

ADVANTAGES OF A FOUR-YEAR RESIDENCY

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The debate over three-year versus four-year residency programs in emergency medicine (EM) has been raging for years. The American Board of Emergency Medicine decided that 36 months of training is all that is required to be eligible for board certification in EM. The curriculum has been set for EM residencies and core competencies have been established for residents during their training. So, if 36 months is all that is required, why spend 48 months? The answer is simple: time. Time to learn more in the controlled environment that a residency represents; time to explore particular areas of interest in EM that might be difficult to explore once residency is over; and time to gain the added maturity and confidence that is needed in the increasingly challenging world of emergency medicine.

An added year of residency obviously provides more didactic teaching. Though the core curriculum can certainly be covered in three years, an extra year exposes residents to new ideas and innovations in the lecture and small group setting. This extra exposure not only gives residents the opportunity to learn more facts, but also allows them to develop better personal study skills which are so crucial when they leave residency. The added knowledge and learning skills that are gained during a four-year residency are of great importance as the fund of knowledge in the medical field continues to explode. A four-year residency also gives residents more opportunities to create and present lectures. This not only provides them the chance to see if they like this aspect of

teaching, but also allows them to explore certain topics in depth. There is no better way to learn than to teach others.

More important than the increased exposure to didactic instruction in the fourth year is the opportunity for more encounters with our best teachers—our patients. With each patient interaction, we learn of the varied disease presentations and how individuals respond to the same therapy differently. We learn that some patients present just as the textbooks describe but that most do not. These lessons continue outside of residency for the length of our careers. The advantage of the extra encounters during a four-year residency is that we are not alone. There is always an extra set of eyes, ears and hands—those of the attending—to assist in learning the most from each patient encounter. There is always someone to bounce ideas off of and to gain a second opinion. Once leaving residency, many of us will practice in a setting where we are the only EM physician around. We will continue to learn from our patients but the exchange of ideas with another EM physician that enriches the learning experience will be gone. With the new Residency Review Committee limits on work hours, the added exposure to patients provided by the fourth year may become even more important in the development of competent and confident EM physicians.

The fourth year also allows more time to be exposed to and learn procedures. With the new requirements that residents perform a certain number of procedures prior to graduation, this added time is important. Common procedures such as central lines and chest tubes are not difficult to obtain in either three or four-year programs. More rare procedures, such as cricothyrotomies and emergency department (ED) thoracotomies, may be more difficult to experience. Some residencies use animal models or cadaver labs to provide their residents with experience in these procedures. Although such lab experiences are useful and fulfill the certification requirements, they are clearly not the same as performing the procedures on patients. Four years of residency provides added time to be supervised during these procedures in a true clinical environment.

An added year of residency also allows residents time to learn clinical skills that might be difficult to fit into a three-year program. There is more time for elective experiences and more time to learn more about specialties that are important parts of EM practice. Whether this is time to complete a dermatology, an ophthalmology, or a toxicology rotation, these additional elective experiences provide confidence in their practice. For example, they may see rashes intermittently in the emergency department and learn something from these experiences. However, in a dermatology clinic they will see a variety of skin disorders in a condensed period of time and have the expert teaching of a dermatologist, providing a much richer environment to learn about diseases of the skin.

An added year also gives residents the chance to learn some of the subtle but important parts of EM practice. In the first few years of residency, residents are usually focused on learning to practice good medicine. They may ask themselves, “how do I treat the patient with an acute myocardial infarction?” or, “how do I manage the severely head injured patient?” It is only after residents become comfortable with their medical skills that their horizons broaden and they begin to see and learn about other aspects of EM, including global ED functions, EM administrative duties and other types of academic medicine. The questions asked then become different: “How do I make my department more efficient? How do I create better relations with my consultants? How do I become more efficient at multitasking? Do I enjoy teaching medical students?” It is usually in the third year that the explorations of these aspects of EM begin. The fourth year provides added time to examine these issues. Some four-year residencies even provide special experiences in administration or academic medicine in the fourth year to assist in this exploration.

The fourth year can also provide time to examine other areas of EM that might be more difficult to explore after leaving residency, such as gaining expertise in an area of concentration or completion of a complex research project. While many three-year programs provide research exposure, designing, funding, implementing, and publishing a research project in

three years can be very difficult. The fourth year makes completion of such a project more feasible.

The added time in the fourth year might also be used to investigate topics such as international Emergency Medical Services (EMS), toxicology, expedition medicine, or critical care medicine. Certainly, residents in three-year programs can explore such areas after residency, either through fellowships or on their own. However, the fourth year in residency allows exploration of such interesting fields with the support and funding of the residency while avoiding the commitment to a one or two year fellowship.

Finally, the extra time that a four-year program affords its residents provides the chance to develop extra confidence and maturity. The practice of EM becomes more complex with every passing day. An extra year of residency allows residents to feel that they have learned and experienced as much as is possible during training. They can then step out of their residencies with an increased sense of self-confidence that makes them feel that they are on equal ground with their colleagues, many of whom have completed more than three years of training. This added sense of maturity helps in the practice of good medicine, and the belief in their competency makes the practice of emergency medicine more enjoyable.

Four years of residency training may not be for everyone. For individuals who have completed a PhD program or for residents who plan to enter fellowships after residency, a three-year program may be enough. However, as the practice of EM becomes more complex and with the new limitation in resident work hours, a four-year program provides the added time that is needed to learn more, experience more, and to gain the self-confidence that is needed to successfully practice the challenging field of emergency medicine.