2006;35(11:497).

I retired from surgery 1 year ago after 40 years in the field. This editorial reminded me of what I heard in 1963 from world-famous attending staff: "You residents are knife happy." Or "You need to learn judgment, not technique." Or "My job is to keep you out of the OR." I also heard attendings say, "This guy can't operate worth a damn and we are going to loose him on the public in 6 months—we've got to do something!"

This business about a commitment to continuing education is baloney. Why would I have sentenced myself to 13 years of torture and 90-hour weeks if I was not committed to learning? Why would I go to more than 30 AAOS meetings and get up at 6 AM to go to instructional course lectures? Why would I subscribe to journals, if not to keep up?

Surgery is a learned skill and must be practiced continuously to develop. Mastered techniques are never obsolete. They evolve to meet new needs. The beauty of orthopedic surgery is that while the foundation provided by anatomic knowledge expands, it never becomes obsolete. Examples include my training in putting in an Austin Moore prosthesis, which evolved into total hip arthroplasty. The open disc procedure evolved into microscopic discectomy. The open synovectomy provided the approach for knee replacement. Plating techniques for fractures improved with less stripping and better hardware, but the basic approaches have remained the same.

Residents write papers, go to staff meetings, and then have to do their daily jobs. I think faculty should stress surgical skills. Everything else follows naturally. I know several physicians who completed a renowned residency program and never set a fracture during the course of it. This is terrible. I believe that this editorial sends the wrong message.

Robert Harway, MD
San Luis Obispo, California

In Reply:

Dr. Harway very clearly states that acquiring surgical skills, not training in research methodology, is the most important aspect of orthopedic training.

He raises an excellent point. Certainly we need to teach residents the technical skills required for a successful surgical career. The ideal residency program should embrace both aspects of orthopedic training—specific surgical skills and the intellectual underpinnings of medical judgment, decision making, and an orientation to ongoing learning. I believe that Dr. Harway would agree with me that our orthopedic training programs should produce surgeons who are sound thinkers as well as great technicians.

The American Journal of Orthopedics welcomes all correspondence and encourages our readers to share their opinions with us.

Peter D. McCann, MD
New York, New York