



الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

Emergency Nursing Diploma



سِرِّهِمْ وَمَنْ يَخْفَى

PREFACE

The primary goal of this document is to enrich the training experience of postgraduate trainees by outlining learning objectives that will enable them to become independent and competent future practitioners.

This curriculum may contain sections outlining some regulations of training, however such regulations need to be sought from “General Bylaws” and “Executive Policies” for training published by the Saudi Commission for Health Specialties (SCFHS), which can be accessed online through the official SCFHS website. In case of discrepancy in regulation statements, the one stated in the most updated bylaws and executive policies will be the reference to apply.

As this curriculum is subject to periodic refinements, please refer to the electronic version posted online for the most updated edition at www.scfhs.org.sa

1. CONTRIBUTORS

This curriculum was revised and updated by the Specialty's Curriculum Development Committee:

- Mr. Mohammad D. Alkhalaf
- Dr. Latifah A. Almater
- Miss. Mona M. Aldosari

Reviewed and Approved by Emergency Nursing Scientific Committee Members:

- Mr. Mohammad D. Alkhalaf
- Dr. Latifah A. Almater
- Dr. Nihad A. Nasrallah
- Mr. Muneeb A. Alnajjar
- Mrs. Jamila E. Alkhaibari

Curriculum Review Committee members:

- Dr. Mishal M. Alotaibi, MBBS, SBFM, ABFM, MSc MedEDU
- Dr. Sakara Bahareth, Pharm.D., BCPS, BCACP

Approved by Head of Curricula Review Committee:

- Dr. Ali Alyahya, MD, MME, FRCSC



Previous Versions' Contributors Curriculum Scientific Group

- Dr. Sana Almahmou
- Dr. Eshtiaq Alfaraj
- Dr. Fatma Mokabel
- Mr. Reza Alorabi

II. COPYRIGHT STATEMENTS

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Correspondence: Saudi Commission for Health Specialties P.O. Box: 94656 Postal Code: 11614 Contact Center: 920019393.

E-mail: Curricula@scfhs.org.sa

Website: www.scfhs.org.sa



III. FOREWORD

The Emergency Nursing Diploma Curriculum development team acknowledges the valuable contributions and feedback from the Emergency Nursing Scientific Committee members in the development of this program. We extend special appreciation and gratitude to all members who have been pivotal in the completion of this curriculum, especially the Curriculum Group, Curriculum reviewers, and Scientific Council. Furthermore, we would like to acknowledge the Royal College of Nursing, UK, for their copyright permission to use the National Curriculum and Competency Framework for Emergency Nursing in this program curriculum.

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V. INTRODUCTION

1. Context of Practice

Emergency care deals with human responses to any trauma or sudden illness that require immediate intervention to prevent imminent severe damage or death. Care is provided in any setting to persons of all ages with actual or perceived alterations in their physical or emotional health. Initially, patients may present without a medical diagnosis. Care is considered episodic when patients return frequently, primary when it is the initial option for health or preventive care, or acute when patients require immediate and additional intervention. Emergency care is typically sought for serious injuries and acute medical conditions (e.g., heart attack or stroke). However, excessive delays and overcrowding in emergency departments have become serious problems, causing concerns regarding compromised care.

Time is an important factor in the care of both emergency and trauma patients. The acuity and complexity of nursing practice in diverse settings has continued to increase. As a result, emergency and trauma nurses face challenges of varying degrees from practice issues to healthcare system delivery complexities that effectively and adequately prepare confident and competent nurses or nurse specialists. Essential practice patterns in emergencies and trauma integrate clinical and non-clinical practitioners to deliver appropriate, efficient, and effective care to healthcare consumers.

Emergency nursing is the provision of immediate nursing care to people who have identified their problem as an emergency, or where nursing intervention may prevent an emergency. An emergency nurse accepts (without prior warning) any person requiring healthcare with



undifferentiated and undiagnosed problems originating from social, psychological, physical, spiritual, or cultural factors. Emergency nurses must lead, initiate, and coordinate patient care. Such care includes rapid patient assessment, prioritizing care, appropriate intervention based on assessment, ongoing evaluation, and discharge or referral to other sources, including discharge education, where indicated. Emergency nurses play a major role in disaster response and have the knowledge and skills to care for mass casualties to ensure maximum survivability. Emergency nursing focuses on identifying serious problems in incoming trauma cases and stabilizing these patients so that they can receive further medical treatment.

The key requirement of people in this field is the ability to work under pressure. Nurses may be required to cope with chaotic environments, stressful situations, and catastrophic trauma cases. They must often contend with cultural and language barriers and be able to coordinate with doctors, other nurses, and healthcare professionals working as a team to provide patient care. Given this information, it is imperative to develop an emergency program that enables the specific training of healthcare professionals and nurses to care for people in various emergency situations.

This postgraduate diploma in the emergency specialty is designed to develop and exercise trainees' critical thinking skills to anticipate patients' immediate needs and demands in the emergent and critical phases of patients' clinical courses. Furthermore, the program trains professional nurses to be competent and safe while providing emergency and disaster nursing care in line with international standards. The program is module-based with each module providing the necessary pathophysiology, assessment frameworks, and nursing theory to enable nurses to serve a multicultural client base presenting a diverse range of illnesses and injuries across a wide age spectrum. The modules are

constructed such that they enable learners to understand and apply the necessary knowledge, skills, and attitudes required in contemporary nursing issues.

The program aims to facilitate learners' personal and professional growth in emergency and disaster nursing by enhancing critical thinking skills necessary for making rapid, sound nursing judgments and encouraging them to demonstrate self-direction in providing immediate emergency care in a variety of highly dependent emergency settings such as pre-hospital, emergency department, burn, and trauma units. Furthermore, this program will synthesize evidence-based data and theoretical knowledge to deliver immediate, competent, and culturally sensitive care; as well as develop expertise in utilizing human and material resources to support clinical reasoning. Upon completion of the program, the learner will earn an Advanced Nursing Practice Diploma in Emergency. This program is offered under the supervision of the Saudi Commission of Health Specialties.

Upon completion of the Advanced Nursing Practice Diploma in Adult Emergency Specialty, the learner will be able to:

1. Provide specialized knowledge and skills to contribute to the development of emergency care.
2. Understand the professional issues influencing emergency nursing and the wider nursing profession.
3. Apply management principles to acutely ill and traumatized patients, including multiple casualties in different health settings.
4. Implement a systematic patient assessment.
5. Incorporate advanced life support skills in the management of traumatized ill patients.
6. Understand the implications of hazards and potential risk when managing emergencies.



7. Plan for health promotion, disease prevention, and recovery from emergencies and disasters.
8. Apply infection control measures when caring for emergency/disaster patients and their families.
9. Utilize an evidence-based and research-supported approach to evaluate nursing practice within an emergency department.
10. Manage ethical issues concerning emergency/disaster care of patients and their families in accordance with Saudi Arabia's rules and regulations.
11. Apply leadership concepts in emergencies.
12. Apply quality improvement concepts in evaluating emergency nursing care.

2. Goals and Responsibilities of Curriculum Implementation

This curriculum ultimately seeks to guide trainees in becoming *competent* in emergency nursing. Accordingly, this goal requires a significant amount of effort and coordination from all the stakeholders involved in postgraduate training. As “adult-learners,” trainees must be proactive, fully engaged, and exhibit the following: a careful understanding of learning objectives, self-directed learning, problem solving, an eagerness to apply learning by means of reflective practice from feedback and formative assessment, and self-awareness and willingness to ask for support when needed. The Program Director plays a vital role in ensuring the successful implementation of this curriculum. Further, Training Committee members, particularly the Program Administrator and Chief Resident, significantly influence program implementation. Trainees should also be called upon to share responsibility in curriculum implementation. The Saudi Commission for Health Specialties (SCFHS) applies the best models of training

governance to achieve the highest quality of training. Additionally, academic affairs in training centers and the regional supervisory training committee play major roles in training supervision and implementation. *The Emergency Nursing Scientific Committee* guarantees that the content of this curriculum is constantly updated to match the highest standards in postgraduate education for each trainee's specialty.

3. What is new in this edition?

1. Transforming a module-based program to a competency-based curriculum by employing the National Curriculum and Competency Framework for Emergency Nursing created by the Royal College of Nursing. The framework provides an explicit representation of learning domains (knowledge, skills, and behavior) (Appendix. A). Permission to use the framework for this program was obtained from the Royal College for Nursing on November 11, 2021 (Appendix. B).

Note: According to the Royal College for Nursing, copyright permission must be updated every year to follow all annual updates and revisions.

This framework was selected to improve the quality of this program and meet the requirements of transforming the program to Competency-based Education (CBE). According to the Royal College for Nursing, the aim of this framework is to “encourage professional development, leadership skills, and career progression in emergency nursing, thereby promoting high-quality patient care and a culture that supports the recruitment and retention of emergency nurses. The framework is designed to support newly qualified nurses or those new to the specialty ... through to more experienced emergency nurses working with patients of all ages” (2017, P. 4).



2. Revising the program objectives and updating the modules' objectives and content to ensure be confident that all framework competencies are covered.
3. Revising and updating the list of knowledge, skills, and attitude competencies to be used in ONE45-e. Portfolio- (see Appendix. C).
4. Reducing the theoretical component and increasing the clinical rotations in each year to adjust the program to become a competency-based program.
5. Limiting the shared modules with other programs from six modules to three modules; the three modules include shared Module 1- Leadership and Management; S. Module 2-Introduction to research and evidence-based practice; and S. Module 3-Healthcare Informatics.
6. Dividing Module 1 from the previous program curriculum (Foundation of Emergency nursing) into two modules: Module 1 (Emergency Nursing Profession and Responsibilities) and Module 2 (Foundation of Emergency Nursing). The aim of this change was to prepare trainees at the beginning of the program with a clear overview of their professional roles and responsibilities.
7. Dividing Module 13 in the previous program curriculum (Clinical practicum in emergency nursing III) to two modules: Module 13 (Maternity Emergency Nursing) and Module 14 (Pediatric Emergency Nursing). The aim of this change was to give each subject included in these modules appropriate theoretical and clinical rotations.
8. Adding the Patient Safety Module (Module 7), this module is based on the WHO patient safety curriculum. The aim of adding this module is to enhance the concept of patient safety as one of the nursing competencies in any clinical area, specifically in the emergency department.

VI. ABBREVIATIONS USED IN THIS DOCUMENT

Abbreviation	Description
CBE	Competency-based Education
SCFHS	Saudi Commission for Health Specialties
RCN	Royal College of Nursing
OSCE	Objective Structured Clinical Examination
SOE	Structural Oral Examination
ER	Emergency Room
ICU	Intensive Care Unit
CCU	Coronary Care Unit.
ITER	In-training Evaluation Report
FITER	Final In-training Evaluation Report
GNP	Good nursing practice
CCT	Cross-cutting themes
CD	The clinical domains
CPD	Continuous Professional Development
TBL	Team-Based Learning



VII. PROGRAM ENTRY REQUIREMENTS

To be eligible to enroll in the program, the applicant must conform to the application requirements of the Saudi Council of Health Specialties in addition to the following:

1. Be a graduate with a Bachelor of Nursing degree.
2. Have a minimum of one-year of experience in an ER.
3. Have a valid nursing license from the SCFHS.
4. Have a good level of English language equivalent to (TOEFL 458/IELTS 4.5/ STEP 64).
5. Have a First Aid certificate & have completed Basic Life Support course.
6. The applicant should submit a letter of intent explaining why they want to join the program.
7. Interview successfully.
8. Be prepared to study on a full-time basis.
9. Provide a letter from their employer allowing participation in the program.
10. Be physically fit.

VIII. LEARNING AND COMPETENCIES

1. Introduction to Learning Outcomes and Competency-Based Education

Training should be guided by well-defined *learning objectives* that are driven by targeted *learning outcomes* of a particular program to serve specific specialty needs. Learning outcomes are supposed to reflect the professional *competencies* and tasks that are aimed to be *entrusted* to trainees upon graduation. This will ensure that graduates meet the expected demands of the healthcare system and patient care in relation to their specialty. *Competency-based education* (CBE) is an approach of *adult-learning* that is based on achieving *pre-defined, fine-grained, and well-paced* learning objectives driven by complex professional competencies.

Professional competencies related to healthcare are usually complex, involving multiple learning domains (knowledge, skills, and attitude). CBE is expected to change the conventional format of postgraduate education. For instance, the time of training, though a precious resource, should not be considered as a proxy for *competence* (e.g., time of rotation in certain hospital areas is not the primary marker of competence achievement). Furthermore, CBE emphasizes the critical role of informed judgment in learners' competency progress, which is based on a staged and formative assessment that is driven by multiple workplace-based observations. Several CBE models have been developed for postgraduate education in healthcare (e.g., the Royal College of Nursing's National Curriculum and



Competency Framework for Emergency Nursing). The following concepts enhance the implementation of CBE in this curriculum:

Competency: Competency is a cognitive construct that assesses the potential to perform efficiently in a given situation based on the standards of the profession. Professional roles (e.g., experts, advocates, communicators, leaders, scholars, collaborators, and professionals) are used to define competency roles to make them amendable for learning and assessment.

Milestones: Milestones are the stages of the developmental journey through the competency continuum. Throughout their learning journey, from junior to senior levels, trainees will be assisted to transform themselves from novice/supervised to master/unsupervised practitioners. This should not undermine the role of supervisory/regulatory bodies towards malpractice of independent practitioners. Milestones are expected to enhance the learning process by pacing training/assessment to match the developmental level of the trainees (junior vs. senior).

Learning-Domains: Whenever possible, efforts should be directed to annotate the learning outcomes with the corresponding domain (K=Knowledge, S=Skills, and A=Attitude). You may have more than one annotation for a given learning outcome.

Content-area Categorization: It is advisable to categorize learning outcomes in broad content areas related to the practice of a profession. For example, diagnostic versus therapeutic, simple versus complex, and urgent versus chronic.

The National Curriculum and Competency Framework for Emergency Nursing by the Royal College of Nursing (<https://www.rcn.org.uk/professional-development/publications/pub-005883>) was used as a competency framework in this curriculum and Benner's theory of the stages of nursing clinical competence (1948) was

used as the competency level of the learning journey (<https://nursing-theory.org/theories-and-models/from-novice-to-expert.php>).

This emergency nursing competency framework was selected after a critical search of the literature to find the most comprehensive competency framework that can be used at this program level as an advanced clinical program. This competency framework had an inclusive structure consisting of three main levels linked to common emergency nursing competencies (Appendix A). These levels include:

1. Good nursing practice (GNP) that represents the core or center of the framework. GNP forms the basis of all nursing care and is central to the Nursing Midwifery Council Code (UK). The behaviors outlined in GNP should be applied when approaching other competencies within the framework.
2. Cross-cutting themes (CCT) that are generic themes applying to patients in any emergency care setting, irrespective of their presenting complaint. The cross-cutting themes (CCT) are grouped into competencies related to eight themes.
3. Emergency care clinical domains (CD) that specify the competencies required to care for emergency patients throughout their lifespan. There are seven clinical domains.

2. Program Durations

To successfully obtain an Emergency Nursing Diploma, the candidate must fulfil the following requirements:

1. They must complete the program which is of a period of two calendar years.
2. Trainees may complete clinical rotations as an 8-hour shift per day, excluding lunchtime, or as a 12-hour shift to complete no more than 48 hours per week.



3. They must be able to communicate in English as that will be the language of instruction.

Leaves & Vacations

Refer to the SCFHS policies for more specific details (link).

3. Program Rotations

Table 1: Clinical Rotations for Emergency Nursing Diploma Program

Rotation	1 st Year	Duration by weeks	Setting	2 nd Year	Duration by weeks	Setting
*Mandatory Core Rotation	Orientation	1 w	Hospital & ER divisions	Levels 1 & 2: Trauma /Resuscitation	12 w	Resuscitation Room
	Triage	4 w	Triage Unit	Level 3: Acute care & Levels 4 & 5: Fast track/ Observation	8 w	Acute Care Unit Fast track Unit
	Levels 1 & 2: Resuscitation	8 w	Resuscitation Room	Pediatric Emergency	6 w	Pediatric Emergency Units
	Level 3: Adult Acute Care	9 w	Acute Care Unit	Maternity Emergency	5 w	Maternity Emergency Units
	Level 4 & 5: Fast track/ Observation	9 w	Fast track Unit Observation Unit	Leadership & Management /healthcare informatics	2 w	ER administration

Rotation	1 st Year	Duration by weeks	Setting	2 nd Year	Duration by weeks	Setting
**Elective Rotation	Resuscitation Adult Acute Care Fast track/ Observation ICU CCU Others	6 w	The same elected area	Resuscitation Adult Acute Care Fast track/ Observation ICU CCU Others	4 w	The same elected area
Leaves	Annual + EID	5 w		Annual + EID	5 w	
Theoretical Part	Lectures & in class sessions	10 weeks		Lectures & in class sessions	10 w	
Total		52 w			52 w	

**Mandatory core rotation: Set of rotations that represent program core component and are mandatory to do.*

***Elective rotation: Set of rotations that are related to the specialty, as determined by the scientific committee, and the trainee is required to do some of them.*

Note: The setting areas' names may vary according to each training location.



4. Mapping of learning objectives and competency roles to program rotations:

Level Code	Domain / Themes	Com. Code	Competencies	Learning domains	1st year	2nd year
Good nursing practice (GNP)– Core						
GNP1	Professional behavior	GNP1.1	Demonstrate the knowledge, skills and behavior to project a high standard of professional nursing	K,S,A	Advance beginner / Competent	Proficient / expert
GNP2	Team working	GNP2.1	Contribute to effective team working	K,S,A	Advance beginner / Competent	Proficient / expert
GNP3	Communication	GNP3.1	Ensure effective communication	K,S,A	Advance beginner / Competent	Proficient / expert
GNP4	Leadership and management	GNP4.1	Lead and manage the provision of emergency nursing care to individuals or small groups of patients	K,S,A	Advance beginner	Proficient / expert
GNP5	Education	GNP5.1	Support the delivery of education, training and mentorship within the emergency care setting	K,S	Advance beginner / Competent	Proficient / expert
GNP6	Evidence-based practice	GNP6.1	Ensure safe and effective care through application of evidence-based practice	K,S	Advance beginner / Competent	Proficient / expert
GNP7	Legal and ethical dilemmas and decision making	GNP7.1	Ensure practice is founded on legal frameworks and ethical principles	K,S,A	Advance beginner / Competent	Proficient / expert

Level Code	Domain / Themes	Com. Code	Competencies	Learning domains	1st year	2nd year
GNP8	Service evaluation and improvement.	GNP8.1	Contribute to service evaluation and improvement initiatives	K,S	Advance beginner / Competent	Proficient / expert
Cross-Cutting themes (CCT): General Emergency Care						
CCT1	Patient assessment	CCT1.1	Holistically and systematically, assess patients	K,S	Advance beginner / Competent	Proficient / expert
CCT2	Pain assessment and management	CCT2.1	Provide holistic care for patients with pain	K,S,A	Advance beginner / Competent	Proficient / expert
CCT3	Medicines management	CCT3.1	Store, administer, and dispose of medications safely and effectively in line with the center standards and local policy	K,S	Advance beginner / Competent	Proficient / expert
CCT4	Moving and handling	CCT4.1	Ensure safe moving and handling of patients and equipment in the emergency care setting	K,S	Advance beginner / Competent	Proficient / expert
CCT5	Infection prevention and control	CCT5.1	Care for patients with due regard to infection prevention and control principles	K,S	Advance beginner / Competent	Proficient / expert
CCT6	Safeguarding children and adults	CCT6.1	Protect the safety of children and adults	K,S,A	Advance beginner / Competent	Proficient / expert



Level Code	Domain / Themes	Com. Code	Competencies	Learning domains	1st year	2nd year
CCT7	Documentation and record keeping	CCT7.1	Effectively document care in line with NMC standards for record keeping	K,S	Advance beginner / Competent	Proficient / expert
CCT8	Preventing and controlling violence and aggression.	CCT8.1	Ensure safety of staff and patients when individuals display violent and/or aggressive behavior	K,S,A	Advance beginner / Competent	Proficient / expert
The Clinical Domains (CD)						
CD1	Caring for acutely ill adults Good	CD1.1	Care for patients with airway and/or respiratory system compromise.	K,S	Advance beginner / Competent	Proficient / expert
		CD1.2	Effectively care for patients with cardiovascular problems	K,S	Advance beginner / Competent	Proficient / expert
		CD1.3	Effectively care for patients with neurological problems	K,S	Advance beginner / Competent	Proficient / expert
		CD1.4	Effectively care for patients with abdominal pain and/or gastrointestinal problems	K,S	Advance beginner / Competent	Proficient / expert
		CD1.5	Effectively care for patients with renal problems	K,S	Advance beginner / Competent	Proficient / expert
		CD1.6	Effectively care for patients with endocrine problems	K,S	Advance beginner / Competent	Proficient / expert
		CD1.7	Effectively care for patients with reproductive system problems	K,S	Advance beginner / Competent	Proficient / expert

Level Code	Domain / Themes	Com. Code	Competencies	Learning domains	1st year	2nd year
		CD1.8	Effectively care for patients with major musculoskeletal problems	K,S	Advance beginner / Competent	Proficient / expert
CD2	Caring for adults requiring resuscitation	CD2.1	Care appropriately for patients suffering anaphylaxis	K,S	Advance beginner / Competent	Proficient / expert
		CD2.2	Identify patients in respiratory or cardiorespiratory arrest and initiate life support procedures	K,S	Advance beginner / Competent	Proficient / expert
		CD2.3	Provide appropriate care for patients with sepsis	K,S	Advance beginner / Competent	Proficient / expert
		CD2.4	Provide appropriate care for patients in 'shock' states	K,S	Advance beginner / Competent	Proficient / expert
		CD2.5	Provide holistic care for patients presenting with reduced level of consciousness	K,S	Advance beginner / Competent	Proficient / expert
		CD2.6	Provide holistic care for patients requiring emergency airway intervention and/or ventilation	K,S	Advance beginner / Competent	Proficient / expert
		CD2.7	Provide holistic care for patients requiring invasive monitoring using central venous access and/or arterial lines	K,S	Advance beginner / Competent	Proficient / expert



Level Code	Domain / Themes	Com. Code	Competencies	Learning domains	1st year	2nd year
CD3	Caring for adults with minor injury and illness	CD3.1	Provide holistic care for patients presenting with upper and lower limb injuries	K,S,A	Advance beginner / Competent	Proficient / expert
		CD3.2	Provide holistic care for patients presenting with ophthalmic, maxillofacial or ENT problems	K,S	Advance beginner / Competent	Proficient / expert
		CD3.3	Provide holistic care to patients presenting with back problems	K,S	Advance beginner / Competent	Proficient / expert
		CD3.4	Provide holistic care for patients presenting with minor wounds and burns	K,S	Advance beginner / Competent	Proficient / expert
CD4	Caring for children and young people	CD4.1	Holistically and systematically assess children and young people through the age spectrum	K,S	Advance beginner / Competent	Proficient / expert
		CD4.2	Safely assess and manage pain in children	K,S	Advance beginner / Competent	Proficient / expert
		CD4.3	Care holistically for children requiring resuscitation	K,S	Advance beginner / Competent	Proficient / expert
		CD4.4	Care holistically for children and young people presenting with acute illness	K,S	Advance beginner / Competent	Proficient / expert

Level Code	Domain / Themes	Com. Code	Competencies	Learning domains	1st year	2nd year
		CD4.5	Care holistically for children and young people presenting with minor injuries and limb problems	K,S	Advance beginner / Competent	Proficient / expert
		CD4.6	Provide safe psychological and mental healthcare for children and young people	K,S	Advance beginner / Competent	Proficient / expert
CD5	Caring for people with mental health needs	CD5.1	Holistically and systematically assess adults with mental health concerns	K,S,A	Advance beginner / Competent	Proficient / expert
		CD5.2	Care holistically for patients presenting with self-harm	K,S,A	Advance beginner / Competent	Proficient / expert
		CD5.3	Care holistically for patients presenting with problems relating to substance misuse	K,S,A	Advance beginner / Competent	Proficient / expert
CD6	Caring for older people	CD6.1	Holistically and systematically assess the needs of older adults.	K,S,A	Advance beginner / Competent	Proficient / expert
		CD6.2	Ensure the provision of holistic psychological and social care for older people	K,S,A	Advance beginner / Competent	Proficient / expert
		CD6.3	Care holistically for critically ill older people	K,S,A	Advance beginner / Competent	Proficient / expert
		CD6.4	Provide dignified holistic end of life care for patients and those important to them	K,S,A	Advance beginner / Competent	Proficient / expert



Level Code	Domain / Themes	Com. Code	Competencies	Learning domains	1st year	2nd year
CD7	Emergency planning and disaster management.	CD7.1	Contribute effectively to the organizational plan	K,S,A	Advance beginner / Competent	Proficient / expert

IX. CONTINUUM OF LEARNING

This includes learning that should take place at each key stage of progression within the Emergency Nursing Diploma program. Trainees are reminded of lifelong continuous professional development (CPD). Trainees should keep in mind the necessity of CPD for every healthcare provider to meet the demands of their profession. The following table (Table 3) states how the role is progressively expected to develop from advanced beginner to expert levels of practice in Emergency Nursing Diplomas based on Benner's Stages of Clinical Competence (1948). Importantly, we omitted the *novice level* because all trainees in this program are expected to have a full year of emergency nursing experience before enrolling in this program.



Table 3: Developmental of Clinical Competencies level, adapted form
Benner Theory;

	1st Year		2nd Year	
Competence Level	Advance Beginner	Competent	Proficient	Expert
Duration	3 Months	9 Months	6 Months	6 Months
Description	Demonstrates marginally acceptable performance because the nurse has had prior experience in actual situations. Often needs help setting priorities and cannot reliably sort out what is most important in complex situations and will require help to prioritize.	Demonstrates efficiency, is coordinated and has confidence in their actions. Able to plan and determine which aspects of a situation are important and which can be ignored or delayed. This practitioner lacks the speed and flexibility of a proficient practitioner but they show an ability to cope with and manage contingencies of practice.	Someone who perceives the situation as a whole rather than in parts. They have a holistic understanding of clinical situations which makes for quick and more accurate decision making. They consider fewer options and quickly hone in on accurate issues of the problem.	No longer relies on rules, guidelines, etc. to rapidly understand the problem. With an extensive background of experience, demonstrates an intuitive grasp of complex situations. They focus on the accurate region of the problem without first considering fruitless possibilities.
Knowledge	Employs knowledge of key concepts in practice.	Good background and employs knowledge in practice.	Deep understanding of the discipline and areas of practice.	Authoritative knowledge of discipline and deep implied understanding across area of practice.

	1st Year		2nd Year	
Competence Level	Advance Beginner	Competent	Proficient	Expert
Skills	Straightforward tasks likely to be completed in an acceptable manner.	Appropriate for purpose, though may lack refinement.	Fully acceptable standard achieved routinely.	Excellence achieved with relative ease.
Autonomy	Can achieve some steps using own judgment. Needs supervision for overall task.	Able to achieve most tasks using own judgment.	Able to take full responsibility for own work and appreciate others.	Able to take responsibility for going beyond existing standards and creating own interpretation.
Coping with complexity	Understands complex situations but can only partly adopt.	Handles complex situations using deliberate analysis and planning.	Deals holistically, more confident decision - making.	Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease.
Understanding complexity	Perceives actions as a series of steps.	Perceives actions at least partially for longer goals.	Perceives overall situations and how individual actions fit within it.	Perceives overall situation and alternative approaches, vision of what may be possible.

*Benner, P. E. (1984). From novice to expert: Excellence and power in clinical nursing practice. Addison-Wesley Pub.



X. TEACHING METHODS:

The teaching process for postgraduate Emergency Nursing Diplomas is based mainly on the principles of adult learning theory. Trainees feel the importance of learning and play active roles in the content and process of their own learning. The Emergency Nursing Diploma implements the adult learning concept on each feature of the activities where trainees are responsible for their own learning requirements. The formal training time includes the following three formal teaching activities:

1. Program Specific Learning Activities (modules/ Program Academic Half Day/ Clinical Practice)
2. Universal Topics
3. General Learning Opportunities

1. Program Specific learning activities:

Program-specific activities are educational activities specifically designed and intended to teach trainees during their training time. Trainees are required to attend these activities and non-compliance can subject trainees to disciplinary actions. It is advisable to link attendance and participation in these activities to continuous assessment tools (see the formative assessment section below). Program administration should support these activities by providing protected time for trainees to attend these activities and allow them to participate in them.

1.a. Modules

Weekly lectures (6 hours/day) will be delivered to the trainees to cover all specific theoretical subjects that will be included in each module. Modules are effective and beneficial for trainees; being aware of the

topics covered in each module will allow trainees to plan ahead. Moreover, modules encourage trainees to fully engage in and understand the theoretical aspects of the program. There are seven core-modules in the first year, and six in the second year. In addition, there will be three shared modules (Table. 4).

Table 4: Emergency Nursing Diploma Modules (1st & 2nd year)

1st year			
Module No.	Module Name	Theoretical Duration	Clinical Rotations/ Competency levels (Table 3)
Module 1	Emergency Nursing Profession and Responsibilities	2 weeks	10 Weeks
Module 2	Foundation of emergency nursing	1 week	
Module 3	Foundations of emergency nursing practicum I	1 week	
Module 4	Pathophysiological changes of emergencies	2 weeks	27 Weeks
Module 5	Pharmacological management of emergencies	2 weeks	
Module 6	Management of behavioral problems and psychosocial concepts	2 weeks	



2nd Year			
S. Module 1	Introduction to research and evidence-based practice	1 week	19 weeks
Module 7	Trauma assessment and nursing consideration	1 weeks	
Module 8	Major trauma and surgical emergencies	2 weeks	
Module 9	Clinical practicum in emergency nursing II	2 weeks	
Module 10	Maternity Emergency Nursing	1 week	18 weeks
Module 11	Pediatric Emergency Nursing	1 week	
S. Module 2	Leadership and management	1 week	
S. Module 3	Healthcare Informatics	1 week	

1.b. Program Academic half-day:

Four to six hours (according to the shifting duty 8 or 12 hours) of formal training time (commonly referred to as *academic half day*) will be reserved per week. The recommended number of half-days conducted annually is 40 sessions per academic training year. Formal teaching time is an activity that is planned in advance with an assigned tutor, time slots, and venue. Formal teaching time excludes bedside teaching and clinic postings. The academic half-day covers the core specialty topics that are determined and approved by the Emergency Scientific Committee aligned with the Emergency Nursing Diploma-defined competencies and teaching

methods. The core specialty topics ensure that important clinical problems of the specialty are well taught (Appendix D). The learning objectives of each core specialty topic need to be clearly defined, and it is preferable to use a pre-learning material. Whenever applicable, core specialty topics should include workshops, team-based learning (TBL), and simulation to develop skills in core procedures. It is recommended that lectures be conducted in an interactive, case-based discussion format.

Regional supervisory committees, in coordination with academic and training affairs, program directors, and trainee representatives should work together to ensure the planning and implementation of academic activities, as indicated in the curriculum. There should be active involvement of the trainee in the development and delivery of the topics under faculty supervision; the involvement might be in the form of delivery, content development, research, or other forms. The supervisor's educator should ensure that each topic is stratified into three categories in the learning domain: knowledge, skill, and attitude. Table 5 shows the minimum mandatory requirements for trainees to complete academic half-day activities.

1.c. Clinical Practice

Training exposures during bedside, skills, simulation lab, and other work-related activities, including courses and workshops (e.g., simulations, standardized patients, bedside teaching) represent excellent targets for learning. Trainees are expected to build their capacity through self-directed learning. On the other hand, practice-based learning allows the educator to supervise trainees to become competent in the required program practical skills that ensure fulfilling the knowledge, psychomotor, and/or attitude learning domains. Each trainee needs to maintain a logbook documenting the procedures



observed, performed under supervision (Appendix E), and performed independently. Table 5 shows the minimum mandatory requirements for trainees to complete their clinical practice.

2. Universal Topics

Universal topics are educational activities developed by the SCFHS and are intended for all specialties. Priority will be given to topics that are of high value, interdisciplinary, and integrated, requiring expertise beyond the availability of local clinical training sites.

Universal topics have been developed by SCFHS and are available in an e-learning format via personalized access for each trainee (to access online modules). Each universal topic will have self-assessment at the end of the module. As indicated in the “executive policies of continuous assessment and annual promotion,” universal topics are mandatory components of the criteria for the annual promotion of trainees from their current level of training to the subsequent level. Universal topics will be distributed throughout the training period. We correlated the ER nursing-specific modules to universal topics, as shown in Table 6.

Table 6: Emergency Nursing Diploma Universal Topics

	ER Nursing specific Modules		Universal Topics
	Number	Main topic	
1st Year	Module 1	Emergency Nursing	Module 1: Medical Fundamentals <ul style="list-style-type: none"> • Blood Transfusion • Hospital Acquired Infections • Antibiotic Stewardship • Sepsis, SIRS, DIVC • Safe Drug Prescribing • Medical Fundamentals Assessment
	Module 2	Foundation of emergency	
	Module 3	Emergency practicum I	
	Module 4	Pharmacology	

	ER Nursing specific Modules		Universal Topics
	Number	Main topic	
	Module 5	Pathophysiology	Module 7: Ethics and Healthcare <ul style="list-style-type: none"> Occupational Hazards of Healthcare Workers Evidence-based Approach to Smoking Cessation Patient Advocacy Organ Transplantation Autonomy and Treatment Refusal Death and Dying
	Module 6	Behavioral problems	
2nd Year	Module 7	Trauma assessment and nursing consideration	Module 4: Medical and Surgical Emergencies <ul style="list-style-type: none"> Acute Chest Pain Acute Breathlessness Altered Sensorium Hypotension Hypertension Upper GI Bleeding Lower GI Bleeding Abnormal ECG Medical and Surgical Emergencies Assessment
	Module 8	Major trauma and surgical emergencies	
	Module 9	Clinical practicum in emergency nursing II	
	Module 10	Maternity	Module 5: Acute Care <ul style="list-style-type: none"> Pre-Operative Assessment Post-Operative Care Acute and Chronic Pain Management Fluid Management in the Hospitalized Patient Management of Electrolyte Imbalances Acute Care Assessment
	Module 11	Pediatric	
	S. Module 1	Research and evidence-based practice	
	S. Module 2	Leadership and Management	
	S. Module 3	Healthcare Information	



3. General Learning Opportunities

Formal training time should be supplemented by other practice-based learning (PBL), such as:

- Involvement in quality improvement committees and meetings (minimum 2 meetings/ sessions each year).
- Continuous professional activities (CPD) relevant to specialty conferences and workshops (minimum two conferences/workshop each year).
- Volunteering hours.
- Trainees are expected to complete the Advanced Cardiovascular Life Support Course (ACLS) in the first year and Advanced Trauma Care for Nurses (ATCN) in the second year. The completion of these two courses is a mandatory requirement for the second-year exam and to graduate from the program.

Table 5: Requirements to complete the General Learning Opportunities

Activities	1st year requirement	2nd year requirement
Oral presentation	Minimum 2 presentations	Minimum 2 presentations
Group discussion and reflection	Minimum 4 sensitive / ethical topics	Minimum 4 sensitive / ethical topics
Journal Club	Minimum 5 articles	Minimum 10 articles
Logbook cases	Minimum 15 cases	Minimum 15 cases
Clinical Competencies	80% competences to be performed before training completion	80% competences to be performed before training completion

XI. ASSESSMENT AND EVALUATION

1. Purpose of Assessment

Assessment plays a vital role in the success of postgraduate training. Assessment guides trainees and trainers to achieve defined standards, learning outcomes, and competencies. Additionally, the assessment also provides feedback to learners and faculty regarding curriculum development, teaching methods, and quality of the learning environment. A reliable and valid assessment is an excellent tool to gauge whether the curriculum aligns the objectives, learning methods, and assessment methods. Finally, assessment assures patients and the public that health professionals are safe and competent to practice.

Assessment can serve the following purposes:

- a. **Assessment for learning:** Trainers will use information from trainees' performance to inform their learning for improvement. This enables educators to use information about trainees' knowledge, understanding, and skills to provide feedback about learning and how to improve.
- b. **Assessment while learning** involves trainees in the learning process, enabling them to monitor and reflect on their own progress using self-assessment and educators' feedback. It develops and supports the trainees' metacognitive skills. Assessment with learning is crucial in helping residents/fellows become lifelong learners.



- c. **Assessment of learning** is used to demonstrate the achievement of learning. This is a graded assessment and is usually counted towards the end-of-training degree.
- d. **Feedback and evaluation** as assessment outcomes represent quality metrics that can improve the learning experience.

Miller's Pyramid of Assessment provides a framework for assessing the trainees' clinical competences which acts as a road map for the trainers to select the assessment methods to target different clinical competencies including "knows," "knows how," "shows how," and "does" (Appendix F).

In line with SCFHS requirements, assessment will be further classified into two main categories: *Formative* and *Summative*.

2. Formative Assessment

2.1 General Principle

Trainees, as adult learners, should strive for feedback throughout their journey of competency from "novice" to "mastery" levels. Formative assessment (also referred to as continuous assessment) is the component of assessment that is distributed throughout the academic year aiming primarily to provide trainees with effective feedback.

2.2 Formative Assessment Tools

Every two weeks, at least one hour should be assigned for trainees to meet with their mentors, to review performance reports (e.g., ITER). Input from the overall formative assessment tools will be utilized at the end of the year to determine whether individual trainees will be promoted from the current to the subsequent training level. Formative assessment will be defined based on scientific committee recommendations (usually

updated and announced for each individual program at the start of the academic year).

According to the executive policy on continuous assessment (available online: www.scfhs.org), formative assessment will have the following features that will be used based on Miller's pyramid:

- a. Multisource: minimum four tools.
- b. Comprehensive: covering all learning domains (knowledge, skills, and attitude).
- c. Relevant: focusing on workplace-based observations.
- d. Competency-milestone oriented: Reflecting the trainee's expected competencies that match the trainee's developmental level.

Trainees must play an active role in seeking feedback during training. However, trainers are also expected to provide timely and formative assessments. The SCFHS will provide an e-portfolio system to enhance communication and analysis of data arising from formative assessments. Trainers and trainees are directed to follow the recommendations of the scientific committee regarding the updated forms, frequency, distribution, and deadlines related to the implementation of the evaluation forms.

2.3 Promotion Examination

It is a written exam that determines whether the trainee should be promoted from "junior" to "senior" level of training. For further details on the promotion examination, please refer to general bylaws and executive policy of assessment (available online: www.scfhs.org).

Blueprint Outlines: Please refer to the most updated version published on the SCFHS website.

(<https://www.scfhs.org.sa/examinations/TrainingExams/Pages/PostGradPB.aspx>)



Table 7: Formative Assessment Tools and Details

Learning Domain	Formative Assessment Tools	Important details	
		1st year	2nd year
Knowledge	Promotion Exam	The promotion Exam will be at the end of the 1st year.	NA
	SAA: Structured Academic activities: Quizzes	There will be a quiz (Post-test) after each module (6 modules).	There will be a quiz (Post-test) after each module (7 modules).
	Individual Presentations	Each trainee must present two oral presentations each/year. Presentation rubric (Appendix G).	Each trainee must present two oral presentations each/year. Presentation rubric (Appendix G).
	Research Activities	Each trainee must conduct a minimum of 5 journal clubs related to their topic of research interest as a preparation for the 2nd year research proposal.	Each trainee must conduct a minimum of 10 journal clubs related to their topic of research interest. Each trainee must conduct one research paper/research proposal related to the emergency nursing, and disseminate it by publication, and/or present it in a research day and/or a conference.
Skills	Case Based Discussion (CBD); Logbook	Each trainee must submit 15 logbook cases each year.	Each trainee must submit 15 logbook cases each year.
	Direct Observation for Procedural Skills (DOPS)	Each trainee must achieve and be competent in 80% of the program competencies that are listed in the competencies list (ONE45).	Each trainee must achieve and be competent in 80% of the program competencies that are listed in the competencies list (ONE45).

Learning Domain	Formative Assessment Tools	Important details	
	Volunteer Activities	Each trainee must work as a volunteer for a minimum of 10 hours each year (preferably related to Emergency nursing/ emergency situations).	Each trainee must work as a volunteer for a minimum of 10 hours each year (preferably related to Emergency nursing/ emergency situations).
Attitude	ONE45/ ITER	Post rotation evaluation.	Post rotation evaluation.
	Group discussion and reflection	Each trainee must engage in a group discussion and reflection assignment in 4 selected topics related to emergency, nursing-sensitive topics, and ethical issues.	Each trainee must engage in a group discussion and reflection assignment in 4 selected topics related to emergency, nursing-sensitive topics, and ethical issues.

The evaluation of each component will be based on the following parameters according to the executive policy on continuous assessment at (www.scfhs.org).

Percentage	< 50%	50-59.4%	60-69.4%	>70%
Description	Clear fail	Borderline fail	Borderline pass	Clear pass

To achieve unconditional promotion, the candidate must score a minimum of “borderline pass” for all five components.

- The program director can still recommend the promotion of candidates if the above is not met in some situations:
- If the candidate scores “borderline failure” in one or two components at maximum, these scores should not belong to the same area of assessment (for example, both borderline failures should not belong to the skills area).
- The candidate must have passed all other components and scored a minimum of clear pass in at least two components.



3. Summative Assessment

1.1 General Principles

Summative assessment is the component of assessment that aims primarily to make informed decisions about a trainees' competency. Compared to formative assessment, *summative assessment* does not aim to provide constructive feedback. For further details about this section, please refer to the general bylaws and executive policy of assessment (available online: www.scfhs.org). In order to be eligible to appear for the final exams, trainees will be granted "Certification of Training Completion" upon successful completion of all training rotations.

Table 9: Summative Assessment tools and details

Learning Domain	Summative Assessment Tools	Important details (e.g., frequency, specifications related to the tool)
Knowledge	Final written Exam, 2 nd year	(SCFHS)
Skills & Attitude	OSCE: Objective Structured Clinical Examination/SOE: Structural Oral Exam	Final Clinical Exams Central by the SCFHS

3.2 Final In-training Evaluation Report (FITER)

In addition to the approval of the completion of clinical requirements (resident's logbook) by the supervising committee, FITER is also prepared by program directors for each resident at the end of their final year of training. This report will be the basis for obtaining the certificate of Training Program Completion and the qualification to appear for the Final Specialty Examinations.

3.3 Certification of Training-Completion

To be eligible for the final specialty examinations, each trainee is required to obtain “*Certification of Training Completion.*” Based on the training bylaws and executive policy (please refer to www.scfhs.org), trainees will be granted “Certification of Training Completion” once the following criteria is fulfilled:

- a) Successful completion of all training rotations.
- b) Completion of training requirements (e.g., logbook, research, etc.) as outlined in FITER, which is approved by the Scientific Committee of Specialty.
- c) Clearance from SCFHS training affairs ensuring compliance with tuition payments and completion of universal topics.
- d) Passing first part examination (whenever applicable).

“Certification of Training Completion” will be issued and approved by the supervisory committee or its equivalent according to SCFHS policies.

3.4 Final Specialty Examinations

The Final specialty examination is the summative assessment component that grants trainees certification of the specialty. It has two elements:

- a) Final written exam: To be eligible for this exam, trainees are required to have “Certification of Training Completion.”

Final clinical/practical exam: Trainees will be required to pass the final written exam to be eligible to appear for the final clinical/practical exam. The blueprint of the final exam is shown in

(<https://www.scfhs.org.sa/examinations/TrainingExams/Pages/PostGradPB.aspx>)



XII. PROGRAM AND COURSES EVALUATION

The SCFHS applies variable measures to evaluate the implementation of the curriculum. The training outcomes of this program will be assessed based on the quality assurance framework endorsed by the Central Training Committee at the SCFHS. Results of trainees' assessments (both formative and summative) will be analyzed and mapped to the curriculum content. Other indicators that will be incorporated are as follows:

- Report of the annual trainees' satisfaction survey.
- Reports of trainees' evaluation of faculty members.
- Reports of trainees' evaluation of rotations.
- Reports from the annual survey of program directors.
- Data available from program accreditations.
- Reports from direct field communications with trainees and trainers.

Goal-based Evaluation: The intended achievement of milestones will be evaluated at the end of each stage to assess the progress of curriculum delivery, and any deficiency will be addressed in the following stage utilizing the time devoted to trainee-selected topics and professional sessions.

In addition to subject-matter opinions and best practices from benchmarked international programs, SCFHS will apply a robust method to ensure that this curriculum will utilize all the data that will be available during the revision of this curriculum in the future.

XIII. POLICIES AND PROCEDURES

This curriculum represents the means and materials that outline the learning objectives with which trainees and trainers will interact with to achieve the identified educational outcomes. The Saudi Commission for Health Specialties (SCFHS) has a full set of “General Bylaws” and “Executive Policies” (published on the official SCFHS website) that regulate all training-related processes. The general bylaws of training, assessment, and accreditation, as well as executive policies on admission, registration, continuous assessment and promotion, examination, trainees’ representation and support, duty hours, and leaves, are examples of regulations that need to be implemented. Under this curriculum, trainees, trainers, and supervisors must comply with the most updated bylaws and policies that can be accessed online via the official SCFHS website.



XIV. APPENDICES

List of appendices:

1. Appendix A: National Curriculum and Competency Framework
Emergency Nursing
2. Appendix B: Copyright permission
3. Appendix C: List of Knowledge, Skills, and Attitude Competencies
4. Appendix D: Table of top knowledge topic/ and procedure list
5. Appendix E: Case Based Discussion (CBD) / Logbook
6. Appendix F: Miller's Pyramid of Assessment
7. Appendix G: Case Presentation Rubric