

REBUTTAL: DR.S.LANGDORF AND LOTFIPOUR

We appreciate our colleague's perspective on the advantages of a four-year residency. The first point mentioned in the article argues that extra time in a controlled environment provides additional maturity and confidence. Although we agree in principle, in practice the "controlled environment" is rarely truly "controlled." Furthermore, an additional year "on your own" should foster even more maturity and confidence. The marginal return of an extra year spent in residency is not financially justifiable and delays board certification.

The second point mentioned in the article addresses the opportunity for more knowledge, better study skills, lecture opportunities, and participation in small-group discussions, as well as teaching others during the fourth year of residency. As evidenced by in-training exam scores, there was no demonstrable improvement in knowledge base during the fourth year of training. The other skills mentioned in the article are likely very dependent on individual training programs, are of interest to only some residents, and can very well be incorporated in a three-year residency program. Remember that half of the four-year programs are truly only three years long under the tutelage of emergency medicine (EM) faculty. A fourth-year resident in these programs is not more capable of teaching EM than a third-year resident in a PGY 1-3 program. Both have had, at most, three years of EM training.

The third point mentioned in the article addresses the opportunity for more patient encounters, more procedures, and more opportunity to discuss details of EM practice with senior staff. However, there is no hard data to show that procedural competency is enhanced by an extra year of training. Furthermore, the possibility of being involved in infrequent procedures such as cricothyrotomy or thoracotomy, we believe, is more a matter of chance than the amount of time spent in residency. Although lengthening the time available for intellectual discourse with faculty has substantial merit, we believe that a resident reaches

a point of diminishing returns, where financial considerations outweigh this positive feature.

The fourth point mentioned in the article addresses the opportunity for further elective experience, such as dermatology, ophthalmology, research, toxicology, and administration. We agree that three-year programs are constrained in this matter. However, there is little evidence that most residents desire such exposure. This additional experience might foster the development of a niche within the specialty, or create desire to do a fellowship. However, as one study showed, there was no difference in fellowship pursuit between PGY 1-3 and 2-4 programs. Only true four-year EM training was statistically associated with an increase in fellowship pursuit.

The last point mentioned in the article addresses the need for four-year graduates to feel equal with their colleagues upon graduation. The article implies that most physicians have completed more than three years of training. We note, in response, that primary care disciplines only train for three. We believe that EM training, by virtue of its acuity and requirement for continuous faculty presence, provides substantially more "direction" than primary care disciplines. In effect, we "cram" more training into three years than they do. This explains our ability to create a competent specialist in three years. Again, the length of training is not the primary issue, it's the outcome. Real supervision at the bedside accelerates the development of clinical skills beyond other three-year primary care training programs.

In summary, although we appreciate the perspective presented in the article on the advantages of four-year residencies, we do not find sufficient evidence to substantiate the need for the extra year of training.