

Emergency medicine residents: Don't give up!

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In this issue of *Emergency Care Journal* we publish a letter from some young colleagues from CoSMEU (the Italian association of Emergency Medicine, EM).¹

They express great concern on the several aspects the EM situation in Italy.² The first issue is the collapse of the Emergency Departments (ED)^{2,3} caused by crowding/boarding combined with low available resources, particularly regarding EM physicians. The logical consequence is that EM is no longer attractive neither for "older" (indeed, not so much) physicians who are leaving their careers in great number, or "younger" doctors who are not attracted by the EM specialization,⁴ despite growing available access (up to 1000 training positions) in the recent years.

EM residents are obviously worried of stressful situation of EM departments, in terms of both conditions and time spent at work.

The editorial board of *ECJ* has already commented on the critical situation of EM system in Italy, suggesting possible solutions,³ including the role of the territorial system and general practitioners. Other solutions are welcome, such as those provided by the UK's Pre-Hospital Response Unit;⁵ however, time to build up the system is not in agreement with the immediate reduction of the EM crisis in Italy.

Increased salary could be one prompt response for trying to stop diaspora of EM physicians from EDs. The change from Admission and Emergency Medicine and Surgery (MeCAU) to Emergency and Urgency Medicine in the hospitals could be a sign as stated by COSMEU, along with the possible equivalence reco-

gnized by the Italian Ministry of Health with cardiology, gastroenterology, pneumology, internal medicine and geriatrics.⁶ The latter opens the possibility of career progression also outside the EDs after years of strenuous work.

Finally, I have some specific comment of the 5-year EM traineeship, being for a long time the Director of one of those schools. I completely agree that programs should be guaranteed and not shortened, and the European Curriculum for EM⁷ should be followed in all schools (now 36) on the national territory, since standardization and certified training is still lacking. On the other hand, some initiatives are needed during the completion of the ongoing training program of future new EM specialists (e.g. extra-curricular hours of job in low-intensity care in EM departments). Given the desire of most the EM trainees of working both in the ED and in the pre-hospital setting,⁷ since few hospitals allow this hybrid solution it should be limited the choice of working (only) in the pre-hospital setting, which is undoubtedly more remunerative, perhaps less stressful and with less urgent need of personnel.

The last words are on research and professorship in EM. Despite research being a part of the European Curriculum for EM,⁸ it has long been neglected and not claimed as an important formative point for EM resident in the past. Therefore, very few EM specialist would achieve the scientific requirements for professorship (Table 1), according to the national scientific qualification promoted by Italian Ministry of the University.⁹ A separate specific scientific-disciplinary sector would not be the solution, since it would be equivalent to downgrade EM and compare it to Internal, Geriatric and Sport Medicine, which are now included in the same sector, as well as Immunology. The only possible solution is to promote clinical research.

As COSMEU stated "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 requirements are will, study, methodology, and time spent on it.

Thus, don't give up and let's do it: "if you want to change the world, pick up your pen and write."¹⁰

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Table 1. Candidate threshold values of professorship (associate professor) in internal medicine.

Scientific sector	Number of articles 5 years	Number of citations 10 years	H index * 10 years
MED09	16	273	9

* Hirsch index: criterion for quantifying the prolificacy and scientific impact of an author, based on both the number of publications and the number of citations received. According to the definition, a scientist has an index n if at least n of those he/she has published have been cited at least n times each.

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