

Coeditors

Corédacteurs

JONATHAN L. MEAKINS, MD

Montreal: tel 514 843-1504

fax 514 843-1503

email jonathan.meakins@muhc.mcgill.ca

JAMES P. WADDELL, MD

Toronto: tel 416 864-5048

fax 416 864-6010

email waddellj@smh.toronto.on.ca

Managing Editor

Rédactrice administrative

GILLIAN PANCIROV

Ottawa

Book Review Editor

Rédacteur, critiques de livres

RAY CHU-JENG CHIU, MD

Montreal

Editorial Assistant

Assistante de la rédaction

WILMA FATICA

Ottawa

Editorial Board

Conseil de rédaction

GILLES BEAUCHAMP, MD

Montreal

ROBERT S. BELL, MD

Toronto

MICHAEL GROSS, MD

Halifax

KENNETH A. HARRIS, MD

London

CHRISTOPHER HEUGHAN, MB BChir

St. John's

RÉAL LAPOINTE, MD

Montreal

WILLIAM J. MACKIE, MB ChB

Edmonton

PETER J. O'BRIEN, MD

Vancouver

ERIC C. POULIN, MD

Toronto

CECIL H. RORABECK, MD

London

NORMAN S. SCHACHAR, MD

Calgary

Section Editors

Rédacteurs des sections

ROBERT S. BELL, MD

Toronto

DAVID P. GIRVAN, MD

London

DONNA I. MCRITCHIE, MD

Toronto

PETER L. MUNK, MD

Vancouver

ORI D. ROTSTEIN, MD

Toronto

NIS SCHMIDT, MD

Vancouver

LAWRENCE A. STEIN, MD

Montreal

Editors' View

EDUCATION VERSUS SERVICE — THE RESIDENT'S DILEMMA?

Every training program in Canada faces challenges regarding the delicate balance between service requirements and educational opportunities for surgical trainees. Guidelines from the Royal College of Physicians and Surgeons of Canada are available to guide program directors and division and department chairmen to ensure that service demands do not overwhelm the trainee, thus impeding his or her ability to obtain maximal educational benefit from the work experience. Unfortunately these guidelines are frequently vague, and when training programs are reviewed, the resident service experience may be overemphasized by both the residents and the reviewers.

Everyone recognizes that an element of practical "hands-on" experience is essential for the adequate training of people involved in procedural specialties. No amount of reading, viewing videotapes or simulated operating can replace the "real thing" in providing trainees with the experience necessary to assume independent practice in their chosen specialty. Of equal or greater importance are the decision-making processes involving patient-physician interaction, consultation and advice, and the postoperative management of the patients. These are the essential elements of successful surgical practice.

In the current training system in Canada, surgical residents are expected to learn by doing; to go to the Emergency Department of their assigned hospitals to assess patients with urgent

or emergent problems; to attend outpatient clinics to learn appropriate history-taking and physical examination and other patient assessment investigations; to attend ward rounds on a regular basis in order to learn the management of the postoperative patient; and to attend some type of ambulatory care or office setting to learn the nuances of managing patients with ongoing problems after surgical intervention. All of this takes considerable time and effort on the part of the trainee and the attending surgeon.

The issue of hours of work has now become a central part of the bargaining process between professional resident unions and the teaching hospitals in which residents work. Residents are spending increasingly less time on-call on the surgical services to which they are assigned and are frequently excused routine clinical duties in order to attend structured teaching sessions to ensure appropriate didactic education. This combination of decreased clinical exposure by virtue of union agreements and the demands by the Royal College that an ever-increasing amount of nonclinical education be provided in didactic form may have a serious negative impact on the practical educational objectives for surgical residents. Given that global salary support for trainees is fixed by provincial governments, lengthening the training program to increase clinical exposure would automatically result in fewer trainees per year, thus exacerbating an already significant manpower problem in specialty surgery. Bargaining for hours of work should not be left to the administrators of teaching hospitals in isolation but should include appropriate attending staff representation to ensure that educational objectives are considered in these agreements; furthermore, program directors and division and department

chairmen should continue to lobby the Royal College to stop increasing demands for didactic teaching in non-clinical areas such as ethics and communication, which are much better learned by direct observation of role models in the clinical setting.

The short-term gain of decreased on-call hours and shorter hours of work is not worth the price that these trainees will pay if they enter practice ill prepared for the realities of specialty surgery in Canada.

