DOI: 10.1503/cjs.008114

Reference

1. Benson DR, Riggins RS, Lawrence RM, et al. Treatment of open fractures: a prospective study. *J Trauma* 1983;23:25-30.

Regarding "Factors affecting the relative age effect in NHL athletes"

I read with interest your recent article in the *Canadian Journal of Surgery*[1] in which you report that a small effect was found in relative age effect (RAE) of birth month when the year was divided chronologically in 2 6-month blocks. As I read it, 2 questions arose.

The article reports the height and weight of players. Was this information characterizing players for that season part of the NHL roster? If so, I wonder if you considered using the height, weight and time of drafting and your opinion on their potential effect.

Second, do the other jurisdictions from which NHL players originate share the same birth month–related categorization policies as Canada does in the early years of play? I wonder if that could explain the lack of identified RAE effect you found.

Thank you for informing the discussion on this topic.

Pierre Guy, MD, MBA
Associate Professor
Department of Orthopedics
University of British Columbia
Vancouver, BC

DOI: 10.1503/cjs.006714

Reference

1. Parent-Harvey CI, Desjardins C, Harvey EJ. Factors affecting the relative age effect in NHL athletes. *Can J Surg* 2014;57:157-61.

Author response

Thank you for taking the time to share your questions.

Regarding the height and weight of players, the data for height and weight were obtained for the season itself. We used this data for 2 reasons: (1) the players are in the NHL because of their current fitness and physical attributes, not the attributes they were drafted with, and (2) this information was most readily available and verified.

Regarding other jurisdictions, although this information is not readily available, other jurisdictions probably do not have the same narrow and restrictive draft conditions that cause an RAE. We discuss in the article why the RAE happens in some sports and not others worldwide. Pavel Datsuk has stated publicly that if he had been in the Canadian system as a youth he would never have been drafted. That would have been a real loss!

Thank you for your questions. I hope this response answers your concerns.

C. Parent-Harvey
Montréal, QC

DOI: 10.1503/cjs.009214

Medical student–run education: the next steps

The recently published paper by Li and colleagues[1] offers interesting insights into the potential for medical student–run medical education. The medical student–run provision was popular and the researchers were able to show significantly more interest statistically in surgical careers in the intervention group. However, the researchers are also correct that further qualitative analysis of their data should prove useful. The limited qualitative data that they have provided are tantalizing. The learners felt that the senior medical students were good role models and clearly felt more empowered to ask them questions. Conversely, the teaching staff was perceived as being more cutting-edge, albeit limited by staff time constraints. It would likely prove fruitful if further qualitative research could delve into these thoughts and reflections. Such qualitative research is unlikely to find that one form of education is better than another, but it might tease out the exact outcomes that are most effectively and efficiently achieved with student-delivered and staff-delivered learning. A learning package could then be put together, taking the best features of both forms of delivery. This package could then be evaluated.

Another point of note is that the researchers understandably concentrated on the learner outcomes; however, it would be interesting also to hear the feedback of the student educators. It would be interesting to know whether they felt positive about the experience, whether they consolidated their own knowledge and skills by teaching others, and whether they developed teaching skills themselves. This would be a secondary but still worthwhile outcome. As soon as students graduate and become doctors, they are automatically expected to begin teaching juniors, so any experience that they can obtain as undergraduates would likely prove useful. Many of the teaching skills that they develop are also transferable skills (e.g., communication and presentation skills). These are yet more reasons to encourage the involvement of students in the teaching process.

Kieran Walsh, MBBCh, FRCPI
BMJ Publishing Group, BMJ Learning
BMA House
London, United Kingdom

DOI: 10.1503/cjs.006514

Reference

1. Li JZ, Chan SC, Au M, et al. Review of a medical student-run surgery lecture series and skills lab curriculum. *Can J Surg* 2014;57:152-4.

A not-so-systematic review

In evaluating Ebrahim and colleagues' meta-analysis,[1] which compared low-