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Letter to the Editor

Emergency Medicine Residency Program in Iran: Practical Options to Achieve Better Performance

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Dear Editor in Chief

Emergency department has always been a problem for the health system in most countries (1). In Iran, organizing hospital emergency has been on the agenda since the start of the 10th government cabinet, as poor services and delays in attending to emergency patients had led to patient dissatisfaction and a major cause of complaint from hospital emergency departments(2).

Furthermore, considering that emergency is one of the busiest hospital departments, with the most attendance of patients on unusual days and hours (3), another common complaint is the absence of specialist physicians in these departments, and that most specialists are on-call and do not have a direct presence, which leads to spending huge amount of time for patients to receive services they urgently need (4).

Accordingly, considering that decision-making to reform or improve emergency procedures is highly sensitive due to complexities of providing services in this department and increasing the number of patients (especially toward the end of the night and on holidays) (5, 6). Ministry of Health and Medical Education (MOHME), which is responsible for health, took specific measures through a directive by the minister of health that mandates the presence of emergency medicine specialists during all hours in emergency department (7). To this end, the guidelines for the presence of resident specialists, which contains rules and regulations of the program "Presence of resident specialists in university hospitals", were compiled within the framework of a set of health system evolution plan. This plan is implemented so the public can enjoy medical services in a timely manner through permanent presence of specialists in medical centers affiliated to the MOHME. Specific objectives of this plan include: 1) timely provision of medical services, 2) 24/7 active shifts of health/medical teaching hospitals, 3) decision-making about patients by emergency department specialist in the shortest possible time, 4) timely patient visits, surgery, and emergency procedures, and 5) increasing public satisfaction (8).

Realization of guidelines of the resident emergency department specialist plan requires further considerations concerning objectives: "decision-making about patients by emergency specialist in the shortest possible time" and “timely visits, surgery, and emergency procedures for the patient".

In fact, current interdisciplinary differences and interferences between emergency medicine and other departments such as internal medicine and surgery are considered serious barriers to realization of these objectives.

It should be asserted that the need for attention to these differences is more felt in public hospitals with a teaching approach than in private hospitals;

especially that a good interaction has not been established and a competitive ambience continues to rule in public hospitals.

Therefore, to reduce problems, authorities of the MOHME should redefine roles of specialists, otherwise, rivalry between two specialist departments will continue, and this will not benefit the patients because the first victims of this rivalry are the patients who do not know which group is more competent to deal with their condition.

This issue becomes more evident when considering how index of final decision about emergency patient under 6 hours is calculated; following patient's visit by the emergency specialist and triage to the relevant specialized service, a separate 6-hour interval is taken into account for final decision about patient by each specialized service, whereas according to the guidelines on emergency department indicators, approved by the MOHME, this index is calculated from patient's entry into emergency department.

Thus, given the current situation, it is unreasonable to expect making decisions about patients by the emergency specialist in the shortest possible time, and timely patients' visits, surgery, and emergency procedures. Consequently, it is recommended that policy-makers reduce current interdisciplinary differences and interferences between emergency medicine and other specialist groups, that various medical and scientific protocols are jointly complied, and that job descriptions be clearly and academically stated in instructions and guidelines.

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