

# Educating Our Residents: More Important Than Ever

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**T**he *American Journal of Orthopedics* is fortunate to have 3 papers concerning the present residents-in-training pool in orthopedic surgery.

The most important tasks we have as teachers and teaching mentors for the future of our discipline—orthopedic surgery—are to attract the best students, to train them in the best manner possible, to critically evaluate them during and after their training, and to influence and inspire them to take over our roles as teachers and role models and, yes, to surpass us. If we lose sight of the necessity for our replacements to be smarter, better-trained, and more dedicated surgeons, we will be like the dinosaurs of the past: although at the top of our game today, we will become extinct, certainly in our leadership function. We will be replaced by less smart, less dedicated, and less able surgeons, to the detriment of patient care, research, and orthopedic progress. All of us involved in resident training realize we have to go further back in our students' careers to best influence them to be what we really want them to be: dedicated, good surgeons.

How do we get the most talented students to become interested in medicine as a career? Ideally our efforts should start in elementary school, high school, and college. With physicians now faced with so many bureaucratic obstacles and decreasing incomes, many of the "best" and most dedicated students are now being attracted to other fields. It is not surprising that top students are being drawn to careers in investment and finance, law, computer sciences, and



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other disciplines, where the incomes are better, working hours are shorter, and the life styles perhaps better and less stressful than careers in medicine now offer. The future of medicine, and not only the field of orthopedic surgery, is at a crisis stage. These three papers at least try to answer some of these questions.

In “Resident Work-Hour Rules: A Survey of Residents and Program Directors’ Opinions and Attitudes,” Dr. Immerman and colleagues examine the opinions of these two groups regarding the new resident work-hour rules. The new resident work-hour rules established by the Accreditation Council for Graduate Medical Education (ACGME) in 2003 for nationwide use have been established for all accredited programs in the U.S. These were established primarily to improve patient care and, as a by-product, to improve resident education, research capabilities, and quality of life for its participants, as well as to adjust the residency programs to meet the requirements of these rules.

Have these new rules improved residency education? It depends on who responded to the questionnaires in the study. The more junior the resident, the better his/her education was perceived because of these new rules. However, the more senior residents’ responses, as well as those of their program directors, indicated that there were no changes in the quality of their residency programs, patient care, time spent at surgery, or time involved with research because of these rule changes. The residents did not do more reading, research, or additional surgical cases because of the changes.

Regarding quality of life: Here, there was unanimous opinion. Under the new work rules, residents could spend more time with family and friends, were better rested, and had more free time.

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Regarding patient care: None of the responders felt that because of these rule changes the number of patient treatment errors had decreased or that there was any improvement in the quality of patient care. The only difference was that the junior residents felt that the new rules were good for patient care, but the senior residents and program directors disagreed. Since patient care and quality of education were not seemingly affected by these rules, is there something that can be done to improve that?

Congratulations to the authors for suggesting changes, such as new information technologies, changes in scheduling, and increasing support staff, such as physicians' assistants, nurses, etc. Future studies are in order.

In "Faculty Turnover and Resident In-Training Examination and Board Scores," Dr. Kragh and colleagues find, as expected, a significant association between faculty turnover and the Orthopaedic In-Training Examination (OITE). OITE scores are significantly

lower when faculty turnover is frequent. Should a student investigating a program for himself or herself pay attention to this standard?

What was unexpected in this study is that American Board of Orthopaedic Surgery (ABOS) scores were *not* related to OITE scores. I thought this was confusing at first; however, I think it reflects that if OITE scores are low, the resident has at least 2 to 4 years after training to prepare for the ABOS examination; a resident's knowing his or her OITE deficiencies allows him or her to develop a more intensive study program to prepare for the board examinations. Therefore, the OITE scores are especially helpful for the low-scoring resident, who can work on his deficiencies. A most intriguing question is how the OITE scores and ABOS scores reflect on the future orthopedic surgeon's success—academically, surgically, and clinically, with regard to patient care, as well as economically—10, 20, and 30 years after these examinations.

In "Orthopaedic Surgery Residents' Study Habits and Performance on the Orthopaedic In-Training Examination," Dr. Miyamoto and colleagues examine the correlation between residents' study habits and their performance on the OITE. Do improved results on the OITE reflect better study habits and earlier preparation? And how does this affect the future surgeon? It seems that doing well on the OITE is correlated with passing ABOS exams, but is not correlated with ABOS scores.

This study demonstrated that continued reading of important journals and studying with one's peers is the most effective way to pass the OITE and ABOS exams. Spending significant time in preparation for these examinations is critical. The limiting factor of this study is that it was only done with residents at the NYU Hospital for Joint Diseases program. The question also unanswered is, "What effect does performance on the OITE and ABOS exams have on the future surgeon and on patient care?" A very serious question, but can it be tested?