

Emergency nursing (1): past, present and future of teaching in emergency nursing

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In today's society, need always precedes reality. And in nursing this is undeniable: we need a high degree of training in order to effectively tackle the particular complexity and multiplicity of situations our work involves. We daily confront vitally important situations that require immediate, accurate and safe response. Only impeccable training guarantees success, for us and our patients. Guaranteeing such preparation should be the responsibility of our rulers.

From the Spanish Society of Accident and Emergency Medicine (SEMES), we have fought and will continue to fight for Specialty training in nursing as the only way to guarantee the results our discipline requires. From this perspective, the surest way of defining what we are demanding is to recall our beginnings and analyze current training pathways.

Looking back, one is led to believe that the first Accident and Emergency nurse was someone who, defying fear, decided to venture onto the battlefield to serve the wounded, perhaps with just their hands. The point of inflection in nurse training occurred with nursing studies being incorporated at University level in 1977¹, which meant a transition from an exclusively technical stage to that of a professional entity, consolidated in the 1980s as a discipline with its own body of knowledge and clearly defined responsibilities of its nurses in health care. We should not forget that the MIR examination² was introduced that same year (1977), to regulate access to training in the medical specialties. Nurses who found themselves working in an emergency department (ED) used to be in a sort of "no man's land" without any hierarchy, where there were as many organizational models as hospitals. The Red Cross and some isolated organizations, based on volun-

teers, covered in situ attention in the absence of other resources. Regarding training, the Aristotelian maxim applied: "What we have to learn, we learn doing it." In that era, the concept of "emergency medicine" was relatively new. As an example, the first Spanish guidelines on cardiopulmonary resuscitation (CPR) were published in 1994³. Progress since then is largely due to the effort and dedication of many professionals who, believing that life-threatening situations must be addressed right from the start, took it on themselves to undergo training using only their own resources, to then become trainers of their peers. Despite not being a uniform regulated type of training, this spread like wildfire, and led to what would become our body of doctrine, and the creation of SEMES.

The end of the 1980s saw the publication of Royal Decree 992/1987 of 3 July (BOE. 183, August 1), which regulated the training required to obtain the title of nursing specialist: it only outlined in our field one specialty, called special care, which failed to respond to our demands and anyway was never developed. Moreover, the possibility of creating the corresponding medical specialty was not contemplated⁴.

With the regulation of Emergency Departments, both hospital and primary care, and the creation of prehospital emergency services, the high degree of specialization required in nursing care is increasingly evident. The creation of 061 primary care emergency centers throughout the national health system included the figure of an Emergency Registered Nurse⁵. Once again, it has been these services themselves, along with those of the Autonomous Communities, which have independently begun to demand and offer training for their professionals.

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In its efforts to promote the development of the nursing sector, SEMES developed the Certificate of Accident and Emergency Nursing in the 1990s for the purpose of demonstrating appropriate uniform knowledge and skills. By the end of last year, 820 professionals had obtained the certificate, 355 by direct course completion and the rest by examination.

Different nursing institutions and organizations worked from 2001 to 2004 on drafting a new specialty decree⁶ which, despite all the coherent arguments provided, did not result in the inclusion of the nursing specialty of emergency and critical care in the current Royal Decree 450/2005 of April 22 published in the Official State Bulletin (BOE) on 6 May 2005⁷. If accident and emergency nurses wish to specialize, we must do so within the so-called specialty of medical-surgical nursing, incorporated on March 6, 2007, which is still under development⁷. Very few of us are convinced by this, as it covers too wide a spectrum of nursing activity and cannot meet our particular training needs in emergency nursing; it also rules out the possibility of quality training in our field.

The creation of the European Higher Education Area (EHEA) represents a unique opportunity to improve the quality of nursing education from diploma to degree⁸ in its first cycle and opens the door to the second and third cycles (post-graduate), with the possibility of obtaining the master's and doctoral degrees^{9,10}. So, our present situation is as follows: for degree studies, there are nursing schools that offer training in emergency and critical care nursing (together) as a compulsory subject ($\approx 15\%$), elective ($\approx 51\%$), free elective course ($\approx 12\%$), and post-graduate courses ($\approx 22\%$).

All these options are distributed among nursing schools of the different regions.

It is evident that the fault lies in the beginning. Nurses entering the workplace lack basic and common training in the field of emergencies and depend on how and where they studied. On obtaining a hospital position, some will find themselves assigned to an ED, whether they like it or not (new staff fill vacant positions, they do not choose), and will then acquire some specific training (limited in most centers to short courses on CPR and little else). The consequence is personal stress and under-performance for the department. If they start work in the out-of-hospital setting, they will need to do a master's or whatever courses their service offers. Clearly, we only have post-graduate training via a master's course as an alternative until formal specialty training is available.

This would enable advanced and specialized training in our field, as well as providing academic recognition and the option to progress to a doctorate, with a possible academic load of 60-120 ECTS. The official master's in emergency nursing involves various facets: patient care, teaching, management and research activity. The training orientation depends on the option chosen.

There are many other titles and post-graduate qualifications from universities offering different alternatives, all valid (in the sense that they help train), but the problem remains unresolved: we need formal and legally regulated quality training for all emergency nurses, to allow us to acquire the knowledge and qualified skills required regardless of where we train. This is where our future path should lie. We need the medical specialty of emergency medicine NOW! And that must soon be followed by the nursing specialty, only delayed by bureaucratic requirements.

From that moment we can launch the multi-professional emergency teaching unit, where educational content and skills can be assessed, offering access to common basic training in attending urgent cases. Training together would facilitate team formation. Improved training means better care and emergency patients would receive the best possible care the health system can offer.

Finally, we would again appeal for the creation of the specialty of emergency medicine without further delay, and offer a simple tribute to all those nurses whose efforts have made and make them truly great professionals in the field of accident and emergency medicine: "That generation of strong and resolute Victorian nurses gave way to another of submissive, exclusively technical helpers, subject to hierarchical order (the prototype so often taken for granted, to the point of caricature). Today we are witnessing nurse resolution and respect, but now based on training, research and integration as an essential part of the team."

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