



African Emergency Nursing Curriculum

November 2016

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PART A

1.0 Introduction

The African Federation of Emergency Nurses was established as a Working Group within the African Federation for Emergency Medicine in Cape Town, South Africa, in 2011 with a remit to develop a framework for emergency nursing practice in Africa. The remit included delineation of levels of emergency nursing practice, evaluation of cognitive and psychomotor skill sets, and consideration of movement between levels of emergency nursing practice in Africa (Wolf, Brysiewicz, LoBue, Heyns et al., 2012).

1.1 Background and Rationale

Standards of emergency nursing in Africa remain variable between countries. The overall aim of the African Emergency Nursing Curriculum is to provide a programme of education to harmonise standards of emergency nursing practice across Africa for the benefit of the emergency patient population. This curriculum is responsive to the increasing trauma burden, and other disease burdens addressed in the World Health Organisation Millennium Development Goals (Calvello, Broccoli, Risko, Theodosios et al., 2013; World Health Organization, 2007).

Enhanced injury or illness systems prevent a patient's physiological decline and quality emergency treatment and emergency nursing care facilitates earlier recovery which in turn, impacts upon a person's stable and consistent contribution to society, in the workplace and within the family. The emergency nurse makes a unique and significant contribution to this recovery process.

Emergency nursing is a specialty in which the nurse cares for patients in the emergency or critical phase of their illness or injury, focusing on the level of severity and time-critical interventions (ENSSA, 2010). Whilst collaborating with members of the emergency team, the emergency nurse plays a crucial role in the identification and care of patients with medical, surgical and related emergencies. The emergency nurse identifies life-threatening problems, prioritises the care, carries out resuscitative measures with appropriate management and provides information and emotional support to the patient and his/her family within a supportive environment.

There is however, no current consensus on issues of minimum level of education and training to enhance patient outcome (Wolf, et al., 2012). The African Emergency Nursing Curriculum was therefore created as a consensus document with which to guide and enhance standards of emergency nursing across the continent of Africa.

1.2 Curriculum Planning Team Curriculum Vitae

Professor Petra Brysiewicz, Professor, School of Nursing and Public Health, University of KwaZulu-Natal, Durban South Africa, has an emergency nursing background. Professor Brysiewicz is the Immediate Past President of the Emergency Nurses Society of South Africa.

Dr Tricia Scott, Emergency Care Research Lead, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, United Kingdom has significant strategic national experience in the quality assurance of education standards for nursing. Dr Scott's contribution was supported by a Burdett Trust for Nursing International Grant.



2.0 The African Emergency Nursing Curriculum

The African Emergency Nursing Curriculum provides a consensus document to guide the development of emergency nursing education and competence in each country of Africa. The curriculum provides definitive statements to promote the theoretical and clinical competence of emergency nurses who are required to successfully complete three distinct stages of learning in emergency nursing namely; Basic, Intermediate and Advanced. The curriculum combines theory and practice-based teaching and assessment in emergency nursing across three distinct learning modules delivered within the clinical context. Shared learning may exist in conjunction with pre-hospital care and emergency medicine at various points in the programme to reflect the multidisciplinary context of emergency care. Learning is to be supported by a team of competent and experienced educators and a global infrastructure of mentors from the field of pre-hospital, emergency medicine and emergency nursing who meet the curriculum requirements for mentorship.

It should be noted that in some countries in Africa emergency nursing and critical care nursing are being educated together, and in such a situation this curriculum would provide direction regarding the specific emergency nursing component.

2.1 Benner's Conceptual Framework

As the emergency nurse actively engages with the clinical requirements of the curriculum, combined with sufficient time to consolidate learning, their role and function develops. The conceptual framework of the programme is

influenced by Benner (1984) who suggests increasing expertise involves the following five transitional phases from novice to expert:

Novice

The novice has no experience and is therefore taught general principles to enable tasks to be performed, with direct supervision. General principles are required to be learned for universal application across all contexts.

Advanced Beginner

The advanced beginner demonstrates an acceptable level of skill to be applied to actual situations whilst recognising recurring meaningful components. The student is now conversant with the principles which are usually based on experiences and they begin to acquire a formula to guide their actions.

Competent

Competent practice is acquired due to longer term exposure to the role and through an appreciation of the wider picture. The nurse is able to plan their actions based on conscious, abstract, and analytical thinking. They are efficient and organised.

Proficient

The proficient nurse can understand situations holistically so enhancing their decision-making capacity. They have consolidated their experiences, have expectations of situations and, can modify their plans accordingly.

Expert

The expert nurse no longer relies on principles, rules, or guidelines to connect situations and determine actions. They have accumulated sufficient experience to have developed an intuitive grasp of clinical situations and perform in a highly-proficient, fluid and flexible way.”

Benner (1984)

2.2 Mission Statement

2.2.1 Vision

The African Emergency Nursing Curriculum fosters the advancement of emergency nursing in Africa to the benefit of the emergency care population. This curriculum provides a consensus document setting out the conditions and direction for education and skills enhancement of emergency nurses across Africa.

2.2.2 Mission

The African Emergency Nursing Curriculum encourages the emergency nursing community in all African countries and beyond, to champion the development of emergency nursing in Africa and to advocate for excellence in emergency nursing practice and education responsive to the needs of the emergency care population.

2.3 Endorsing Organisation

The African Federation for Emergency Medicine is an organisation which champions the development of emergency care (including nursing) in Africa and has endorsed the quality of the African Emergency Nursing Curriculum in 2016.

2.4 Teaching and Learning Strategy

The curriculum facilitates the multi-disciplinary clinical context and cross-fertilisation of emergency care practice standards. An extensive geographical and resource context for teaching and assessment exists between countries which requires a flexible approaches to teaching delivery to be implemented, appropriate to the variable African practice context. Students will be encouraged to reflect on their learning and to assimilate the value of their learning experience and its application to their practice as an emergency nurse. The importance of translating theory into practice is also emphasised and should be a focus for the educator using this curriculum.

The African Emergency Nursing Curriculum Flowchart (Appendix 1) demonstrates the emergency nursing theory and practice competence learning pathway. As emergency nurses progress they will need to consider how their learning will develop within a continuous professional development framework specific to each country. Each student will be allocated an individual clinical competence document to be completed and signed by their approved assessor, to evidence competence at the level to which they are assessed.

2.5 Educational Framework

The educational framework teaches and assesses at three skill levels: Basic, Intermediate and Advanced and it is required that the appropriate level be taught prior to assessment at that level.

2.5.1 Emergency Nursing Locations

Emergency nursing is carried out at various facilities possessing a range of resources and functional levels. The emergency nursing programme should be responsive to the following premise:

- i The basic level facility offers emergency first response and stabilisation.
- ii The intermediate facility offers sufficient resources to attain intravenous access and establish a definitive airway.
- iii The advanced facility offers definitive care and comprehensive emergency services (Calvello, Tenner, Broccoli et al, 2015).

2.5.2 Sentinel conditions

Teaching programmes should include the knowledge of altered anatomy and physiology required to understand the emergency nursing interventions to be applied in each of the sentinel conditions identified by the AFEM group (Table 1).

Table 1 Sentinel Conditions (Calvello, et al., 2015)

Sentinel Conditions	Clinical Examples
<i>Overt Emergencies</i>	
Respiratory failure	Asthma/COPD exacerbations, congestive heart failure, pulmonary embolism, pneumonia, pneumothorax
Shock	Distributive (anaphylactic, septic), obstructive, hypovolaemic/hemorrhagic, neurogenic, cardiogenic
<i>Occult Emergencies</i>	
Altered mental status	Toxicological ingestion, seizure, hypoglycaemia, meningococcal meningitis, head trauma, cerebrovascular accident, DKA
Dangerous fever	Septic shock, meningococcal meningitis, fever in an immunocompromised host, thyroid storm, toxicologic syndromes, malaria
Severe pain/trauma	All trauma: head, neck, thoracic, abdominal, long bone Headache: intracranial hemorrhage Chest pain: ACS, aortic dissection, esophageal rupture, pericarditis/pericardial tamponade

2.5.3 Unique circumstances of emergency nursing

Teaching programmes should address the unique circumstances impacting upon individuals within emergency care e.g. pregnant woman, older person, mental health/learning disabilities.

2.5.4 Essential elements of emergency nursing

Teaching programmes should address the essential elements of emergency nursing to emphasise patient and staff safety, leadership

and teamwork, teaching and assessment and, the requirement for emergency nurses to engage in continuing professional development.

2.5.5 Ethical and legal

Teaching programmes should address the application of professional standards of emergency nursing practice to uphold the ethical, moral and legal requirements of the nursing profession within their respective country.

2.5.6 Continuous Professional Development

Teaching programmes should address the application of teaching and learning strategies (with emphasis on evidence informed practice) to facilitate the continuous professional and personal development of the emergency nurse.

2.6 Practice mentorship

Practice mentorship is considered vital to the success of the curriculum delivery and robust global mentorship arrangements will be developed through a central facility to support the emergency nurse throughout their learning. Conditions for optimal practice mentorship appear at Appendix 2.

2.7 Assessment

Teaching programmes should be developed to facilitate two types of assessment: assessment of theory and assessment of practice competence, as outlined below.

2.7.1 Assessment of Theory

Assessment of theory (Appendix 3) ensures that the emergency nurse has acquired an understanding of the transferable principles central to emergency nursing practice. Dependent on the delivery level: Basic, Intermediate or Advanced this concerns a) the sentinel conditions b) the unique circumstances of emergency nursing and, c) the essential elements of emergency nursing.

2.7.2 Assessment of Competence

Assessment of competence ensures that the emergency nurse develops safe and effective practice at the following levels. Appendix 4 outlines the emergency nursing skills required to be developed at the basic, intermediate and advanced practice levels. It is suggested that programme delivery should initially focus on Basic level teaching provision to ensure the minimum standard of emergency nursing skills is achieved prior to additional levels of skill development.

2.8 Programme Evaluation Process

At the end of the programme of learning, the student should be invited to evaluate the quality of the teaching delivery and its impact upon their learning and professional practice in emergency care. Students should be invited to complete a brief questionnaire to establish key points for teachers to identify the strengths of the programme and aspects to develop (Appendix 5). Additionally, teachers should be encouraged to evaluate the teaching, assessment and mentorship process.

PART B

3.0 Theoretical learning outcomes

The following section provides a statement of theoretical learning outcomes recommended to emergency nursing educators in the planning of their emergency nursing programmes.

3.1 Learning Outcomes for the Physiological Elements of Emergency Nursing

3.1.1 Respiratory

At the end of the programme of learning the emergency nurse will understand the altered physiology of the respiratory system and the significance of vital observations at basic, intermediate or advanced level.

3.1.2 Shock

At the end of the programme of learning the emergency nurse will understand the altered physiology associated with the patient who is in anaphylactic, septic, obstructive, hypovolaemic, neurogenic or cardiogenic shock, and the significance of the vital observations at for each basic, intermediate or advanced level.

3.1.3 Altered Mental Status

At the end of the programme of learning the emergency nurse will understand the altered physiology affecting a person's mental state and the significance of vital observations at basic, intermediate or advanced level.

3.1.4 Severe Pain

At the end of the programme of learning the emergency nurse will understand the altered physiology affecting a person's pain experience

and the significance of vital observations at basic, intermediate or advanced level.

3.1.5 Trauma and Burns

At the end of the programme of learning the emergency nurse will understand the altered physiology associated with trauma and burns and the significance of vital observations at basic, intermediate or advanced level.

3.1.6 Dangerous Fever

At the end of the programme of learning the emergency nurse will understand the altered physiology associated with fever and the significance of vital observations at basic, intermediate or advanced level.

3.2 Learning Outcomes for the Unique Circumstances/special populations of Emergency Nursing

3.2.1. Emergency nursing care of the pregnant woman, mother and newborn

At the end of the programme of learning the emergency nurse will understand how emergencies may impact on pregnancy, post-partum and newborns in the emergency setting.

3.2.2 Emergency nursing care of the child

At the end of the programme of learning the emergency nurse will understand how emergencies may impact on the child at various stages of development as well as how this may influence their further development.

3.2.3 Emergency nursing care of older people

At the end of the programme of learning the emergency nurse will understand how emergencies may impact on the older person's mobility, isolation, complexity and associated poly-pharmacy – their physiological response to illness or injury.

3.2.4 Emergency nursing care of people presenting with mental health/learning disabilities issues

At the end of the programme of learning the emergency nurse will understand how emergencies may impact on the person who experiences mental health episodes/ learning disabilities. Behaviours

of concern include those related to an altered conscious state, mental health, cognitive or intellectual impairments.

3.3 Learning Outcomes for the Essential Elements of Emergency Nursing

3.3.1 Emergency nursing care of the dead/dying person and their family

At the end of the programme of learning the emergency nurse will understand the practical, legal, emotional and spiritual needs of the dying/dead person and their family/significant other.

3.3.2 Staff and Patient Safety

At the end of the programme of learning the emergency nurse will understand staff and patient safety issues in the emergency setting.

3.3.3 Leadership and Teamwork

At the end of the programme of learning the emergency nurse will understand leadership and teamwork processes in the emergency setting as well as inter-professional communication.

3.3.4 Teaching and Assessing

At the end of the programme of learning the emergency nurse will understand teaching and assessment methods to facilitate learning among staff and patients in the emergency setting.

3.3.5 Continuous Professional Development

At the end of the programme of learning the emergency nurse will understand the significance of personal and professional development opportunities which may impact on their role in a lifelong learning context.

4.0 Competence Statements

The following section provides an outline of competence statements recommended to emergency nursing educators in the planning of their emergency nursing programmes.

4.1 Learning Outcomes for the Physiological Elements of Emergency Nursing

4.1.1 Respiratory

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to stabilise respiratory function in specific emergency scenarios.

4.1.2 Shock

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to stabilise the shocked patient in specific emergency scenarios.

4.1.3 Altered Mental Status

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to stabilise a person's mental state in specific emergency scenarios.

4.1.4 Severe Pain

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to reduce a person's pain in specific emergency scenarios.

4.1.5 Trauma and Burns

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to stabilise the trauma and burns patient in specific emergency scenarios.

4.1.6 Dangerous Fever

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to stabilise fever in specific emergency scenarios.

4.2 Learning Outcomes for the Unique Circumstances of Emergency Nursing

4.2.1. Emergency nursing care of the pregnant woman, mother and newborn

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to stabilise the pregnant woman, mother and newborn in specific emergency scenarios.

4.2.2 Emergency nursing care of the child

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to stabilise the child in specific emergency scenarios.

4.2.3 Emergency nursing care of older people

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to stabilise the older person in specific emergency scenarios.

4.2.4 Emergency nursing care of people presenting with mental health/learning disabilities issues

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to stabilise the person presenting with mental health/learning disabilities in specific emergency scenarios.

4.3 Learning Outcomes for the Essential Elements of Emergency Nursing

4.3.1 Emergency nursing care of the dead/dying person and their family

At the end of the programme of learning the emergency nurse will competently apply emergency nursing techniques, use equipment and administer pharmaceuticals to accommodate the needs of the dying person and their family/significant other in specific emergency scenarios.

4.3.2 Staff and Patient Safety

At the end of the programme of learning the emergency nurse will competently apply the legal framework of the respective country and/or guiding bodies to support staff and patient safety in emergency facility.

4.3.3 Leadership and Teamwork

At the end of the programme of learning the emergency nurse will competently apply leadership and teamwork strategies to enable an effective emergency nursing service.

4.3.4 Teaching and Assessing

At the end of the programme of learning the emergency nurse will competently apply teaching and assessing techniques to develop emergency nursing colleagues, patients and families in the emergency setting.

4.3.5 Continuous Professional Development

At the end of the programme of learning the emergency nurse will competently apply principles of continuous professional development to enable the personal and professional growth of self and colleagues in the emergency setting.

PART C

5.0 African Emergency Nursing Competencies

Three levels of competence are advocated and the emergency is expected to move incrementally through the levels accumulating greater depth and expertise over time.

A summary of basic intermediate and advanced emergency nursing competencies appear at Appendix 4

6.0 References

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7.0 Signature of Endorsing Organisation Representative

The African Federation of Emergency Medicine have reviewed this curriculum and approved.

Signature...



PRESIDENT OF AFEM

December 2016

Review date: November 2021

Appendix 2 Global Mentorship Infrastructure

1.0 Global Mentorship Infrastructure

The development of a robust global mentorship infrastructure is essential to the success of this programme. Mentoring is a professional relationship in which an experienced person (the mentor) assists another (the mentee) to develop specific skills and knowledge that will enhance the personal and professional growth of the less-experienced emergency nurse. This programme is dependent on the contribution of emergency care experts within Africa and beyond including: doctors, nurses and pre-hospital professionals, to mentor emergency care nurses within Africa.

1.1 Mentor Selection Criteria

The criteria required to Mentor an emergency nurse in Africa is:

Current registration as an emergency practitioner in the person's own country

Recent clinical experience in the emergency setting

Exposure to learners in the emergency setting

A developing interest in emergency systems in Africa

Fluency in the language of the African mentee.

1.2 Mentor Application Process

The Mentor application process will commence with a 'Call for Mentors' advert placed on the AFEM website, and in leading emergency related journals e.g. AFJEM, IENJ, and Colleges of Emergency Medicine and Emergency Nursing in other countries. The selection of mentors will be coordinated through the AFEM Nursing Committee.

1.3 Mentorship Committee

A Mentorship Committee will be set up to oversee the recruitment process, produce Mentor and Mentee Guidance Handbooks, containing direction regarding the development of the Mentor/Mentee relationship, frequency of contact, and processes.

1.4 Mentor/Mentee Communication

Communication between Mentor and Mentee will be established either face-to-face, via email and/or a range of social media.

1.5 Mentor Database

A Mentorship database will be created to enable the allocation of Mentors to Mentees and to prevent saturation of Mentors.

1.6 Monitoring

Monitoring systems will be initiated to enable regular review of the mentoring process.

1.7 Evaluation

Evaluation of the mentorship process will be completed.

1.8 Progress Reports

Progress reports from both the mentors and mentees will be created at agreed intervals to enable infrastructure development and to aid with the monitoring and evaluation processes.

Appendix 3 Learning Outcomes

Sentinel conditions	Basic	Intermediate	Advanced
1 Airway	<p>1a The emergency nurse will understand the altered anatomy and physiology of the respiratory system in the emergency context</p> <p>1.1a The emergency nurse will understand vital airway observations and norm deviations and accurate and timely recording and reporting</p> <p>1.2a The emergency nurse will understand airway management equipment and techniques</p> <p>1.3a The emergency nurse will understand essential commonly or frequently prescribed airway management pharmaceuticals and optimal administration mode</p>	<p>1b The emergency nurse will have in-depth understanding of the altered anatomy and physiology of the respiratory system in the emergency context</p> <p>1.1b The emergency nurse will have in-depth understanding of the significance of vital airway observations, norm deviations and serum analysis</p> <p>1.2b The emergency nurse will select airway management equipment and techniques and, assist at intubation procedures</p> <p>1.3b The emergency nurse will select essential prescribed airway management pharmaceuticals and optimal administration mode</p>	<p>1c The emergency nurse will have an in-depth understanding and intuitive grasp of the altered anatomy and physiology of the respiratory system in the emergency context</p> <p>1.1c The emergency nurse will interpret vital airway observations and serum analysis making informed care decisions based on this data</p> <p>1.2c The emergency nurse will have an independent and proficient grasp of all essential airway management techniques making informed care decisions</p> <p>1.3c The emergency nurse will have an independent and proficient grasp of all airway management pharmaceuticals making informed decisions regarding optimal administration mode</p>
2 Shock	<p>2.1a The emergency nurse will understand altered physiology and impaired circulatory status associated with cardiogenic, hypovolemic, neurologic, anaphylactic and septic shock</p> <p>2.2a The emergency nurse will understand vital observations (including all</p>	<p>2.1b The emergency nurse will have in-depth understanding of altered physiology associated with cardiogenic, hypovolemic, neurologic, anaphylactic and septic shock</p> <p>2.2b The emergency nurse will understand the significance of vital observations (including</p>	<p>2.1c The emergency nurse will have an in-depth and intuitive grasp of altered physiology associated with cardiogenic, hypovolemic, neurologic, anaphylactic and septic shock</p> <p>2.2c The emergency nurse will analyse the results of vital observations (including</p>

	<p>neurovascular observations) and norm deviations associated with shock, recording and reporting them in an accurate and timely way</p> <p>2.3a The emergency nurse will understand how manual manoeuvres, tourniquet application, pelvic wrapping and fracture splint application reduce shock</p> <p>2.4a The emergency nurse will understand essential prescribed shock reduction pharmaceuticals and optimal administration modes</p>	<p>all neurovascular observations), norm deviations and serum analysis associated with shock</p> <p>2.3b The emergency nurse will select appropriate manual manoeuvres, tourniquet application, pelvic wrapping and/or fracture splint application to reduce shock</p> <p>2.4b The emergency nurse will have an in-depth knowledge of essential shock reduction pharmaceuticals and optimal administration modes</p>	<p>all neurovascular observations) and serum analysis associated with shock, making informed decisions based on this data</p> <p>2.3c The emergency nurse will have an independent and proficient grasp of all shock management techniques making informed decision regarding optimal shock reduction interventions</p> <p>2.4c The emergency nurse will have an independent and proficient grasp of all shock reduction pharmaceuticals making informed decisions regarding optimal administration modes</p>
3 Altered mental state	<p>3.1a The emergency nurse will understand altered physiology associated with secondary injury</p> <p>3.2a The emergency nurse will understand vital observations and norm deviations associated with altered mental state and recording and reporting methods</p> <p>3.3a The emergency nurse will understand essential prescribed pharmaceuticals associated with altered mental states and optimal administration modes</p> <p>3.4a The emergency</p>	<p>3.1b The emergency nurse will have in-depth understanding of altered physiology associated with secondary injury</p> <p>3.2b The emergency nurse will understand the significance of vital observations, norm deviations and serum analysis associated with altered mental states and recording and reporting methods</p> <p>3.3b The emergency nurse will have an in-depth knowledge of essential pharmaceuticals associated with altered mental states and optimal administration modes</p> <p>3.4b The emergency</p>	<p>3.1c The emergency nurse will have an in-depth and intuitive grasp of altered physiology associated with secondary injury</p> <p>3.2c The emergency nurse will have comprehensive understanding and sound grasp of vital observations and serum analysis associated with altered mental states, making informed care decisions based on this data</p> <p>3.3c The emergency nurse will have an independent and proficient grasp of all pharmaceuticals associated with altered mental states making informed decisions regarding optimal administration modes</p> <p>3.4c The emergency</p>

	nurse will understand essential psychiatric assessment criteria and correct recording and reporting methods	nurse will have an in-depth knowledge of essential psychiatric assessment criteria and significance to diagnostics and referral	nurse will have an independent and proficient grasp of essential psychiatric assessment criteria making informed decisions regarding optimal management of the patient
4 Severe pain	<p>4.1a The emergency nurse will understand the physiology of pain pathways in the emergency context and focus on assessment to identify abnormalities, first line interventions and expected treatment response</p> <p>4.2a The emergency nurse will understand pain observations (verbal and non-verbal) and norm deviations and accurate and timely recording and reporting</p> <p>4.3a The emergency nurse will understand essential prescribed pain management pharmaceuticals associated and optimal administration modes</p>	<p>4.1b The emergency nurse will have in-depth understanding of the physiology of pain in the emergency context and complex assessment and gathering and interpretation of information</p> <p>4.2b The emergency nurse will understand the significance of accurate and frequent pain observations and norm deviations to prevent acceleration of injury</p> <p>4.3b The emergency nurse will have an in-depth knowledge of essential prescribed pain management pharmaceuticals and optimal administration modes</p>	<p>4.1c The emergency nurse will have an in-depth and intuitive grasp of pain associated with the injured or sick patient in the emergency context</p> <p>4.2c The emergency nurse will have specialist knowledge of pain management, making informed care decisions based on this data</p> <p>4.3c The emergency nurse will have an independent and proficient grasp of all pain management pharmaceuticals making informed decisions regarding optimal administration modes</p>
5 Trauma and burns	<p>5.1a The emergency nurse will understand the role and function of all members of the trauma team</p> <p>5.2a The emergency nurse will understand the trauma assessment protocol</p>	<p>5.1b The emergency nurse will have in-depth understanding of the role and function of all members of the trauma team</p> <p>5.2b The emergency nurse will have in-depth understanding of the trauma assessment protocol</p>	<p>5.1c The emergency nurse will have an intuitive grasp of the role and function of all members of the trauma team taking leadership responsibility and making decisions regarding trauma nursing policy</p> <p>5.2c The emergency nurse will have an in-depth and intuitive grasp of the trauma assessment protocol making informed decisions within trauma scenarios</p>

	<p>5.3a The emergency nurse will understand essential prescribed pharmaceuticals associated with trauma and burns and optimal administration modes</p> <p>5.4a The emergency nurse will understand essential wound cleansing, closure and dressing techniques following injury or therapeutic intervention</p>	<p>5.3b The emergency nurse will have an in-depth knowledge of essential prescribed pharmaceuticals associated with trauma and burns and optimal administration modes</p> <p>5.4b The emergency nurse will have in-depth understanding of essential wound cleansing, closure and dressing techniques following trauma, burns or therapeutic intervention</p>	<p>5.3c The emergency nurse will have an independent and proficient grasp of all pharmaceuticals associated with trauma and burns making informed decisions regarding optimal administration modes</p> <p>5.4c The emergency nurse will have an in-depth and intuitive grasp of essential wound cleansing, closure and dressing techniques following trauma, burns or therapeutic intervention and make informed decisions regarding optimal wound management</p>
6 Dangerous fever	<p>6.1a The emergency nurse will understand altered physiology associated with dangerous fever</p> <p>6.2a The emergency nurse will understand vital observations and norm deviations associated with dangerous fever and accurate and timely recording and reporting</p> <p>6.3a The emergency nurse will understand essential prescribed fever reduction pharmaceuticals and optimal administration modes</p> <p>6.4a The emergency nurse will understand and apply local</p>	<p>6.1b The emergency nurse will have in-depth understanding of altered physiology associated with dangerous fever</p> <p>6.2b The emergency nurse will understand the significance of vital observations, norm deviations and serum analysis associated with dangerous fever</p> <p>6.2b The emergency nurse will have in-depth understanding of essential prescribed fever reduction pharmaceuticals and optimal administration modes</p> <p>6.4b The emergency nurse will have in-depth understanding of local</p>	<p>6.1c The emergency nurse will have an in-depth and intuitive grasp of altered physiology associated with dangerous fever making informed decisions regarding optimal management</p> <p>6.2c The emergency nurse will analyse the results of vital observations and serum analysis associated with dangerous fever making key care decisions based on this data</p> <p>6.2c The emergency nurse will have an independent and proficient grasp of all fever reduction pharmaceuticals making informed decisions regarding optimal administration modes</p> <p>6.4c The emergency nurse will have an in-depth and intuitive</p>

	infection control protocol in the emergency setting	infection control protocol and its application to the emergency setting	grasp of infection control, making informed decisions regarding staff and patient safety
7 Pregnant woman, mother and newborn	7.1a The emergency nurse will understand the legal framework and a broad understanding of the care needs of the pregnant woman (normal and abnormal), mother and newborn in the emergency setting	7.1b The emergency nurse will have in-depth understanding of the legal framework and care needs of the pregnant woman, mother and newborn in the emergency setting	7.1c The emergency nurse will have an in-depth and intuitive grasp of the legal framework and ethical principles and care needs of the pregnant woman, mother and newborn, making informed decisions about their care in the emergency setting
8 Child	8.1a The emergency nurse will understand the legal framework and care needs of the child in the emergency setting	8.1b The emergency nurse will have in-depth understanding of the legal framework and care needs of the child in the emergency setting	8.1c The emergency nurse will have an in-depth and intuitive grasp of the legal framework and care needs of the child making informed decisions in the emergency setting
9 Older person	9.1a The emergency nurse will understand the legal framework and care needs associated with the older person's mobility, isolation, and polypharmacy in the emergency setting	9.1b The emergency nurse will have in-depth understanding of the legal framework and care needs associated with the older person's mobility, isolation, and polypharmacy	9.1c The emergency nurse will have an in-depth and intuitive grasp of the legal framework and care needs associated with the older person's mobility, isolation, and polypharmacy, making informed decisions regarding their management in the emergency setting
10 Mental health/ learning disabilities	10.1a The emergency nurse will understand the legal framework and care needs of the person presenting with mental health/learning disabilities issues in the emergency setting	10.1b The emergency nurse will in-depth understanding of the legal framework and care needs of the person presenting with mental health/learning disabilities issues In the emergency setting	10.1c The emergency nurse will have an in-depth and intuitive grasp of the legal framework and care needs of the person presenting with mental health/learning disabilities issues, making informed decisions regarding their management in the emergency setting
11 Death and dying	11.1a The emergency nurse will understand the practical, legal,	11.1b The emergency nurse will have in-depth understanding of the	11.1c The emergency nurse will have an in-depth and intuitive

	emotional and spiritual needs of the dying/dead person and their family.	practical, legal, emotional and spiritual needs of the dying/dead person and their family	grasp of the practical, legal, emotional and spiritual needs of the dying/dead person and their family, making informed decisions regarding optimal management of the scenario
12 Staff and patient safety	12.1a The emergency nurse will understand the legal framework and local protocol to ensure staff and patient safety in the emergency setting	12.1b The emergency nurse will have in-depth understanding of the legal framework and local protocol to ensure staff and patient safety in the emergency setting	12.1c The emergency nurse will have an in-depth and intuitive grasp of the legal framework and local protocol, making informed decisions to ensure staff and patient safety in the emergency setting
13 Leadership and teamwork	13.1a The emergency nurse will understand leadership responsibilities and accountabilities and, staff and patient teaching techniques in the emergency setting 13.2a The emergency nurse will have an appreciation of current literature related to the context of emergency nursing care	13.1b The emergency nurse will have in-depth understanding of leadership responsibilities and accountabilities, and, staff and patient teaching and assessing techniques in the emergency setting 13.2b The emergency nurse will have an appreciation of research methods related to the context of emergency nursing care	13.1c The emergency nurse will have an in-depth and intuitive grasp of their organisational responsibilities and accountabilities, leadership strategies and teaching and assessing techniques, in the emergency setting 13.2c The emergency nurse will have an in-depth and insightful understanding of research methods and clinical applications
14 Teaching and assessing	14.1a The emergency nurse will understand teaching and assessing principles to aid self-development	14.1b The emergency nurse will have an in-depth understanding of the principles of effective teaching and assessing to aid the development of self and others	14.1c The emergency nurse will have in-depth knowledge and an intuitive grasp of teaching and assessing strategies to aid the development of the facility
15 Continuing professional development	15.1a The emergency nurse will understand their personal responsibility to engage in continuing professional development	15.1b The emergency nurse will have in-depth understanding of their responsibility to engage in continuing professional development of self and others	15.1c The emergency nurse will have in depth-knowledge of their responsibility to engage in continuing professional development of self and their leadership role within the CPD framework

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Appendix 4 African Emergency Nursing Competencies

Sentinel condition	Signal function Basic	Signal function Intermediate	Signal function Advanced
1 Airway	1.1a Assess patient's colour	1.1b Assess patient's colour	1.1c Assess patient's colour
	1.2a Assess patient's respiratory rate	1.2b Assess patient's respiratory rate	1.2c Assess patient's respiratory rate
	1.3a Assess patient's peak flow	1.3b Assess patient's peak flow	1.3c Assess patient's peak flow
	1.4a Manually manoeuvre the patient (chin lift, jaw thrust etc.)	1.3b Manually manoeuvre the patient (chin lift, jaw thrust etc.)	1.3c Manually manoeuvre the patient (chin lift, jaw thrust etc.)
	1.4a Insert oropharyngeal airway	1.4b Insert oropharyngeal airway	1.4c Insert oropharyngeal airway
	1.5a Apply three-way dressing	1.5b Apply three-way dressing	1.5c Apply three-way dressing
	1.6a Manually clear airway obstruction (include Heimlich manoeuvre)	1.5b Manually clear airway obstruction (include Heimlich manoeuvre)	1.5c Manually clear airway obstruction (include Heimlich manoeuvre)
	1.7a Apply suction (P)	1.7b Apply suction	1.7c Apply suction
	1.8a Competent use of the bag valve mask (P)	1.8b Competent use of the bag valve mask	1.8c Competent use of the bag valve mask
	1.9a Administer oxygen (P)	1.9b Administer oxygen	1.9c Administer oxygen
	1.10a Prepare airway related pharmaceuticals under instruction (P)	1.10b Initiate, record and report vital airway observations, norm deviations and serum analysis	1.10c Make proficient and independent decisions about airway management based on vital airway observations and serum analysis
	1.11a Prepare prescribed airway management pharmaceuticals under instruction (P)	1.11b Prepare equipment and assist at intubation procedures	1.11c Proficiently and independently manage all essential airway management apparatus and techniques
	1.12b Prepare airway management pharmaceuticals and	1.12c Independently and proficiently select airway management	

		optimal administration modes	pharmaceuticals and make informed decisions regarding optimal administration modes
2 Shock	2.1a Assess patient's colour	2.1b Assess patient's colour	2.1c Assess patient's colour
	2.2a Assess patients skin temperature	2.2b Assess patients skin temperature	2.2c Assess patients skin temperature
	2.3a Assess for obvious bleeding sites	2.3b Assess for obvious bleeding sites	2.3c Assess for obvious bleeding sites
	2.4a Assess patient's blood pressure	2.4b Assess patient's blood pressure	2.4c Assess patient's blood pressure
	2.5a Assess patient's pulse rate per minute	2.5 Assess patient's pulse rate per minute	2.5c Assess patient's pulse rate per minute
	2.6a Manually manoeuvre patient to control haemorrhage	2.6b Manually manoeuvre patient to control haemorrhage	2.6c Manually manoeuvre patient to control haemorrhage
	2.7a Apply arterial tourniquet	2.7b Apply arterial tourniquet	2.7c Apply arterial tourniquet
	2.8a Apply pelvic wrapping	2.8b Apply pelvic wrapping	2.8c Apply pelvic wrapping
	2.9a Apply fracture splints	2.9b Apply fracture splints	2.9c Apply fracture splints
			2.10c Make independent and proficient decisions about shock management based on vital observations and serum analysis
3 Altered mental state	3.1a Protect from secondary injury	3.1b Protect from secondary injury	3.1c Protect from secondary injury
	3.2a Monitor AVPU/GCS at intervals	3.2b Monitor AVPU/GCS at intervals	3.2c Make independent and proficient decisions about the management of patients with altered mental state based on vital observations including AVPU/GCS and serum analysis
	3.3a Assess glucose level/administer glucose	3.3b Assess glucose level/administer glucose	3.3c Make independent and proficient decisions about the management of patients with altered mental state based on their glucose level
	3.4a Administer	3.4b Administer	3.4c Organise the

	PO/PR/IM benzodiazepines	PO/PR/IM benzodiazepines	administration of PO/PR/IM benzodiazepines
	3.5a Refer and/or safely transfer the patient with altered mental state to appropriate expertise including psychiatric assessment	3.5b Refer and/or safely transfer the patient with altered mental state to appropriate expertise including psychiatric assessment	3.5c Organise referral and/or safe transfer of the patient with altered mental state to appropriate expertise including psychiatric assessment
4 Severe pain	4.1a Assess nature and severity of pain	4.1b Assess nature and severity of pain	4.1c Assess nature and severity of pain
	4.2a Administer prescribed analgesic	4.2b Administer prescribed analgesic	4.2c Independently and proficiently prescribe pain management pharmaceuticals and make informed decisions regarding their optimal administration modes
	4.3a Monitor pain at intervals using pain assessment scales	4.3b Monitor pain at intervals using pain assessment scales	4.3c Monitor pain at intervals using pain assessment scales
	4.4a Perform a urine dipstick and interpret the results	4.4b Perform a urine dipstick and interpret the results	4.4c Perform a urine dipstick and interpret the results
	4.5a Give oral hydration	4.5b Give oral hydration	4.5c Independently and proficiently prescribe fluid management infusions and make informed decisions regarding their optimal administration modes
	4.6a Insert urinary catheter for urinary obstruction (P)	4.6b Insert urinary catheter for urinary obstruction	4.6c Insert urinary catheter for urinary obstruction
	4.7a Insert an intravenous line	4.7b Insert an intravenous line	4.7c Insert an intravenous line
			4.8c Insert an intraosseous line
5 Trauma and burns	5.1a Apply trauma nursing principles within the role directed by the Team Leader	5.1b Implement mass casualty protocol role as directed by the Team Leader	5.1c Organise and communicate with emergency care team and other clinical leads regarding mass casualty protocol
	5.2a Expose patient appropriately and safely (taking measures to prevent heat loss)	5.2b Expose patient appropriately and safely (taking measures to prevent heat loss)	5.2c Expose patient appropriately and safely (taking measures to prevent heat loss)
	5.3a Apply cervical	5.3b Apply cervical	5.3c Apply cervical spine

	spine and basic immobilisation	spine and basic immobilisation	and basic immobilisation
	5.4a Assess cardiovascular and neurological impairment of injured limbs	5.4b Assess cardiovascular and neurological impairment of injured limbs	5.4c Ensure staff assess patient with trauma and burns for cardiovascular and neurological impairment of injured limbs
	5.5a Use appropriate method to limit burn injury (but prevent iatrogenic hypothermia)	5.5b Use appropriate method to limit burn injury (but prevent iatrogenic hypothermia)	5.5c Use appropriate method to limit burn injury (but prevent iatrogenic hypothermia)
	5.6a Clean wound and apply initial appropriate wound dressing	5.6b Clean wound and apply initial appropriate wound dressing	5.6c Ensure staff assess the patient with trauma and burns and clean wound and apply initial appropriate wound dressing
	5.7a Administer tetanus toxoid	5.7b Administer tetanus toxoid	5.7c Independently and proficiently prescribe and administer tetanus toxoid and/or tetanus immunoglobulin
			5.8c Participate in local trauma policy development and implementation of the trauma protocol
6 Dangerous fever	6.1a Assess patient's temperature	6.1b Assess patient's temperature	6.1c Assess patient's temperature
	6.2a Monitor AVPU/GCS at intervals	6.2b Monitor AVPU/GCS at intervals	6.2c Monitor AVPU/GCS at intervals
	6.3a Adapt environment to patient temperature	6.3b Adapt environment to patient temperature	6.3c Adapt environment to patient temperature
	6.4a Administer prescribed antipyretics	6.4c Administer prescribed antipyretics	6.4c Administer prescribed antipyretics
	6.5a Isolate the patient where necessary	6.5c Isolate the patient where necessary	6.5c Isolate the patient where necessary
7 Pregnant woman, mother, and newborn	7.1a Apply principles of emergency nursing when caring for the pregnant woman, mother and new born in the emergency setting	7.1b Apply principles of emergency nursing when caring for the pregnant woman, mother and new born in the emergency setting	7.1c Organise the emergency nursing team to care for the pregnant woman, mother and new born in the emergency setting
8 Child	8.2a Apply principles of emergency nursing when caring for the child at various stages of development in the emergency setting	8.2b Apply principles of emergency nursing when caring for the child at various stages of development in the emergency setting	8.2c Organise the emergency nursing team to care for the child at various stages of development in the emergency setting

9 Older person	9.3a Apply principles of emergency nursing when caring for older people in the emergency setting	9.3b Apply principles of emergency nursing when caring for older people in the emergency setting	9.3c Organise the emergency nursing team to care for older people in the emergency setting
10 Mental health/ learning disabilities	10.1a Sensitively apply principles of emergency nursing management of mental health/learning disabilities in the emergency department	10.1b Sensitively apply principles of emergency nursing management of mental health/learning disabilities in the emergency department	10.1c Sensitively apply principles of emergency nursing management of mental health/learning disabilities in the emergency department
11 Care of the dead/dying person and their family	11.9a Sensitively respond to the practical, legal, emotional and spiritual needs of the dying/dead person and their family	11.9b Sensitively respond to the practical, legal, emotional and spiritual needs of the dying/dead person and their family	11.9c Ensure all staff sensitively respond to the practical, legal, emotional and spiritual needs of the dying/dead person and their family
12 Staff and patient safety	12.1a Use protective equipment and materials to ensure safety of staff and others	12.1b Use protective equipment and materials to ensure safety of staff and others	12.1c Ensure all staff use protective equipment and materials to ensure safety of staff and others
	12.2a Implement appropriate infection control measures	12.2b Use appropriate infection control measures	12.2c Ensure all staff implement appropriate infection control measures
	12.3a Regularly monitor and respond to patient's vital observations	12.3b Regularly monitor and respond to patient's vital observations	12.3c Ensure all staff regularly monitor and respond to patient's vital observations
	12.4a Record regular and accurate vital observations and interventions	12.4b Record regular and accurate vital observations and interventions	12.4c Ensure all staff record regular and accurate vital observations and interventions
	12.5a Ensure patients are referred to appropriate expertise (including suicide risk and intimate partner violence)	12.5b Ensure patients are referred to appropriate expertise (including suicide risk and intimate partner violence)	12.5c Ensure appropriate staff refer patients to appropriate expertise (including suicide risk and intimate partner violence)
	12.6a Attend to psychosocial needs of patients and families/significant others	12.6b Attend to psychosocial needs of patients and families/significant others	12.6c Ensure all staff attend to psychosocial needs of patients and families/significant others
	12.7a Ensure forensic evidence is secured where appropriate and maintaining chain of evidence	12.7b Ensure forensic evidence is secured where appropriate and maintaining chain of evidence	12.7c Ensure all staff secure forensic evidence where appropriate and maintaining chain of evidence

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	12.8a Keep patient's property safe	12.8b Keep patient's property safe	12.8c Ensure all staff keep patient's property safe
13 Leadership and teamwork	13.1 Use effective leadership skills during patient triage	13.1 Use effective leadership skills during patient triage and in the management of the facility	13.1 Strategically facilitate leadership capacity of staff to aid the development of the emergency nursing profession
14 Teaching and assessing	14.2a Apply teaching and assessing principles to aid the development of other staff	14.2a Use effective teaching and assessing principles to aid the development of self and others	14.2a Strategically facilitate teaching and assessing of staff capacity to aid the development of other staff
	14.3a Apply principles of health education to maintain the health emergency patients	14.3a Use effective health education strategies to maintain the health of emergency patients	14.3a Strategically facilitate the learning of health education strategies of all staff to maintain the health education of emergency patients
15 Continuous professional development	15.4a Use a questioning approach to emergency nursing practice	15.4b Use an evidence-based questioning approach to practice. Be involved in basic data collection, publications and conference presentations	15.4c Be involved in research projects, pursue funds and/or ethics approval for their own project. They should be involved in research generation, publications, conference presentations and professional societies

Appendix 5 Programme Evaluation Process

- 1.1** The programme should be evaluated for quality assurance purposes by the AFEM. Consideration should be given to emergency care staff opinion of the impact of the programme delivery on the quality of care provided to the emergency care population in Africa. The opinion of the emergency nurse participants on the programme should be sought to assess the helpfulness of the nature and content of the theory and competence aspects and its impact on care. The evaluation should also be informed by comments from the Mentors and Mentees regarding their relationship and mentorship process as well as preceptors (where available).