Correspondence
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Resident training

I read with interest your editorial note titled "Generations of training." I was impressed with the results of your survey of residents and the attributes they felt were important. McCollister Evarts of Rochester, New York, performed a similar survey in 1984 of the faculty heads of divisions of orthopedics across the USA. He presented these findings to my group in our last educational session prior to graduation. (I believe this was published.) His findings were that the most important attribute of a resident, according to these academic leaders at least, was that they should quietly do their work and not cause trouble. The qualities of intellectual curiosity and technical ability did not rank in the top 10.

We were outraged. Our feelings were much the same as your residents'. Our feelings reflected your findings. I am not sure anything much is changed over 20 years, on either side of the fence.

The young and idealistic believe that honesty, dedication, intellectual curiosity, technical ability and a capacity for hard work are essential elements of "the job." Older physicians just want to get the work done as simply as possible and go home.

As you know, I still tend to question the logic and results of our treatment paradigms and work. I do not labour in an academic setting where my own thoughts and work might be questioned; perhaps that has allowed me to maintain my idealism. Since I do not depend upon the intellectual support of my group or on the publication of my papers, I perhaps feel freer to express my doubts in public forums and to challenge long-cherished concepts and proud clinical results.

Perhaps residents and staff should both be polled about the ideal characteristics of their group and the other.

Most important, I believe, is that both "sides" understand that both are imperfect and learning. Tolerance and understanding should fit somewhere in the top 5 desirable character traits of staff and trainees.

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Snowmobile trauma, alcohol and the law

Thank you for the article in the April issue outlining injuries sustained by snowmobilers (*Can J Surg* 2004;47:90-4). I note that 70% had blood alcohol levels above legal limits for driving a motor vehicle. I note also your conclusion that trailside monitoring was unlikely to affect the incidence of alcohol use or the rate of injuries.

Alcohol certainly is associated with a significant incidence of injuries related to motor vehicles, whether they be snowmobiles, all-terrain vehicles, motorbikes or cars. Blood alcohol levels obtained without legal consent and witnessed by representatives of the law are inadmissible in court; perhaps the law should be changed. Should it be mandatory that all patients presenting with nontrivial injuries related to motor vehicle accidents provide blood for an alcohol assay?

Furthermore, all drivers found to have a notably elevated serum-alcohol concentration should be charged, as with driving a motor vehicle on the highway. By such methods can the serious toll on operators, passengers and pedestrians be addressed.

The costs to society are considerable. The fact that individual riders often hurt only themselves is irrelevant; all society pays for their treatment and (if they sustain lasting disability) care, possibly for the rest of their days.

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