

Enhancing Basic Life Support Competency in Urology Departments: Implications of Hospital-Wide Knowledge Gaps

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To the Editor,

Differences in Basic Life Support (BLS) knowledge and preparedness among healthcare personnel represent a critical challenge for patient safety in hospital settings. In surgical specialties such as urology, where perioperative emergencies may occur unexpectedly, timely initiation of BLS is essential to ensure survival and favorable neurological outcomes. Urology departments are inherently multidisciplinary, involving surgeons, anesthesiologists, nurses, technicians, and administrative staff, all of whom may be present during an emergency situation. This letter is intended as a narrative commentary based on current literature and practical considerations regarding multidisciplinary BLS preparedness in urology departments.

During perioperative cardiac arrest or sudden clinical deterioration, even brief delays in initiating BLS can have fatal consequences, particularly in patients who are anesthetized, sedated, or hemodynamically unstable. Insufficient preparedness among non-clinical staff may compromise the effectiveness of emergency response, even when experienced clinical personnel are present. This highlights the necessity of a hospital-wide, inclusive approach to BLS education that encompasses all occupational groups rather than focusing solely on direct care providers.

Another important consideration is adherence to updated BLS guidelines, including appropriate use of automated external defibrillators (AEDs) and infection control measures. In urological operating rooms, where aerosol-generating procedures and electrocautery are

frequently employed, proper use of personal protective equipment during resuscitation is essential to protect healthcare workers while maintaining effective patient care. The COVID-19 pandemic has further emphasized the need to integrate infection control principles into BLS training, underscoring the importance of regularly updated and comprehensive educational programs (1).

From a scientific and practical perspective, structured and simulation-based BLS training offers a valuable strategy for improving both technical and non-technical skills. In urology departments, simulation scenarios reflecting perioperative emergencies—such as anesthetic-related cardiac arrest, massive intraoperative hemorrhage, or complex trauma—may enhance team coordination, role clarity, and confidence among both clinical and non-clinical staff. Tailoring training programs to address the specific needs of different occupational groups may further optimize learning outcomes and preparedness (2–4).

Furthermore, interdisciplinary training initiatives provide a foundation for future research exploring the long-term impact of repeated education, refresher courses, and simulation-based interventions on real-world clinical performance during in-hospital cardiac arrest events. Given the complexity of urological procedures and the high prevalence of comorbid conditions among this patient population, maintaining BLS competency across all staff groups is both a scientific responsibility and an ethical imperative.

In conclusion, strengthening BLS education through inclusive, multidisciplinary, and regularly updated train-

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ing programs is essential for improving emergency response and patient outcomes in hospital settings. Urology departments, in particular, may benefit from tailored simulation-based training, interdisciplinary collaboration, and structured competency assessments to ensure that all personnel—regardless of their direct patient care role—are prepared to respond promptly and effectively to life-threatening situations. Implementation of mandatory annual simulation-based BLS refresher programs involving both clinical and non-clinical personnel may represent a practical strategy to improve emergency preparedness in urology departments.

References

1. Al-Shiakh S, Tran QK, Caggiula A, et al. Attitudes among healthcare professionals towards cardiopulmonary resuscitation during COVID-19. *Am J Emerg Med.* 2022;52:34–42.
2. Griffin C, Aydın A, Brunckhorst O, et al. Non-technical skills: a review of training and evaluation in urology. *World J Urol.* 2020;38:1653–1661.
3. Pai DR, Kumar VH, Sobana R. Perioperative crisis resource management simulation training in anaesthesia. *Indian J Anaesth.* 2024;68:36–44.
4. Kazior MR, Ianchulev S, Nguyen J, et al. Creation of simulation-based curriculum of perioperative emergencies for residents in anesthesiology. *Cureus.* 2021;13:e15509.