

Residents and emergency medicine: a useful relationship or a marriage of convenience?

BLANCA COLL-VINENT

Área de Urgencias, Coordinadora de Docencia de Dirección Médica, Hospital Clínic, Barcelona, Spain.
Profesora asociada, Universitat de Barcelona, Spain.

Education, teaching and training must be considered as investment in the future. From our early childhood, educators are challenged to offer ease and efficiency when faced with the need to transmit adequate knowledge for development and integration into society. It is clear that parents take less time to groom a child than it would to teach the child to do it properly, and that teachers take less time to read a story to children than it would to teach them how to read. But in the end, the time invested will be recovered fully, because parents will save grooming the child a thousand times and the child will be able to read hundreds of books without teacher intervention.

In medicine, the same principle applies. For younger generations to acquire knowledge of this discipline, effort is necessary, but also the dedication of the most adept to convey knowledge and especially experience. And this requires a time commitment that specialists should invest, and that will be profitable when the knowledge of the residents equals or exceeds theirs. A time which, by the way, is a rare commodity in emergency medicine (EM) due to the workload and frequent overcrowding of our departments¹⁻³.

But assessing the profitability of this dedication is not easy. Some studies in the field of EM suggest that the greater the training of residents, the greater their productivity⁴⁻⁶, but none of them measure the usefulness of time spent or the efficiency of residents versus medical specialists. Montero et al. address this issue in an interesting article in this issue of the Journal⁷. The study compares a period in which there were no residents in the emergency department due to a strike, so they were replaced by emergency physician staff, with a similar period in which there were residents. The study shows that the costs and some care indicators were signi-

ficantly better in the period without residents, without a decline of any care parameter. The authors attribute the difference in the results to the excessive care role of residents, who they feel show little commitment since they are not residents of the specialty of EM, but forced passersby.

Undoubtedly, this transience and even orphan condition of residents doing their time in the emergency department (ED) may contribute to lesser involvement in the smooth running of the department. And certainly, the presence of "own" residents if the specialty of EM existed could improve this situation. However, with this conclusion, the authors forget two important aspects. On the one hand, residents are doctors in training, so they cannot be expected to show the same skills and knowledge as staff physicians certified in EM with experience. In this regard, the comparison is unfair. In fact, the same results are shown in similar studies in countries where the specialty of EM is officially recognized, i.e. care results improve when residents are replaced by EM specialists, even when those residents are training to be EM specialists^{8,9}.

On the other hand, we must not forget that training is extremely important for the future and for the award of any specialist title. And in EM, as in any other discipline in medicine, one learns with practice and the gradual assumption of responsibilities, which can hardly be assumed in a care model in which medical specialists are self-sufficient, and in which assistance and teaching follow separate paths. If one values efficiency more than teaching, the results will be better in the short term, but in the long-term the result may be a decline in knowledge and progress in EM.

In addition, training should not be limited to the residents of a particular specialty. All residents of care specialties need a basic understanding of

CORRESPONDENCE: B. Coll-Vinent. Área de Urgencias. Hospital Clínic. C/ Villarroel, 170. 08036 Barcelona, Spain. E-mail: bcvinent@clinic.ub.es

RECEIVED: 15-7-2014. **ACCEPTED:** 17-7-2014.

CONFLICT OF INTEREST: The author declares no conflict of interest in the present article.

emergencies in general and of those peculiar to their own specialty. And these skills can only be learned in the ED. In fact, most specialist training programs involve compulsory periods in the ED, with rotation and shift work. We should not undermine the educational interests of the residents, who, although they belong to other specialties, require and appreciate training in this field¹⁰, just as EM residents (if the specialty existed) would also rotate and be interested in learning from trainers of other specialties.

But in Spain, EM is not a recognized specialty, nor even sub-specialty. And this is the key finding of the study by Montero et al. because it highlights the fact that all EM residents are always “passersby” and therefore investment in training never reverts, neither in knowledge or productivity, to the emergency department. The altruism of EM trainers is immense, but there is no greater demotivation than for them to believe that the training they provide is not useful. Something will have to change in the near future to avoid extending this belief and convert the convenient symbiosis specialist-resident into a relationship of mere convenience.

References

- 1 Ovens H. Saturación de los servicios de urgencias. Una propuesta desde el Sistema para un problema del Sistema. *Emergencias*. 2010;22:244-6.
- 2 Flores CR. La saturación de los servicios de urgencias: una llamada a la unidad. *Emergencias*. 2011;23:59-64.
- 3 Sánchez M, Asenjo M, Gómez E, Zabalegui A, Brugada J. Reorganización asistencial de un área de urgencias en niveles de urgencia: impacto sobre la efectividad y la calidad. *Emergencias*. 2013;25:85-91.
- 4 Brennan DF, Silvestri S, Sun JY, Papa L. Progression of emergency medicine resident productivity. *Acad Emerg Med*. 2007;14:790-4.
- 5 Lammers RL, Roiger M, Rice L, Overton DT, Cucos D. The effect of a new emergency medicine residency program on patient length of stay in a community hospital emergency department. *Acad Emerg Med*. 2003;10:725-30.
- 6 Henning DJ, McGillicuddy DC, Sanchez LD. Evaluating the effect of emergency residency training on productivity in the emergency department. *J Emerg Med*. 2013;45:414-8.
- 7 Montero Pérez J, Calderón de la Barca-Gázquez JM, Calvo-Rodríguez R, Jiménez-Murillo LM, Tejedor-Benítez A, Roig-Rodríguez JJ. Impacto de una huelga de médicos internos residentes sobre la eficiencia de un servicio de urgencias de un hospital universitario. *Emergencias* 2014;36:443-9.
- 8 Harvey M, Al Shaar M, Cave G, Wallace M, Brydon P. Correlation of physician seniority with increased emergency department efficiency during a resident doctors' strike. *N Z Med J*. 2008;121:59-68.
- 9 French D, Zwemer FL Jr, Schneider S. The effects of the absence of emergency medicine residents in an academic emergency department. *Acad Emerg Med*. 2002;9:1205-10.
- 10 Ben Hammoud L, Selz Amaudruz F, Frochoux V, Fishman D. Level of satisfaction in the emergency department. What about the residents? *Rev Med Suisse*. 2011;7:1565-8.