

## Editorial

# An Overview of Pre-hospital In-service Trainings by Emergency Medical Service in Turkey

Çalışkan C<sup>1\*</sup>, Koçak H<sup>1</sup> and Arberk K<sup>2</sup><sup>1</sup>Department of Emergency and Disaster Management, Çanakkale Onsekiz Mart University, Turkey<sup>2</sup>Emergency Medical Service, Eskişehir Provincial Health Directorate, Turkey**\*Corresponding author:** Cüneyt Çalışkan, Department of Emergency and Disaster Management, Çanakkale Onsekiz Mart University, Turkey**Received:** March 20, 2016; **Accepted:** March 23, 2016;**Published:** March 25, 2016

## Editorial

The emergency healthcare services in Turkey were originally introduced in 1912 as an independent unit within the local administrations. In this period, although the nature of the guideline of emergency ambulance services published by the Istanbul Provincial Directorate of Health was similar to the present guideline [1], the developments in the provision of ambulance services were set to be achieved in 1986 [2]. Today, pre-hospital emergency healthcare services equipped with land, sea and air ambulance systems are provided by emergency medical technicians, ambulance and emergency care technicians (paramedics) and general practitioners.

The quality provision of healthcare services can be achieved by the self-improvement of healthcare staff based on rapidly developing and changing up-to-date information. Nowadays, vocational trainings are the most efficient and effective way to keep up with medical advances. These trainings are performed for people to benefit from the highest levels of the services provided by the staff working in healthcare services. The objective in this regard is to enable the health staff to refresh their available information, to inform about their recent developments and skills, and to enhance the professional activities of the staff by means of postgraduate trainings. In this sense, the information and skills of the healthcare staff in regard to their professional activities are evaluated during these trainings by means of the method of measurement [3]. The courses of basic module, trauma resuscitation, advanced cardiac life support for children and advanced life support for adults are specified in the "Regulation of Ambulances and Emergency Healthcare Vehicles and of Ambulance Services" dated 2006 and numbered 26369 in order that emergency ambulance staff can render quality service throughout the country [4]. These courses are intended to refresh the knowledge of emergency medical technicians, paramedics and general practitioners employed in the 112 emergency systems [5]:

- The Basic Module course (BM) lasts for 40 hours, 5 days. The course introduces the subjects of emergency medical services regulations, adult basic life support, basic life support for children, emergency drugs, the general approach to patients with acute abdominal pain, guidelines for approaching patients with allergic

reactions, ambulance equipment, asepsis, antisepsis, disinfection and sterilization, approach to patients with asthma, treatment of injured limb and principles for the application of splints, environmental emergencies, triage procedures for multiple injuries, intravenous administrations, codes for general approach to diabetic emergencies, rhythm assessment, infections, controlled and notifiable diseases, codes for approaching to patients with chest pain, patient-injured patient handling techniques, airway clearance methods and external ventilation, codes for general approach to hypertensive emergencies, Crimean-congo hemorrhagic fever, COPD (chronic obstructive pulmonary disease), general approach to obstetric and neonatal emergencies, scene management, command management, codes for general approach to pediatric emergencies, codes for general approach to psychiatric emergencies, stroke, and approach to patients with shock at the scene.

- The Trauma and Resuscitation (TR) course lasts for 32 hours, 4 days. The course introduces the subjects of the general information for trauma and resuscitation, scene assessment and patient transfer, general assessment of polytrauma patients, airway maneuver, general approach to shock, head traumas, thoracic traumas, abdominal traumas, pelvic traumas, spine and spinal cord traumas, extremity traumas, burn and frostbite, pediatric traumas, trauma in the elderly, trauma in pregnancy, medical approach to disasters, and legal responsibility in trauma.

- The Advanced Life Support for Children (ALSFC) course lasts for 32 hours (4 days). The course introduces the subjects of basic life support in children, respiratory insufficiency and definition of shock, airway clearance and maneuver, treatment for shock and cardiac arrest, placement of vascular access, rhythm disturbances, resuscitation practices in trauma and spinal test, stabilization and transport of the child after neonatal resuscitation and neonatal resuscitation.

- The Adult Advanced Life Support (AALS) course lasts for 24 hours (3 days). The course introduces the subjects of adult basic life support and use of automated external defibrillator, electrical treatments, automated external defibrillators, defibrillation, cardioversion and pacing, adult advanced life support, initial treatment for acute coronary syndromes, pediatric life support, cardiac arrest in special circumstances, resuscitation and ethics of the decision to end life and principles of resuscitation training.

In addition to these four training modules specified in the above-mentioned regulation, training for ambulance driving techniques (32 hours, 4 days) is also provided to ambulance drivers in order to enable the drivers to have a safer drive in traffic. The knowledge and skills of the teams of 112 emergency medical services are to be increased by means of such trainings. Furthermore, there should be in-service trainings to decrease the vulnerability of the teams of 112

emergency medical services against emergencies and disasters and to improve their personal preparedness [6,7]. In this way, the protection of 112 emergency service staff with increased knowledge and skills enhanced by means of professional training may close the gaps in the access of the people to emergency medical services.

## References

1. Göksoy E, Özşahin A. Prehospital Trauma Organization [in Turkish]. Ertekin C, Taviloğlu K, Güloğlu R, Kurtoglu M, editors. In: Travma. Istanbul: Medical Publications. 1992; 47-64.
2. Kidak L, Keskinoglu P, Sofuoglu T, Ölmezoglu Z. The evaluation of 112 emergency ambulance service uses in Izmir. General Medical Journal. 2009; 19: 113-119.
3. Eryılmaz M, Çavuş T, Kurtipek A, Doğrucan C, Durusu M, Güleç MA, et al. Basic life support module within the certification program of emergency medicine system for doctors of ministry of health in Turkey: medical education. Türkiye Klinikleri. J Med Sci. 2007; 27: 744-752.
4. Regulations [in Turkish]. Regulations in tools of ambulance and emergency medical services ambulance. Official Newspaper: 07 December 2006; Article7.
5. Çalışkan C, Koçak H, Yavuz Ö. Evaluation of Basic Module Training which Given to 112 Staff in a Province in 2012. Gümüşhane University. Journal of Health Sciences. 2016; 5: 50-63.
6. Çalışkan C, Algan A, Koçak H, Biçer BK, Sengelen M, Çakir B. Preparations for Severe Winter Conditions by Emergency Health Personnel in Turkey. Disaster Med Public Health Prep. 2014; 23: 1-4.
7. Koçak H, Çalışkan C, Kaya E, Yavuz Ö, Altintas KH. Determination of individual preparation behaviors of emergency health services personnel towards disasters. Journal of Acute Disease. 2015; 4: 180-185.