Residents' Forum

The US Experience

While Emergency Medicine training is just beginning in Israel, the first residency program in the United States started in 1970 at the University of Cincinnati. Until 1988 a parallel practice track was open whereby a physician could work in an Emergency Department for a stated number of years and then pass the exam of the American Board of Emergency Medicine in order to become officially certified. This was a limited opportunity to allow the new specialty of EM to develop and flourish. Now it's well established that in 2003 in the US that for one to become board certified in EM, one has to undergo residency training.

Most residencies in the US are 3 years, starting after medical school. Internship is considered part of these three years. The minority are 4 year programs. Half of these consist of an internship and then 3 years of EM and half are 4 straight years of EM. Regulating these programs is the Residency Review Committee of the Accreditation Council for Graduate Medical Education. Their basic requirements are that a residency must be 36 months, 16% of patients' or block time must consist of pediatric encounters, 50% of training beyond the first year must be in the ED and there must be 2 months of inpatient critical care rotations. In addition, there must be 5 hours a week of "planned educational experiences". In charge of this must be a program director who has protected time for organizing the residency, as well as for scholarly activities.

Obviously, each program is going to have different strengths and emphases. I'd like to share with you my experience in a US residency. Our program at Maimonides is a straight 3 year program. The first year consists of 4 months in the adult emergency department, 2 months in the pediatric ED, a month of obstetrics and gynecology, 6 weeks of orthopedics, 2 weeks of prehospital care and 2 weeks of anesthesia. In addition there are 6 weeks of internal medicine. The second year consists of time in the adult emergency department, but instead of 2 months in the pediatric ED, one of the months is spent in the pediatric intensive care unit. In addition there are 6 weeks spent in the Medical Intensive Care Unit as well as 6 weeks spent in the Cardiac Intensive Care Unit. Two months are spent outside the hospital at the R Adams Cowley Shock Trauma Center of the University of Maryland and a month is also spent studying toxicology at the New York Poison Center. The third year consists of about 6 months in the emergency department. Instead of having separate block time in the adult and pediatric departments, the shifts are interspersed with 25% being in the pediatric ED. In addition, there are 4 weeks at a level 1 trauma center, 4 weeks of clinical ultrasound, a 4 week elective, a block of either administrative or research time, and a block of selective time. This enables the resident to select among relevant electives such as ENT, opthamology, radiology etc. Most importantly, there are 4 weeks of paid vacation each year, usually taken out of the adult ED time.

There are also didactic components to the program. Besides direct teaching from attendings, there are also mini lectures frequently given at the beginning of an AM shift. Every Wednesday there are 5 hours of didactic lectures. These are given by either the core ED faculty, attendings from outside the department, or outside speakers known for their national prominence in the field of Emergency Medicine. These lectures are either on the core content material, clinical operations issues, monthly morbidity and mortality, and grand rounds. Being in New York, we occasionally are invited for lectures at one of our neighboring programs. There is also a series of hands on sessions where procedures such as chest tubes, cutdowns, and DPLs are practiced on cadavers. Each year the residents are given an inservice exam to model the board exam given at the end of the residency. In addition, there is a research requirement to be completed by the end of residency.

Once residency is completed, one is eligible to take the national board examination in Emergency Medicine. There is both a written and an oral component. This is important as the clear trend in the US, especially in major medical centers, is to only hire board eligible or board certified emergency medicine physicians.

Hopefully this gives a brief overview of EM here in the US. We'll hear in the future from residents practicing in Israel and hopefully get some perspectives from other countries as well.

I'd like to once again call for the submission of articles relevant to the resident experience in Emergency Medicine. I can be reached at e2alpert@yahoo.com.

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