



In reply: Initial clinical experience may influence tracheal intubation success rates with indirect laryngoscopy among novice operators

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To the Editor,

We thank Dr. Chen and colleagues for their interesting questions regarding our research.¹ We are also interested in the difference in the success rate of tracheal intubation between medical students and residents.

In our meta-analysis, it is important to note that the success rate of tracheal intubation was significantly higher with indirect laryngoscopy than with direct laryngoscopy in both medical students and residents (medical students: risk ratio [RR], 1.75; 95% confidence interval [CI], 1.2 to 2.5; $P = 0.002$; residents: RR, 1.10; 95% CI, 1.02 to 1.2; $P = 0.009$).

In their re-analysis,² Kim *et al.*'s research³ was included in the classification of *medical students*, but this study should be omitted because it was research conducted on first-year residents (“interns”).^A Additionally, their re-analysis² states, “The study conducted by Nouruzi–Sedeh *et al.*⁴ was excluded from the analysis because it encompassed both residents and medical students,” but the forest plot diagram actually includes Nouruzi–Sedeh *et al.*'s study. Please note that, in our analysis, which excluded the Nouruzi–Sedeh *et al.* study, the success rate of intubation was significantly higher with indirect laryngoscopy even among resident physicians (RR, 1.07; 95% CI, 1.00 to 1.14; $P = 0.05$).

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^A In the Republic of Korea, *intern* does not denote a medical student, but rather a medical resident.