

When vocation points to Orthopedics and Traumatology

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The meaning of the word “vocation”, in this case, in the field of Orthopedics and Traumatology (VOT), comes from the Latin word *vocatio*, which means “a calling to fulfill a useful mission for mankind and society as a whole”.

This condition has been pointed out since Ancient Times—the Bible¹ mentions that there are various gifts bestowed for the common good, considered a “sacred fire”; ours is healing others. It entails an action, such as a service or assistance, with express dedication, which allows the person to live off of their occupational practice.

This specialization encompasses the science and the clinicosurgical art that involves the musculoskeletal system and the spine.

Amoli² considers it as a professional activity named “workforce” because of Musculoskeletal Surgery and distinguishes it from specializations related to soft tissues, such as Plastic Surgery.

The VOT gives “meaning to life”.³

Rao *et al.*⁴ believe that this decision is relevant, complex and personal, and that it involves inexplicable components.

According to Stabile,⁵ the VOT seeks solid and autonomous identities, linking the personal to the institutional, as well as linking an economic project to a laborious final destination, as stated by Johnson.⁶

The chronological moment of the categorical decision regarding a vocation is, in many instances, troublesome and it involves a living situation characterized by a psychological transition with other demands, such as independence from the family or personal life, affective realization, etc.

Another participating factor is the demographic implication, the location of real practice and the orthopedist’s background.³

The uncertainty in this decision-making is resolved with the most wanted option, since the professional has abilities or interests in several options. Some German academies say that the change in VOT is frequent in later years, at around 50, among those practicing the professional activity.

One of the prominent and precocious conditions of future orthopedists is their aptitude for and primary interest in Natural Sciences.

Several converging personal attributes are described by Guerado Parra⁷ for future realization. Some examples are the willingness to help other people as a reflex action, with dedication and continuity, the reasoning or thinking skills, judgment, modesty, responsibility, curiosity for meaningful knowledge and problem-solving skills.

Aptitudes are harmonic virtues described by Hurtado Hoyo⁸ as “physical and of the soul”. Honorable people show their moral energy by means of their acts and their proven ability to continue studying, which will enable them to carry out the documented experience, incorporating knowledge and lessons learned from the patients and their illnesses, where theory helps practice, this being their source of motivation.

Certain manual dexterity is required for surgery but some authors believe that, in addition to being related to skill, this is more associated with the knowledge of the area than with the surgeons artistic conditions alone, as Fernández is thought to have said: “it is not necessary to be an anatomist to carry out the surgical practice but all good surgeons are versed in anatomy”.³

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How to cite this paper: Guerrini A. When vocation points to Orthopedics and Traumatology. *Rev Asoc Argent Ortop Traumatol* 2019;84(3):199-201. <http://dx.doi.org/10.15417/issn.1852-7434.2019.84.3.936>

Attitude brings about interest or a special curiosity in narratives about illnesses, observed cases or the practicing specialists' judgments, comments or referential data in medical settings. These specialists are accredited with the cause of contagion or imitation, which Orgaz⁹ considers the most frequent cause. This usually happens in the family setting.

Rowley *et al.*¹⁰ indicate that affection, respect of others, generosity, perseverance, accountability rates, and future communication are meaningful moral values that shall prevent negligence or ignorance, which are unjustifiable when treating a future patient-person in crisis, whom was referred to by Seneca as "sacred thing".

The possibility of training the medical spirit of the specialization explained by Buzzi¹¹ involves the "scientific technique, professional sensitivity and philosophical culture" that shall enable the scientific research, a synthesis of the specialist's needs.

This topic has become considerably more technical since vocational psychological tests are important, some of them referred to by Rascovan¹² as "tools". Tests need to have an interpretative nature, not an instructive one, in order to support the search of the interested party. The primitive or intuitive interest will always be singularly valuable, and it shall be assessed in a one-on-one interview.

The VOT combines intelligence and will, it points to the intention behind the action, and to the teaching of life lessons to use freedom responsibly. As a professional incentive, it brings together efficacy and the orthopedist's and the patient's satisfaction—as happens in all regards of life, there are no successes without effort in the face of the continuous advances of Science.

Let us remember the witty definition of Orthopedics given by C. de Anquinen (1973): it is a like a "lover", pleasing and demanding.

The less frequent presence of women in this specialization is significant all around the world. Statistics from the AAOS referred to by Rohde *et al.*¹³ reveal that only 4% of their members are women, a figure close to what happens in our country. This figure is greater in Pediatric Orthopedics, but it is still low.

The drop-out factors mentioned include maternity, on call work, social factors, etc.

However, the quoted author states that the rate of women doctors is considerably higher in residencies of other specializations.

Teaching at a specialized level and publishing cases, where one knows what they are doing, allows to get self-training to support knowledge and address valid questions.

The activity of related institutions, such as the AAOT (Argentine Association of Orthopedics and Traumatology), with its valuable role in continuous instruction, encourages and improves our vocation, and prevents deficiencies in training.

Confidence in their own vocation will allow doctors to face critical moments, which are always present; without it, the everyday practice of strategy and technique is not feasible but it will require a specific, intense and continuous training.

The accomplished vocation has numerous final destinations, that is why it is called "career counseling" in surgical or interventionist medicine, in the received training and the gratification attained with it, according to Rao *et al.*⁴ At the same time, it sets out on the long way of diverse paths towards sub-specializations, with a common previous chapter concerned with diagnosis.

Vocational deficiencies showed by young people are attributed to identity limitations, negative patterns that are present in today's society. There are also random or unexpected reasons for specialists to begin their occupational activity. The VOT is only present in 35% of cases, which would condition a privileged form of professional success, a form of happiness in its fulfillment, balancing it out with a greater obligation of work and reflection.

According to Liciardo, professionals are "social leaders by nature", capable of making up for society's deficiencies, and, for that reason, they have a hopeful role.

Furthermore, vocation needs the imperative of continuous education, specific training that encourages the personal interest and development, a friendly lifestyle and satisfaction with the training process, as stated by Grayson *et al.*¹⁴ It also requires psychophysical health to be well accomplished, promoting constant interest and progress.

As Strelzow *et al.*¹⁵ state, healthy professional competition makes doctors competent to make diagnosis and treatment-related decisions.

Early drop-outs show a vocational deficit, although crises can result from tiredness and stress.

These doctors usually transfer to other specializations such as Neurology, Anesthesiology, Emergency Medicine, etc. Almost poetically, Güemes used to define our profession as "a delicate art, a difficult science, a modest trade, a noble mission". This shows its complexity.

The hard activism of the profession, which is not an activity, as Komar says, must look for a harmonious balance of accomplishment, assuring the compliance of the ethical command of not harming the patient.

Families also have to take into account the professional's time in activity, which is vital.

Hobbies share professionalism with recreational activities, they have a respectful place in the VOT and they should not replace it. They also constitute a reserve for retirement years, when orthopedists are enjoyed more often than Orthopedics.

The VOT's decline begins when the current memory gets less explicit, hands get less firm and the interest in this specialization gets smaller, with more evocations than facts. This decline fosters dedication on one topic, the choice of only one star to keep on sowing knowledge, as Yupanqui once said. Then can pending activities, such as hobbies, be taken on.

A wise teacher will leave their successors at the appropriate time and will trust them with progress.

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