



Letter to the Editor

Provision of Care by Medical Residents and the Impact on Quality – What Happens in the Emergency Room?*



Impacto de la calidad de la atención por los residentes, ¿en urgencias?

To the Editor:

We read with great interest the article published by Llopis Pastor et al.¹ on the provision of care by medical residents and the impact on quality. We agree wholeheartedly with many of the premises put forward in this article, particularly regarding the absolute necessity of supervision by attending physicians. As the authors rightfully say, supervision from tutors “seems to be lacking, with the consequent impact on both healthcare quality and academic results”, despite progressive assumption of responsibility being clearly specified in the Guidelines for Specialized Training. This failure to supervise is certainly greater in some hospital departments with resident interns from very different specialties with varying levels of competence. This is the case of the emergency department. While the guidelines state that a manual specifying the gradual increase of responsibilities must be available for junior doctors in the emergency department, the day to day reality is very different, and has even been the subject of public enquiries such as the recent report from the public ombudsman.²

According to the authors, 79.5%³ of patients surveyed prefer to be treated by a registrar, and various reasons for this preference are then suggested. Although we agree with many of them, it is important to remember that the study of reference was conducted in an emergency department in America. In the U.S. emergency medicine and critical care has been a specialty since the 1980s, and residents undergo a 5-year training period. The question, then, concerns “specialty residents and registrars”. In Spain, there is no emergency medicine and critical care specialty; instead, residents doing shifts in the emergency departments are from a wide range of specialties, some of which have little relationship with the field of emergency medicine and critical care.⁴ There is little doubt that this has an even greater impact on the quality of care provided in these key departments, and the problem is further compounded by the lack of more advanced residents with some years of experience in emergency medicine.

We agree with the authors when they say, “Residents are characterized by their enthusiasm, motivation, their close involvement with their patients, and their eagerness to improve and expand their knowledge by studying the latest guidelines and updates”. This is clearly true of residents practicing within their chosen specialty (such as pulmonology). However, we wonder if it is equally true of a resident practicing in a specialty that they have not chosen, in a department in which they will not be involved in the future, engaged in a complex job under considerable stress.

We congratulate our respiratory medicine colleagues for the recognition achieved in recent years; many of us have devoted considerable time trying to initiate the same process in our own departments.⁵

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