

Italian Emergency Medicine residents' perspectives

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Dear Editor,

As part of the board of CoSMEU – the Italian association of Emergency Medicine (EM) residents – we are looking with great concern at the current situation of the Emergency Departments (ED) and EM in our country,¹ and we would like to share our point of view and experience.

It is evident that the Italian EDs are collapsing^{2,3} and CoVID-19 cannot be considered the only reason. The crisis of our beloved EM has deep roots, and we witness this situation every day.

We believe that the overcrowding of EDs cannot be considered

the main concern, but rather a symptom of the problem. EDs are open 24/24 and 7/7, being often the only solution for several health conditions, not always urgent and increasingly non-medical. Most of them could be solved differently, but they do not seem to find any other rapid and correct answer in absence of a well-functioning national health system. We are working side by side with EM physicians who have been burned out by work overload for two years now, and often decide to leave a job they have chosen and done with passion because they are exhausted. We cannot judge this choice, but we can understand it and we are deeply sorry because our specialty is certainly more stressful than others, but it gives emotions that make it unique and for us a choice of life. This is the current picture in our country: about 600 EM physicians have chosen to leave their careers since January 2022, and EM is no longer attractive for young doctors, since nearly 40% of EM fellowships in 2021-2022 were lost.⁴

As brilliantly explained by Sorlini,⁵ a possible solution exists. The UK's Pre-Hospital Response Unit (PRU), for example, provides out-of-hospital medical expertise, seeking to treat and leave patients at home, and they could represent an alternative to the EDs for many patients even in Italy. We could learn from other countries and develop a model of care that provides community EM to patients at home, avoiding stressful situations both for the patients and the emergency clinicians, creating a good collaboration with the patients and their families, and limiting hospitalization only to necessary cases.

In our experience, stress is more and more evident in the EDs, and misadventures of verbal or physical violence are unfortunately becoming a common problem nowadays, damaging definitely the doctor-patient relationship of trust, which is the key to the success of our work.

Another main issue is the shortage of EM physicians in our health system. To overcome this problem, many Italian regions have started hiring non-specialized physicians to work in the emergency room and pre-hospital emergency services, without proper training as desirable. This choice does not lead to an improvement in service quality, but it is a buffer system to quickly solve a problem without considering its long-term consequences. We know well that the EM physician is called upon to provide clinical, diagnostic, and therapeutic skills supporting critically ill patients. Decision-making and communication skills, adaptability, attention to detail, and resilience are just some of the qualities that an EM physician must own. This path requires time and the acquisition of skills. Only a specialized traineeship program, of at least 5 years, like the Italian EM one, can allow young doctors to acquire all required skills. To ensure the possibility of good patient outcomes, training must be broad, up-to-date and cover, at least in a general way, all types of pathological conditions, including medical, surgical, trauma, pediatric and gynecological. As stated in the European Curriculum for EM,⁶ an EM physician needs a deep understanding

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of both pre-hospital and hospital emergency medical systems to provide the best care whatever the situation. Italian training programs should improve the standardized and certified training in each university, made up of clinical care, professional activities, training rotations, and simulations to learn all the necessary practical and theoretical skills. In this regard, we believe in the importance of being able to be trained directly by EM specialists, now that their number is increasing. To be able to do so, we think that a specific scientific-disciplinary sector is needed, gradually releasing the EM from the current MED/09. Obviously, initial training in Internal Medicine remains crucial, but the EM specialist must also safely master additional skills, such as airway management, sedation and analgesia, trauma, maxi-emergencies, pediatric and obstetric-gynecological emergencies.

An area that is unfortunately still underdeveloped in the Italian EM, but no less important, is clinical research. In our experience, the ED is an enormous reservoir of data, from which a large scientific production could be obtained. This would allow the Italian emergency residents to gain significant weight in the scientific literature landscape (national and international). We need to become aware that research in EM is possible and we can and must do more as young researchers.

The last but not least point concerns our future. Based on our recent survey,⁴ 60% of the EM trainees would like to work both in the ED and in the pre-hospital setting, but only a few hospitals allow this hybrid solution. Certainly, this limit increases the unattractiveness of our specialty.

We think that increasing the number of grants and fellowships is important to make our specialty more attractive, but we also strongly believe that it is pivotal to ensure better working conditions to avoid burnout and moral injury.

Given this background, we are certainly worried about our future. We would be fools to think otherwise! But we have not lost our mojo and indeed, the news of the change of our specialty's name from Admission and Emergency Medicine and Surgery (MeCAU) to Emergency and Urgency Medicine thrilled us, because it is a sign of rebirth for us and the entire EM. It was only a few days ago that our specialty was recognized by the Italian Ministry of Health on a par with cardiology, gastroenterology, pneumology, internal medicine and geriatrics.⁷ This measure, which is waiting for final approval, comes 13 years after the birth of our specialty school. In fact, all these specialties have always had equivalences for EM, but there was not vice versa, placing EM at a disadvantage compared to other specialties. However, we believe that this change is only a small step forward that must be added to a much deeper reform process that will make the EM truly attractive. Our strenuous work must be recognized by an adequate remuneration that

considers the impossibility of practicing self-employment. Proper resting time and holidays should be granted, and the reduction of night and holiday shift should get along with seniority grade.

We hope that this recognition will be the beginning of a real change, because despite everything, despite the difficulties we experience every day, we still believe that we made the right choice by choosing EM and we continue to learn and work with passion and enthusiasm every day. Using the words of a memorable speech by Steve Jobs in 2005 at the Stanford University graduation ceremony, we want to remain "hungry" and "foolish" hoping that Italian politics will recognize the great value of the Italian national healthcare system and especially of EM (8).

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