

What Allow Surgical Residency Training Power?

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As medical practitioners and educators, we come with great interests across the interesting article concerning on the integrity of National Resident Matching Program (NRMP) by Laurie et al [1]. Regarding the origin and historical evolution of NRMP, it emphasized its significance of integrity, aiming to promise a fair, efficient and reliable project implementation falling to the ground. However, it repeatedly pointed out that the punishment for defaulters or violators who fail to acquire the final certification was clearly a kind of papillary way that does not change the root problem at all. Despite that the proper punishment action in real world has played a certain administrative effects on the trainees, it didn't further analyze or provide real steps to the underlying root causes of the problematic applicants. For this point, we have a few suggestions as follows:

First, since 1900s, NRMP in United States has been forgoing a strong training platform for the pre-doctors or doctors at their primary stage, including interns, graduate students, junior residents, and general practitioners, etc., in order to achieve the overarching goal of eligibility professionals in the future work after rigorous training. But NRMP lacks profound reform to meet the challenge of digitized era. For instance, the integrity of medical education and the training model transformation also should be taken into consideration. Digital-driven power and innovation leadership are becoming new spotlights during NRMP processing. As Zhou et al reported [2], both goal-driven and tech-driven indeed become the double- inner-core of contemporary NRMP.

Second, the integrity of NRMP does matter but not be all because it is far from enough to ensure the integrity of the medical education itself. Instead, "syntegrative" education is welcomed to explain the reason why the syntegrative education becomes so prevalent at the occasion. Pure education mode needs trinity-based education professional transformation as Jia et al recently proposed [4]. Focusing on the "trinity" workplace transformation has been referred as one of the most practical value and enlightenment to fulfill the substantial goal of NRMP. Basic knowledge, clinical skills, better communication among patients, academic innovation ability, and other comprehensive qualities are all recognized as important aspects for NRMP that is not only the cradle and starting point of qualified doctors but also a springboard for untapped talents.

Third, backing to the article by Laurie et al [1], indeed, sometimes the defaulters or the violators against NRMP agreement, or those who fail to meet the standards and ratings of NRMP, at least for its part, is unfair treated with bias by authorities if trainees' human-care element is ignored. In addition, so called point-to-point or one-to-one precision training model doesn't fall to the ground in real clinical activities, so the trainees have no way to benefit from it. How to strike the balance point between the running clinical activities and medical education is still a big challenge. A national survey is urged to explore the deeper cause to mirror the difficulties, cultural context, mental health etc. of trainees. Otherwise, both educators themselves and some regulate trainees will become the true victims of imperfect system of NRMP, while precious youth of trainees will flow in form. So on the one hand, we need to change the standard and evaluation methods; on the other hand, we offer mobile medicine education app platform, by which to cater to the interest of the regulations and training can be conducted anywhere, anytime.

All in all, as Laurie et al said [1], to build a fair, efficient, and reliable platform of NRMP, not only need to consciously abide by the game rules, but also rely on the willing of regulators. Undoubtedly, progressive in NRMP such as education professional transformation will sharpen medical trainees the edge and uplift its own quality as well. Jia et al [5] also emphasized the ability of problem-resolving either in clinical practice or scientific research. NRMP should adjust its evaluational scoring mode to better meet the demand of new era and development of medical science as well.

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