

Dear Editors and Reviewers of World Journal Gastroenterology,

Thank you for your review and kind words regarding our manuscript: [The Subtle Skills: Using OSCEs to Assess Gastroenterology Fellow Performance in System Based Practice Milestones](#).

The Reviewer did not have any additional comments to address in our manuscript.

We thank you for your consideration and your acceptance of our manuscript.

We look forward to seeing it in publication in your journal.

Comments:

This work is a great effort to improve the training of young physicians and residents. The experience of this reviewer is derived from his observation in USA and the medical assistance and training as Chairman of Surgery in SJ Rio Preto Medical School. In relation to protocol called my attention the minor demand in relation of internal medicine as a fundamental request to start surgery training program. In our school is a basic request to be accepted as a surgical residence. The selection is made through a test in which clinical cases including all clinical specialties. It is fundamental to a resident indicate the surgical treatment of an hernia in an old patient, before excluding a prostatic increase or a colon-rectal tumor. Unfortunately laparoscopic surgery is indicated in old patients with heart dysfunction or pulmonary disease.

Laparoscopic surgery requires intubation and artificial ventilation, obviously decreasing the cardiac output. It is natural to medicate a patient with intestinal constipation before any surgical procedure. In 1940 the economist Milton Friedman presented to Harvard Board a thesis-The possibility of putting the medical assistance in the market economy. He developed hate against "The State" because with his undeniable merit thus he was reproved in The Public Economy Wisconsin School. The American Medical Association never allowed this thesis be discussed. To prevent such an initiative, it was created The Foreign Medical Graduation Council, through which the best medical graduates are selected to assist non-privatized patients, The private patients are assisted by the staff doctors. The Resident National Commission is very severe. The residents of the first and second year mandatorily participate of all surgeries. In the third year they operate having a staff doctor as his aider. This works very well. As many residents are in the second, third and fourth year the staff surgeons rarely operate. This is the highest excellence of the American program. In USA the surgeons are preoccupied with the lawyers. I will give an example. I was in the house of a staff surgeon. He was called to assist a patient with a submandibular abscess. Well he asked a tomography to discard an osteomyelitis or an apical teeth abscess, an encephalogram. With the results he made aspiration with an insulin needle. He asked a Gram test that showed positive for the material. He gave cefalexine 1g EV. After one hour he drained the

abcess. It was a simple subcutaneous abcess. But to prevent any action from a lawyer and to prestige the producer of tomography that gets satisfied. Many brazilian young doctors make training in USA and want adopt in a develloping country the "correct procedure". Unfortunately the military dictatorship put medical assistance in the market economy. Serious training only in the university hospital. The protocol is very good but as I said in my opinion it neglects the knowledge of internal medicine. It deserves publication.

Response:

Thanks for your valuable comments.

Sincerely,

Marianna Papademetriou, MD

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