Canadian Journal of Surgery | Journal canadien de chirurgie

Generations of training

Two recent academic events came together in what might be considered a synergistic fashion and caused me to consider once again the issues around surgical training in Canada in the further light of our ability to deliver appropriate care in the community by ensuring that Canadian trainees are given appropriate exposure to good teaching and good clinical experience.

I was recently asked to give a talk on generational differences among physicians and how this affects orthopedic surgery. At much the same time we were conducting, within our own Division of Orthopædic Surgery at the University of Toronto, a faculty development exercise on the strengths and attributes in trainees that would ensure success in later practice. Trainees were asked as well what they felt they needed in their training program to ensure their success during their residency, with the Royal College evaluation process and finally in clinical practice.

The research around generational differences has revealed that "Gen Xers" — members of the so-called Generation X — enjoy unprecedented mobility, a healthy suspicion of authority, a lack of institutional loyalty and a readiness to look at every alternative rather than simply accepting what they are told or taught.[1,2] Many of the characteristics of current trainees that we find so difficult I think reflect the generational difference in attitude toward work, authority and commitment. Although many of us wonder why residents nowadays are not "more like we used to be," it is my impression that the trainees are probably wondering the same thing about us: Why aren't *we* more like *them?*

This impression was buttressed by the survey we took about resident attributes. The dozens of responses we received basically expressed 5 themes, which might be termed honesty, dedication, intellectual curiosity, technical ability and capacity for hard work. Most will all agree that these in fact are characteristics amply demonstrated by our trainees, and no different from the qualities we had as trainees and hope to continue to retain as practising surgeons.

When residents what they wanted or liked in their training program, the replies were equally predictable: courteous and helpful nursing staff, dedicated attending staff, good lectures and didactic teaching, ample access to instruction about procedures and a caring and committed faculty. What they don't want are teachers who blame the trainee for procedural inadequacies or the hospital in which they work for deficiencies, or who cannot accept the inevitable change in education that is occurring all around us.

The lesson I learned was that there exists no great discrepancy between what the teachers and the taught feel they need in order to be successful. There is no shortage of opportunity for trainees to obtain what they need to feel comfortable about what they are learning now and what they will practise in future. The people who teach should be sensitive to the generational differences that make current trainees seem less involved or engaged in the exercise of learning, and recognize that our current residents' commitment to excellence is no less than was ours when we were learning our craft.

James P. Waddell, MD
Coeditor

References

1. Putnam RD. *Bowling alone: the collapse and revival of American Community*. New York: Simon and Schuster; 2000.
2. Greene, J. New doctors prefer to practice in cities. *American Medical News* 2001; August.