

lation with multiple co-morbidities and a shortage of primary health care providers, we are convinced the NP role will prove to be synergistic with ED physicians. This value is some years away from being realized, however. As we prepare for that time, continued thoughtful dialogue and debate will be invaluable.

**Sheila A. Turris, RN, PhD (c)**

Doctoral student  
University of British Columbia  
Vancouver, BC  
Nurse, Emergency Department  
Lions Gate Hospital  
North Vancouver, BC  
Sheila\_Turri@bcit.ca

**Sue Smith, RN, BSN**

Student, Masters Program  
University of British Columbia  
Educator  
Emergency Nursing Specialty  
BC Institute of Technology  
Burnaby, BC

**Clay Gillrie, RN, MSN**

Student, Masters Program  
University of British Columbia  
Program Head  
Emergency Nursing Specialty  
BC Institute of Technology  
Burnaby, BC

**References**

1. Drummond AJ, Bingley M. Nurse practitioners in the emergency department: a discussion paper. *Can J Emerg Med* 2003;5(4):276-80.
2. Alongi S, Golot D, Richter L, Mapstone S, Edgerton MT, Edlich RF. Physician and patient acceptance of emergency nurse practitioners. *FACEP* 1979;8(9):357-9.
3. Byrne G, Richardson M, Brunson J, Patel A. Patient satisfaction with emergency nurse practitioners in A&E. *J Clin Nurs* 2000;9:83-92.
4. Chang E, Daly J, Hawkins A, McGirr J, Fielding K, Hemmings L, et al. An evaluation of the nurse practitioner role in a major rural emergency department. *J Adv Nurs* 1999;30(1):260-8.
5. Horrocks S, Anderson E, Salisbury C. Systematic review of whether nurse practitioners working in primary care

- can provide equivalent care to doctors. *BMJ* 2002;324:819-23.
7. Munding M, Kane R, Lenz E, Totten A, Tsai W, Cleary P, et al. Primary care outcomes in patients treated by nurse practitioner or physicians: a randomized trial. *JAMA* 2000;283(1):59-68.
8. Rhee KJ, Dermyer, AL. Patient satisfaction with a nurse practitioner in a university emergency service. *Ann Emerg Med* 1995;26(2):130-2.
9. Sakr M, Angus J, Perin J, Nixon C, Nicholl J, Wardrope J. Care of minor injuries by emergency nurse practitioners or junior doctors: a randomized controlled trial. *Lancet* 1999;354:1321-6.
10. Venning P, Durie A, Roland M, Roberts C, Leese, B. Randomized controlled trial comparing cost effectiveness of general practitioners and nurse practitioners in primary care. *BMJ* 2000;320:1048-53.
11. Spisso J, O'Callaghan C, McKennan M, Holcroft JW. Improved quality of care and reduction of house staff workload using trauma nurse practitioners. *J Trauma* 1990;30(6):660-5.
12. Powers MJ, Jalowiec A, Reichelt PA. Nurse practitioner and physician care compared for non urgent emergency room patients. *Nurse Pract* 1984;9(2):39-52.
13. American Academy of Nurse Practitioners. Available at: [www.aanp.org](http://www.aanp.org) (accessed 2005 Mar 19).
14. Curry JL. Nurse practitioners in the emergency department: Current issues. *J Emerg Nurs* 1994;20(3):207-12.
15. Barr M, McConnell JD. Patient satisfaction with a new nurse practitioner service. *Accid Emerg Nurs* 2000;8:144-7.
16. Zun L. Scheduling and coverage. *Emedicine*. Available at: [www.emedicine.com/cgi-bin/foxweb.exe/searchengine/@em/searchengine?boolean=and&book=all&maxhits=100&HiddenURL=&query=%20L](http://www.emedicine.com/cgi-bin/foxweb.exe/searchengine/@em/searchengine?boolean=and&book=all&maxhits=100&HiddenURL=&query=%20L) (accessed 2005 Mar 19).
17. Burgess K. A dynamic role that improves the service: combining triage and nurse practitioner roles in an A&E. *Prof Nurse* 1992;7(5)301-3.

**[The authors respond:]**

We read with interest the comments about our article on NPs in the ED.<sup>1</sup>

The correspondents' contention is that we have argued against a role for NPs in the ED. This Quixotic charge notwithstanding, our article was an attempt to review the historical and international experience of NPs in the ED

and to outline both the pitfalls and benefits to their eventual introduction in a Canadian context.

In fact we have no doubt that NPs will have a role and an opportunity to improve the quality of care provided for Canadian emergency patients. The question is not whether they can provide primary care in the ED but whether they should. Our belief is that they have more important contributions to make.

Despite government's fixation with non-urgent patients, there is little evidence supporting the premise that these patients pose a significant problem for EDs. And if they are not the problem, does the average Canadian ED need a solution in the form of another level of primary care provider in the ED?

There are, however, clear gaps in emergency care delivery — particularly in the areas of preventive health care and education, chronic disease management and assistance for our patients in negotiating the increasingly complex journey through the health care system. NPs should be encouraged to fill these voids and, in so doing, provide value added to the services already available in the ED.

The role of the NP in the ED is, as yet, undefined and still in evolution. It will certainly differ in different departments. Ultimately, the contribution of NPs to emergency health care will be judged by their ability to enhance quality of care and improve patient outcomes.

**Alan Drummond, MD**

The Great War Memorial Hospital  
Perth, Ont.

University of Ottawa, Ottawa, Ont.  
Queen's University, Kingston, Ont.

**Michael Bingley, RN**

North Lanark Community  
Health Center, Lanark, Ont.

**Reference**

1. Drummond AJ, Bingley M. Nurse practitioners in the emergency department: a discussion paper. *Can J Emerg Med* 2003;5(4):276-80.