

References

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AUTHOR RESPONSE

We thank the authors for their interest in this preliminary weekend warrior study. While we agree with many of their comments, their reference to a negative assertion associated within the term “weekend warrior” is unclear to us. We have not witnessed any particular negativity associated with this term. More specifically, many of our patients use it as a badge of honour to indicate a continued attempt at maintaining a healthy and active lifestyle in the era of long work weeks and sustained commitment to family and occupation. In fact, the term is used in a friendly supportive manner among some of our most accomplished athletes injured on the weekend (i.e., ex-Olympians).

We do agree that this work is preliminary. As previously docu-

mented in our centre’s equestrian injury publications,^{1,2} the only way to truly determine root cause factors remains prolonged individual patient follow-up. This is currently underway among our weekend warriors and will hopefully provide us with definitive data on skill level and decision making analyses. We look forward to presenting this data in the near future.

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**HUMBLE CORRESPONDENCE:
GAINING A Foothold IN THE
SURGICAL LITERATURE**

We enjoyed Farooq and White’s essay that paints a wonderfully accurate picture of our educational world, where “rapid communications technology” rules the roost. They intelligently describe the myriad benefits of our technological age, while balancing these against drawbacks, including potential distractions.¹ However, they neglect online journals, which are now ubiquitous. Through online content, students and surgeons can instantly access and learn from articles that previously took weeks to obtain, thus hugely progressing our profession.

Telecommunication has utterly revolutionized the process of publishing research, making this established and fundamentally required practice

even easier. Nonetheless, we still perceive another barrier to publication for our future surgeons, the medical students and junior doctors of today.

The blockade is rudimentary: tomorrow’s surgeons simply do not know how to begin publishing. Unfortunately, universities provide inadequate guidance for writing papers, probably due to already swollen curricula, and while seniors may have confidence in our surgical future, concerns exist regarding the need to instill the significance of publishing to the next generation.² A thorough discourse is beyond the scope of this piece, but we wish to make some suggestions for surgeons-to-be.

An apropos place to start for first-time writers is correspondence or letters to the editor. These articles are concise opinions in response to published research or stand-alone pieces discussing topical issues or presenting research not substantial enough to warrant a full article. They may not garner as much respect as a review or an original research paper, but they are easier for juniors to write and often database. Going through the motions of letter publication provides juniors with important skills, such as cover letter writing, debating authorship and maintaining good academic conduct. Furthermore, they can enjoy seeing their names in print postpublication and gain the satisfaction having generated valuable debate. It is pertinent to remember that letters are opinions and thus the lowest form of evidence on the Oxford Hierarchy of Evidence;³ as such, juniors must aim to publish more substantial articles. However, naive academic surgeons would be in a stronger position to publish more meaningful papers having gained a foothold in the literature with a humble letter and having acquired the associated skills and confidence.

It can be tricky for the inexperienced to generate appropriate material. This mnemonic might light a

SPARK of an idea:

S — Stay alert for grey areas, changing practice and controversial opinions.

P — Published papers are easily mined, critiqued or added to. Authors deeply value feedback.

A — Attempt submission. Responses are quick and constructive.

R — Revise a rejection. Tweaking is painless.

K — Keep going. If your idea is original or stimulating, it should get accepted for publication.

It is crucial that the surgical community cooperates to bolster the publishing prowess of students and juniors. This will enable a secure surgical future and potentially expand the quality of surgical research: tomorrow's surgeons will possess greater abilities having started at a foundational juncture. In the meantime, we hope fledgling surgeons take something practical from our suggestions and share our opinion of the great potential of humble correspondence.

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How you can get involved in the CMA!

The CMA is committed to providing leadership for physicians and promoting the highest standard of health and health care for Canadians. To strengthen the association and be truly representative of all Canadian physicians the CMA needs to hear from members interested in serving in elected positions and on appointed committees and advisory groups. The CMA structure comprises both governing bodies and advisory bodies either elected by General Council or appointed by the CMA Board of Directors. The Board of Directors — elected by General Council — has provincial/territorial, resident and student representation, is responsible for the overall operation of the CMA and reports to General Council on issues of governance.

CMA committees advise the Board of Directors and make recommendations on specific issues of concern to physicians and the public. Five core committees mainly consist of regional, resident and student representation while other statutory and special committees and task forces consist of individuals with interest and expertise in subject-specific fields. Positions on one or more of these committees may become available in the coming year.

For further information on how you can get involved please go to <https://www.cma.ca/en/Pages/get-involved-in-cma.aspx>, or contact

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By getting involved, you will have an opportunity to make a difference. We hope to hear from you!

Comment vous pouvez vous impliquer dans l'AMC !

L'AMC est vouée à jouer un rôle de chef de file auprès des médecins et à promouvoir les normes les plus élevées de santé et de soins de santé pour les Canadiens. Afin de renforcer l'Association et pour qu'elle représente véritablement tous les médecins du Canada, l'AMC a besoin de membres intéressés à occuper des charges élues et à siéger à des comités et des groupes consultatifs. La structure de l'AMC se compose d'organes de régie et d'entités consultatives élus par le Conseil général ou nommés par le Conseil d'administration. Le Conseil d'administration, dont les membres sont élus par le Conseil général et représentent les associations médicales provinciales et territoriales, les résidents et les étudiants en médecine, est chargé de l'administration générale de l'AMC. Il rend compte des questions de régie au Conseil général.

Les comités de l'AMC jouent le rôle de conseillers auprès du Conseil d'administration et présentent des recommandations au sujet de questions particulières intéressant les médecins et la population. Cinq comités principaux sont constitués principalement de représentants des régions, des résidents et des étudiants, tandis que les autres comités statutaires et spéciaux et les groupes de travail réunissent des personnes qui s'intéressent à des sujets précis et possèdent des compétences spécialisées. Des postes pourront devenir vacants dans un ou plusieurs de ces comités en cours d'année.

Pour obtenir plus d'information au sujet des façons de participer, veuillez consulter <https://www.cma.ca/fr/Pages/get-involved-in-cma.aspx> ou communiquer avec

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Votre participation peut faire la différence. Nous espérons avoir de vos nouvelles !

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