

EDITORIAL

We, the first residents in Emergency and Urgent Care Medicine

Nosotros, los primeros residentes en medicina de urgencias y emergencias

David Pastor Fernández

After completing the basic period of training at medical school and passing a demanding examination, our specialization begins. This is a period that will shape and define, day by day, the kind of physician we will become. After years of struggle to establish the specialty of Emergency Medicine (EM),¹ we, the residents in this specialty, are now a reality and have the privilege of being part of a historic moment for Spanish health care: we are the pioneers of a fundamental discipline, dedicated to saving lives at the most critical moments, making rapid decisions when every second counts, and leading teams in high-pressure situations.

The creation of the EM specialty represents recognition of a discipline with its own identity, integrating specific knowledge from most medical and surgical specialties, advanced technical skills, and a unique capacity to adapt to scenarios of considerable clinical uncertainty. Furthermore, it recognizes the importance of all levels of care involved in urgent and emergency care, including emergency medical services and pre-hospital care, settings in which essential competencies are developed for managing critically ill patients and coordinating resources in highly complex situations. The possibility of participating in urgent care from the first contact with the patient through to hospital stabilization reflects the essence of a specialty conceived with a comprehensive view of the care process, while also providing fundamental environments for our training.^{2,3} Care of the critically ill patient begins long before arrival at the hospital, and understanding this continuum of care constitutes one of the pillars of our specialty.

The birth of the Specialist Physicians in Emergency Medicine (SPEM) specialty represents recognition of the demands of patients, scientific societies, and professionals who have contributed to the development of emergency care in Spain.⁴ This moment marks the beginning of standardized training throughout the country, within a structured framework aimed at ensuring excellence in care. During this training, we will acquire competencies in critical care, prehospital care, management of multiple casualties, coordination and management of healthcare crises, and we will also begin training in research, innovation, and teaching.²

We know that the situations we will face will sometimes be critical and unpredictable and will occur within a changing environment characterized by intense clinical pressure, an increasing burden of chronic disease, and an aging population.⁵ All of this will undoubtedly lead us to develop nontechnical skills as well: safe leadership, effective communication, and teamwork, which are necessary in all disciplines and perhaps even more so in emergency care.

Our commitment will be to the lives and health of our patients, the true beneficiaries of this progress, because the creation of this specialty will improve the quality, safety, and efficiency of emergency care.

Being part of the first generation of EM residents is a source of pride and an enormous responsibility. It is our role to contribute to the growth of a young specialty, promote research, foster teaching, and uphold the values that have always characterized emergency professionals: commitment, a vocation for service, teamwork, and closeness to the patient.

We are beginning a demanding, challenging, and exciting journey. Every shift, every patient, and every emergency we face will not only be an opportunity to apply our knowledge, but also to grow as professionals and as people. Along this path, we will need to learn how to combine science with empathy, technical precision with humanity, and rapid action with ethical reflection.

We also begin, admittedly, with a certain degree of uncertainty, shaped by a new training program,² which will need to demonstrate its ability to respond to the real needs of an extraordinarily broad, dynamic, and demanding discipline. We are aware that there will be aspects requiring improvement and adjustment, and that our experience as the first residents will be key to identifying strengths and areas for improvement in a model that has only just been created.

Added to this is the absence of senior residents within our own specialty. These more experienced 2nd-, 3rd-, and 4th-year residents usually contribute through their advice and experience, making adaptation easier for those just starting out. We will learn while simultaneously building the new specialty from within, and through our proposals and concerns we will contribute to strengthening and improving the training model.

Author Affiliations: Residente de Medicina de Urgencias y Emergencias. Hospital Universitario de Cabueñes, Gijón, Spain.

Author Contributions: The author has confirmed his authorship in the document of author responsibilities, publication agreement and assignment of rights to EMERGENCIAS.

Corresponding Author: David Pastor Fernández. Servicio de Urgencias. Hospital Universitario de Cabueñes. Los Prados 395. 33394 Gijón, Spain.

Email: davidpastor017@gmail.com

Article Information: Received: 3-6-2026. Accepted: 8-6-2026. Online: 25-6-2026.

Editor in Charge: Óscar Miró.

Fortunately, we are not starting from scratch. We have the support of tutors, specialists, and emergency professionals who for years have carried out this work with excellence, even without having their own specialty. Their experience is the principal legacy on which our training is based: those professionals who, through their work and tireless study, have sustained Spain's emergency departments and emergency medical services. Through their clinical practice, continuing education, and teaching, both at undergraduate and postgraduate level, they have trained numerous generations of residents from different specialties who, like us, began their medical practice with the fear and uncertainty inherent in the management of critically ill patients.

As we begin this journey within the health care system, our attitude is one of great enthusiasm and hope: to face future challenges, contribute our part to improving quality of care, and strengthen the fundamental link in the health care chain, the gateway to the hospital system. In a few years, when established cohorts and fully developed programs already exist, perhaps this first generation will be remembered as the one that began the journey. A journey full of enthusiasm, responsibility, and challenges, but also of the conviction that we are part of a historic moment for Spanish medicine, in which we must never forget the long road that had to be traveled before the specialty could be born. On behalf of the first cohort of EM residents in Spain, we accept all these challenges with great enthusiasm and responsibility.

Conflict of Interest Disclosures: None reported.

Funding: The authors declare the non-existence of funding related to this article.

Ethical Responsibilities: All authors have confirmed the maintenance of confidentiality and respect for patients' rights in the author's responsibilities document, publication agreement and assignment of rights to EMERGENCIAS.

Article commissioned and internally reviewed by the Editorial Board.

References

- 1 Real Decreto 610/2024, de 2 de julio, por el que se establece el título de Médica/o Especialista en Medicina de Urgencias y Emergencias y se actualizan diversos aspectos en la formación del título de Médica/o Especialista en Medicina Familiar y Comunitaria. BOE núm. 160 del miércoles 3 de julio de 2024. Ministerio de Presidencia, Justicia y relaciones con las Cortes. (Accessed 28 May 2026). Available at: <https://www.boe.es/eli/es/rd/2024/07/02/610>
- 2 Orden PJC/311/2026, de 31 de marzo, por la que se aprueba y publica el programa formativo de la especialidad de Medicina de Urgencias y Emergencias, los criterios de evaluación de los especialistas en formación y los requisitos de acreditación de las unidades docentes de Medicina de Urgencias y Emergencias. BOE núm. 83 del sábado 4 de abril del 2026. Ministerio de Presidencia, Justicia y relaciones con las Cortes. (Accessed 28 May 2026). Available at: <https://www.boe.es/eli/es/o/2026/03/31/pjc311>
- 3 Julián-Jiménez A, del Arco Galán C, Ibán Ochoa R, Llorens P, Calvo Rodríguez R, Castro Delgado R, et al. Puntos clave del Programa Oficial de la Especialidad de Medicina de Urgencias y Emergencias en Spain. *Emergencias*. 2025;37:442-62.
- 4 González Armengol J, Vázquez Lima MJ. La especialidad de Medicina de Urgencias y Emergencias es imprescindible en la formación médica. *Emergencias*. 2020;32:379-80.
- 5 González-Armengol JJ, Busca Ostolaza P. Estrategia de atención al paciente crónico: papel de los servicios de urgencias. *Emergencias*. 2013;25:343-4.