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REBUTTAL: DR. LORI WEICHTHAL

I agree with Dr.Langdorf's and Dr. Lotfipour's conclusion that three years of emergency medicine (EM) training is sufficient; the question is whether "sufficient" is really good enough. Although it is true that there are no studies that support three versus four years of training, it is also true that there are few studies in the literature that attempt to specifically evaluate differences in clinical competency between physicians who trained in three-year versus four-year programs.

The studies that do exist support the position that residents gain more procedural experience during their fourth year. It stands to reason that they are also gaining knowledge and greater clinical competency. Clinical competency may be hard to measure on a standardized test, but extra skills make for more confident physicians who feel more comfortable treating their patients and interacting with their consultants.

Drs. Langdorf and Lotfipour argue that many four-year programs use the fourth-year resident as a junior attending for financial reasons and do not provide supervision. Such an experience probably is not very beneficial and prospective EM residents should avoid these programs. A well designed fourth year of EM residency allows the resident to have additional clinical experience in a setting where there is an attending present. It also allows for extra time to explore areas of EM that would be difficult to explore during a three-year residency and allows chances to learn about administration and academics. It is not surprising that more residents from four-year programs choose to enter fellowships. These residents have had a chance to experience the many interesting pursuits that are possible in an EM career during the extra time that a four-year program allows. Experiencing the possibilities of international medicine, ultrasound, EMS, or other areas, they are more likely to seek specialty training in these areas. This not only makes the individual a stronger physician but strengthens the entire field of EM.

Perhaps the strongest argument put forward against a four-year program is the financial burden. There is

no doubt that the costs of obtaining a medical education are outrageous, leaving most physicians with a substantial debt at the end of training. The question is what is more valuable: the added experience of a fourth year of training or the money that can be made by entering practice a year early? This is a difficult question to which no standard answer can be given. The answer clearly depends on the goals that a resident has for his/her training and on the degree of debt that is carried.

Both three and four-year programs clearly produce competent EM physicians. However, there are advantages of a well designed fourth year that can not be denied. The added time to develop clinical expertise and to explore the many facets of the complex field of EM is invaluable and helps to create well-rounded and confident practitioners of emergency medicine.