Editor's message

Trainees are often an integral part of large teaching center hospitals, and intricately involved with large volumes of medical cases. Patients seeking out staff physicians often underestimate the role that learners play in their care. Occasionally during clerkship though, we encounter patients requesting they be entirely excused from resident doctor or student involvement. Rarely is it seen as an affront to the trainee; after all, it is the patients' health in question.

But do learners truly have a negative impact on patient outcomes? To date, there has been little research on the topic, and what does exist in the literature seems inconclusive. It has been shown that resident involvement in surgical cases is safe, but differences in morbidity and mortality are not as well delineated. Logic suggests that sole involvement of the expert attending physician would lead to better outcomes, however it may be more complex than that.

A recent article in *Plastic and Reconstructive Surgery* attempted to evaluate the effect of residents on plastic surgery case outcomes. They assessed over 10,000 patients treated by plastic surgery, and attempted to control for a number of the factors that would create bias in the results. Perioperative risk factors and propensity scores were factored into their statistics to provide a relatively unbiased assessment of resident influence on plastic surgery outcomes.

Overall complications were indeed higher in cases with resident involvement; in fact, incidences of a number of untoward outcomes increased. Clearly these are unfortunate findings from my, a learner's, perspective. However, it is more complicated than just that. Residents were involved in more complex cases and with sicker patients. Smokers and obese patients were more likely treated with help from trainees – both very important factors in the reconstructive surgeries studied. Additionally, the actual role of the resident in each case is impossible to infer. Were the residents merely cutting stitches or anastomosing vasculature structures? Of course, nonrandomized retrospective reviews have their own inherent limitations as well.

Although the authors made every effort to limit bias in this study, my opinion is that the results are unenlightening. It seems residents, or medical students for that matter, would not be adhering to evidence based medicine if they stood up and insist they be involved in the reluctant patients' care. However, politely stepping aside may not be in the patients' or trainees' best interest either. As the resident work hour debate becomes more heated in Canada, this topic will undoubtedly be revisited. The *Dalhousie Medical Journal* welcomes your thoughts and also invites you to enjoy the enclosed issue.

Regards,
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References

1. Jordan, Sumanas W.; Mioton, Lauren M.; Smetona, John; et al. Resident involvement and plastic surgery outcomes: An analysis of 10,356 patients from the American College of Surgeons National Surgical Quality Improvement Program Database. Plastic & Reconstructive Surgery. 131(4):763-773, April 2013.