

# EMU

UPDATE



# SPRING '15

# SUMMER

## SIMULATION IN EMS EDUCATION - Key Findings of the SUPER Study and Follow-up Data

*by Kim McKenna, Elliot Carhart, Daniel Bercher, Andrew Spain, John Todaro, and Joann Freel*

## Why Should Every College, University Require CPR to Graduate?

*by Ahed Al Najjar, MPH, FAHA, AR EMT-FP, RN; Abdul Majeed Al Mobarad, MD, Emergency Medicine; Prof. Khalid Fouda, MD*

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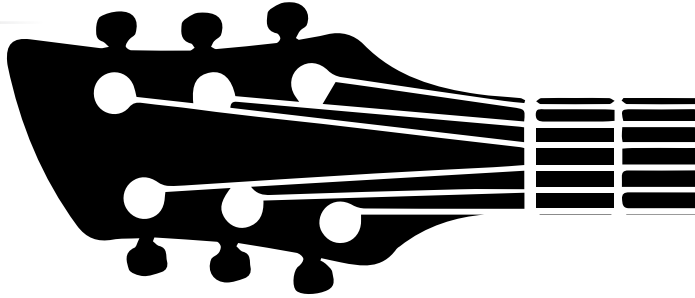
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# NAEMSE NEWS

## Riverside County Fire, Moreno Valley College Welcome International Physicians



Dr. Wang with Dr. Chris Nollette's class on the parade ground

Riverside County Fire Department, the largest fire department in Riverside County California, and Moreno Valley College Emergency Medical Services Academy (MVC) have been close partners in EMS and fire education for the last 12 years. Battalion Chief, Phil Rawlings, EMS Bureau Chief, Dr. Reza Vaezazizi, Medical Director and Dr. Chris Nollette, Professor, EMS Moreno Valley College, have worked together to provide the students and professional partners in the private and public sector with great opportunities to learn and grow together. While it is not uncommon to have visitors from around the United States, there are also unique opportunities to have visitors stay for several weeks and watch and learn emergency medicine and leadership from some of the top instructors in the business.



From left to right: Carla Bolowich, Tom Booth, Chief Phil Rawlings, Dr. Wang, Dr. Chris Nollette, Chief Mike Norris (ret.), and Capt. Randy Nugent (ret.).

That was the case recently when two doctors from China - Dr. Wanchun Tang, from the Weil Institute of Critical Care Medicine and Fellow, Dr. Toby Wang - visited for a few weeks. These physicians joined the paramedic students and participated in classroom and lab experiences at MVC. They were also taken to the local trauma centers and fire stations to see just how Americans handle the stress and challenges of emergency medicine. In turn, the doctors shared some of their strategies as well as their challenges in recitative research to the students and staff. Both work for the busiest emergency room in the world, seeing thousands of patients a day – making emergency medicine and treatment a little hard for these international professionals.

## INSTRUCTOR COURSE DATES

NAEMSE continues to bring its heralded EMS instructor course to all corners of the country. If you have never attended, you can reserve your spot online. If you're an instructor, spread the good news to your colleagues in the EMS community.

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Held in partnership with NAEMSE Symposium

**Rancho Cucamonga, CA: Aug. 14-16, 2015**  
Held in partnership with California Correctional Health Care Services & Loma Linda University

**Dallas, NC: August 28-30, 2015**  
Held in partnership with VGaston College & Catawba Valley Community College

**Florence, SC: September 18-20, 2015**  
Held in partnership with Pee Dee Regional EMS

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## NAEMSE Works with NASEMSO to Help Transition Military Medics to Civilian Practice

By: Nerina Stepanovsky, PhD, MSN, PM



Members of NAEMSE, including members of your Board of Directors, have been working on a grant funded by the National Association of State EMS Officials (NASEMSO) for the past several months. This is part of the federal initiative “Veterans to Civilian EMS Workforce Project”. Doug Petch, MS, NRP and a NAEMSE member, was selected to serve as the principal investigator. Board members Bill Young, MS, NRP and Nerina Stepanovsky, PhD, MSN, PM served as co-chairs, with Joann Freel, BS and Stephen Perdziola completing the NAEMSE portion of the committee. Peg Trimble representing NASEMSO also participated on the committee. Doug, Nerina and Peg, all military veterans, stated they hold a special place in their hearts for veterans, and were honored to be working on this very special project.



The grant began with the selection of a principal investigator from the NAEMSE membership. Once Doug was selected, he began by devising a questionnaire to be sent to NAEMSE members who self-identified as either having graduated or were in the process of offering a bridge program for military medics to obtain civilian paramedic certification. A list of CoAEMSP-approved paramedic programs was obtained and surveys were sent to the program directors. In all, eight programs were initially identified.

Once the initial survey information was obtained, Doug began the data-gathering phase of the study. He contacted the responding program directors to determine if they met the guidelines of the study. After several months of data gathering and refinement, the final product is being completed at the time of this writing, and will be sent to NASEMSO by July 1.

Nerina and Joann also had the opportunity to represent NAEMSE at the NASEMSO meeting held in San Antonio, TX this past May. They presented on two days, discussing the progress of the study to date on the first day, and participated in a military medic transition interest group on the second day. They both felt this was extremely worthwhile to meet with many state EMS officials as well as representatives from all the medical branches of the armed services and NHTSA.



*Nerina Stepanovsky at the NASEMSO mid-year meeting in San Antonio, TX - April 2015*

If you are interested in this topic, Doug and Nerina will be presenting the results of the study during the 20th Annual NAEMSE Educator Symposium and Trade Show in Nashville, TN. They are scheduled to present on Sunday, August 9 from 12:45 to 1:45 pm, Session 7E.

We hope to see you there!



## Ten Tips for More Efficient and Effective Grading

*By: Victoria Smith, PhD and Stephanie Maher*

Many instructors dread grading, not just because grading takes up a sizable amount of time and can prove itself a tedious task, but also because instructors struggle with grading effectively and efficiently. However, effective grading does not have to take inordinate amounts of time, nor does one need to sacrifice quality for speed. The following tips can help instructors grade more effectively while enhancing student learning.

1. **One and Done:** Mention the error and explain how to correct it once. If the error occurs subsequent times, highlight the word(s) or sentence and/or use the comment balloon in Microsoft Word's Track Changes to draw attention to the error succinctly. For example, if a student uses second person in an essay, the instructor might compose the following comment the first time the error appears:

Avoid addressing the audience directly as it can come off as accusatory. Use words like "one," "individual," etc. If the student repeats the error in the assignment, highlight the second-person usage (the word "you," for example) and add a comment bubble stating "Avoid second person." This method not only saves time, but it also explains and reinforces the concept to the student.

2. **Bank Comments:** Keep a bank of comments about frequent errors students make and organize them in groups for easy access. Consider grouping comments according to module, assignment, and chapter, or grammar, content, and organization. For example, if an instructor sees frequent errors regarding point of view, keep related comments grouped in the same area to access them easily.

3. **Frontload Feedback:** D. Royce Sadler (2010) argues that feedback, though often retrospective, also has a prospective element or "feedforward" (p. 539), meaning, instructors need to write comments students can apply to future assignments. If teaching a class in which students submit both a first draft and a final draft of an essay, focus on providing more detailed feedback on the first draft. This method should help save time later and will hold the student accountable for reading and applying their first draft feedback. Also, in the final draft one can point out errors rather than explaining them again in-depth to the student. If it is evident the student has not revised his/her final draft according to first draft comments, refer students to the first draft.

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4. **Global Comments vs. Local Corrections:** If a student has written the paper in the incorrect genre in his/her first draft, comment minimally on local-level issues—grammar, format, etc.—and instead focus comments on global issues. For example, if the student writes a summary of a work, and the assignment asks for an analysis instead, then it is best to comment globally. If the student needs to rewrite the entire essay, it is fruitless to provide copious commentary regarding grammar and mechanics.

5. **KISS (Keep It Simple for Students):** When making grading a teachable moment, be sure comments do not become so convoluted and esoteric so as to impair learning. Keep the language academic, yet accessible to the student.

6. **Attitude and Approach:** Make student learning the primary goal. According to Getzlaf, et al (2009) effective feedback is a mutual process involving both student and instructor. The students' involvement in learning is at least partially dependent on their perception of their instructor's interest and friendliness, as well as their instructor's engagement and communication about their performance and their grades.

7. **Conscious Use of Comments:** According to Getzlaf et al (2009), effective feedback is applicable to future situations. Comment only when there is still something the student can do to improve the grade on a live assignment, unless they can use the comment on a final product to enhance learning and the quality of a subsequent assignment.

8. **Avoid Surprises:** Publish or distribute rubrics well in advance of assignment due dates so that students know how their papers will be evaluated.

9. **Less is More:** Instructors should avoid the temptation to respond to everything that calls for adjustments or changes. Brookhart (2011) reports, many struggling students need to focus on just a few areas or even one item at a time. If a student backs off from his or her paper because he or she is intimidated by the number of instructor comments, then all is lost.

## TEN TIPS FOR MORE EFFICIENT AND EFFECTIVE GRADING

It is better to target two or three areas that need to be addressed for the student's success on future papers.

10. Questions for Reflection: Consider inviting reflective, critical thinking and further conversation in a productive, scholarly exchange with the student. Instead of telling students what they did "wrong," ask them to rethink their approach. For example, consider using a phrase such as "What is the most interesting aspect of your essay?" Or "What would draw your attention to this topic, as a reader?" This way, the student is not only prompted to make more thoughtful revisions, but also is given tools to use when considering how to write a hook for future essays.

Douglas B. Reeves, author and educator, said, "Technology sometimes encourages people to confuse busyness with effectiveness" (Reeves, 2010). Instructors sometimes equate certain grading practices such as an authoritative tone, strong criticism, or copious comments with being effective. In fact, the more conscious and deliberate an instructor is when delivering feedback, the better that feedback tends to be. Instructors often feel as though they must sacrifice effectiveness for efficiency, or efficiency for effectiveness. By honoring these guiding principles, instructors will realize that they do not need to make a choice between the two.

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# Three Critical Conversations Started and Sustained by Flipped Learning

By: Robert Talbert, PhD

The flipped learning model of instruction has begun to make the transition from an educational buzzword to a normative practice among many university instructors, and with good reason. Flipped learning provides many benefits for both faculty and students. However, instructors who use flipped learning soon find out that a significant amount of work is sometimes necessary to win students over to this way of conducting class. Even when the benefits of flipped learning are made clear to students, some of them will still resist. And to be fair, many instructors fail to listen to what students are really saying.

Most student “complaints” about flipped learning conceal important questions about teaching and learning that are brought to the surface because of the flipped environment. Here are three common issues raised by students and the conversation-starters they afford.

**Student comment:** “I wish you would just teach the class.”

Conversation-starter: *Why do we have classes?*

This issue is often raised once it becomes clear that class time will focus on assimilating information, not transmitting it. For many students, the only kind of instruction they have ever known is the in-class lecture, so it is quite natural for them to conflate “teaching” and “lecturing”. Hence, students are perhaps justifiably unsettled to see their teacher not “teaching”.

When students raise this concern, it is an opportunity to have a conversation about why classes meet—or for that matter, why they exist—in the first place. When students want the professor to “just teach”, the professor can pose the following: *We can either have lecture on basic information in class, and then you will be responsible for the harder parts yourselves outside of class; or we can make the basic information available for you prior to class, and spend our class time making sense of the harder parts. There is not enough class time for both. Which setup will help you learn better?*

**Student comment:** “I learn best through listening to a lecture.”

Conversation-starter: *How does one learn?*

Students who have made it through secondary schooling believe that since lecturing “worked” in the sense that they made it to college under a lecture-centric system, lecture is the most effective means of teaching— in fact, the only means of teaching that “works”.

(Indeed, many university instructors believe the same thing.)

I respond to this with a question: *What are the three most important things you have ever learned? Here are my three: speaking my native language, feeding myself, and going to the bathroom.* When the student comes up with his or her list, I follow up: *How did you learn those things?* The answer is always that it’s a mixture of a bit of direct instruction (which is largely ignored), along with a lot of trial and error and peer pressure. No student has ever responded that they learned these things only by listening to a lecture. No student ever will!

If a person has demonstrated repeatedly that he can learn important things in his life without lecture, on what basis does one say that they learn best through lecture? Maybe the ability to learn on one’s own is more deeply connected to one’s humanity than we suspect. Which brings up the last issue:

**Student comment:** I shouldn’t have to teach myself the subject.

Conversation-starter: *Why are we here?*

In the flipped classroom, students are expected to gain fluency with basic ideas in preparation for class time, rather than as the result of class time. It is easy for a student to see this as self-teaching and respond negatively. A variant of this is, “I’m paying you to teach me!” At its core, this is not an issue about who is paying whom, but about the purpose of higher education.

We might approach the student simply by asking: *What is the purpose of college? Why are you here?* Among the more noble answers include career preparation, personal growth, and obtaining life experiences. What do these good things have in common? I am convinced that each student’s reasons for being in college will intersect at the notion of learning how to learn. Career success, meaningful growth, and formative experiences all involve acquiring the ability and the taste for learning new things, independently and throughout one’s lifespan. Why not start that process now?

It’s easy to be defensive when, as an instructor, students voice seemingly belligerent opposition to the flipped classroom. But if we listen closely, we’ll hear those complaints as invitations to important conversations that can shape student learning for the better.

*Dr. Robert Talbert is an associate professor in the mathematics department at Grand Valley State University.*

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SPRING/SUMMER '15

# DOMAIN<sup>3</sup>

*Providing a Voice for EMS Educators*

Official Publication of the National Association of EMS Educators



pg **9** **Simulation in EMS Education - Key Findings of the SUPER Study and Follow-Up Data**

by: *McKenna, K.D., Carhart, E., Bercher, D., Spain, A., Todaro, J., and Freel, J.*

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## **MISSION STATEMENT:**

*To inspire and promote excellence in EMS education and lifelong learning within the global community.*



## Simulation in EMS Education - Key Findings of the SUPER Study and Follow-Up Data

By: McKenna, K.D., Carhart, E., Bercher, D., Spain, A., Todaro, J., and Freel, J.

EMS educators have a long history of using simulation in their programs. Task trainers such as airway manikins and intravenous arms have been used for many years to facilitate skills' acquisition. Simulation in medicine dates back much further, but the dawn of modern simulation really began in the 1960's and was derived from three principal sources (Bradley, 2006). Driven by the resuscitation movement, Laerdal's Resusci-Anne, led the way in simulation. This was followed by the short-lived Sim One, a gas driven manikin with vital signs and physiologic responses, and later by advanced anesthesia simulators that became the Medsim and METI. In the 1970s when EMS was in its infancy, education reforms aimed at improving entry-level competence in nursing and medicine led to changes in instructional strategies that increasingly incorporated simulation beyond mere task trainers. (Rizzolo, 2014)

Medical and nursing educators realized that simulation offered the opportunity for safe, efficient, repetitive practice that could promote movement from novice to expert (Bradley, 2006). Simulation was increasingly used to practice assessment, history, communication skills and interprofessional learning in both nursing and medicine.

In 2010, the National Council for State Boards of Nursing felt there was no broad overview of how simulation was used in their profession, and conducted a survey to "assess the prevalence and practices of simulation in American pre-licensure nursing programs" (Hayden, 2010, p. 52). Many nursing respondents felt they should use more simulation and over three-quarters indicated they would like to substitute simulation for clinical or were presently doing so. The NCSBN found many faculty barriers to simulation.

While educating paramedics shares many similarities to nursing, there are an equal number of differences. It was evident that the lessons learned from nursing could not be directly applied to Emergency Medical Services (EMS) education.

To answer some of these questions, a subgroup of the National Association EMS Educators' Research Committee conducted a survey to explore paramedic program use of simulation late in 2013. The results of the survey were published early on-line in the journal *Prehospital Emergency Care* in January 2015 in an article entitled *Simulation Use in Paramedic Education Research (SUPER): A Descriptive Study*. The SUPER project was designed to identify what type of simulation equipment paramedic programs had, how they were using it, what resources to support simulation were in place and faculty opinions about simulation (McKenna, Carhart, Bercher, Spain, Todaro & Freel, 2015).

The survey was sent to all paramedic programs in the United States that were either accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or had a letter of review from the Committee on Accreditation of Educational Programs for the Emergency Services Professions (CoAEMSP) (McKenna et al, 2015). Of the programs surveyed, 61% responded. More than half of paramedic programs responded from all Federal Emergency Management Agency (FEMA) regions except for region IV (southeast) which yielded just under a 50% response. Three-fourths of the responses were from post-secondary institutions - with community colleges comprising the majority. Just over one-tenth of respondents were from hospitals and less than 10% from consortia or Fire or EMS agency-based programs.

### What We Found

In general programs had many simulation resources with virtually all programs having or having access to task trainers, simple manikins (CPR manikins) and intermediate manikins (with airway, IV or ECG capability) (McKenna et al, 2015). While only three quarters of programs reported having advanced (fully programmable manikins), many more said they have access to this type of manikin. Far fewer programs either had or had access to computer-based simulation such as games or scenarios) or virtual reality (3D or complex computer-generated images or haptic) simulation. Yet just having or having access to equipment didn't mean that programs use it. In fact, programs that just have access to the equipment and did not actually own it were much less likely to use it. And interestingly, almost one-third of programs reported they have simulation equipment sitting in the closet, either unused or not used as intended.

As we drilled down a bit further, it became evident that part of the reason that programs do not use simulation equipment fully is related to inadequate faculty training and lack of resources. In fact, over half of the respondents said they had no personnel support above regular faculty to help support their simulation activities.

## How is Simulation Used?

It was no surprise that skills' instruction was the top use for simulation in paramedic programs (McKenna et al, 2015). While simulation was frequently substituted for skills required in hospital or field clinical settings, programs said they substituted it for hours in those clinical settings much less often. Pediatric intubation, intraosseous insertion and electrical therapy topped the list of skills substituted. Simulation was also used for formative assessment by many programs, with substantially fewer routinely using it for high-stakes summative assessment. In terms of simulation goals, programs reported assessment; critical thinking and clinical decision-making at the top, while communication, crew safety and patient safety were the least frequently reported. Similar to Hayden's finding in nursing - over three-fourths of programs felt they should be using more simulation (2010).

## Where is Simulation Conducted

Unpublished study data from the SUPER study shows that most paramedic program simulation is conducted in the program skills lab, classroom or simulation lab. We found that it is less frequently conducted in realistic settings that a paramedic may encounter in the field such as ambulance (fixed [33%], drivable [33%]), or in-situ outdoors (44%) or indoors (39%).

## Where Do Our Scenarios Come From?

While Waxman (2010) notes, "properly designed scenarios are key to promoting optimal student learning outcomes" other unpublished SUPER findings revealed that in just over three-fourths of programs, faculty develop or program scenarios or develop them on the fly (72%) while they purchase scenarios from a manufacturer less than half of the time (43%). This may be cause for concern because the most frequent methods to assess scenario quality reported are faculty evaluate after running it (80%), faculty evaluate before running it (78%), and student evaluations (69%).

We found that only 22% of programs report pilot testing scenarios as compared to 44% reported by nursing (Kardong-Edgren et al., 2012).

## What Does This Mean?

As the EMS industry continues to meet the mandate of the EMS Education Agenda for the Future (NHTSA, 2000), challenges for paramedic educators are growing while in many cases the resources to meet those challenges are not. Clinical resources in some areas are shrinking due to increased competition from allied health programs. In some areas, the volume of high-quality diverse advanced life support patient field contacts is not sufficient to prepare students for the demanding skill-set needed by a paramedic practitioner. This is particularly true with regard to children, obstetrical and behavioral patients (Kokx et al, 2012; Salzman, Page, Kaye, & Stetham, 2007).

Our research suggests that just having simulation equipment is not enough. Faculty need on-going, appropriate training on how to use simulation effectively in addition to the pedagogical knowledge needed to integrate it effectively into their curricula. Likewise, programs need to support paramedic faculty with other personnel resources so they have the time and technical expertise to increase the use of simulation. It does not require an empirical study to recognize that it is unlikely faculty members can effectively plan simulation exercises, set-up and operate the equipment involved, and simultaneously evaluate student performance in an effective manner. These basic competencies will set the table for programs to have the faculty expertise needed to effectively substitute simulation for not only skills, but also possibly hospital and field experiences. Paramedic program administrators should recognize the need for validated scenarios, and budget to either purchase them or devote resources to develop them using appropriate methods.

Our colleagues in nursing have broken that ground - it is time for EMS to develop its own framework for simulation best practices in our industry. More research is needed to determine whether it is appropriate to substitute simulation for hospital or field clinical and to set appropriate parameters to do so. Simulation technology is advancing quickly to offer many new tools for educators - the question is - are we ready to use them?

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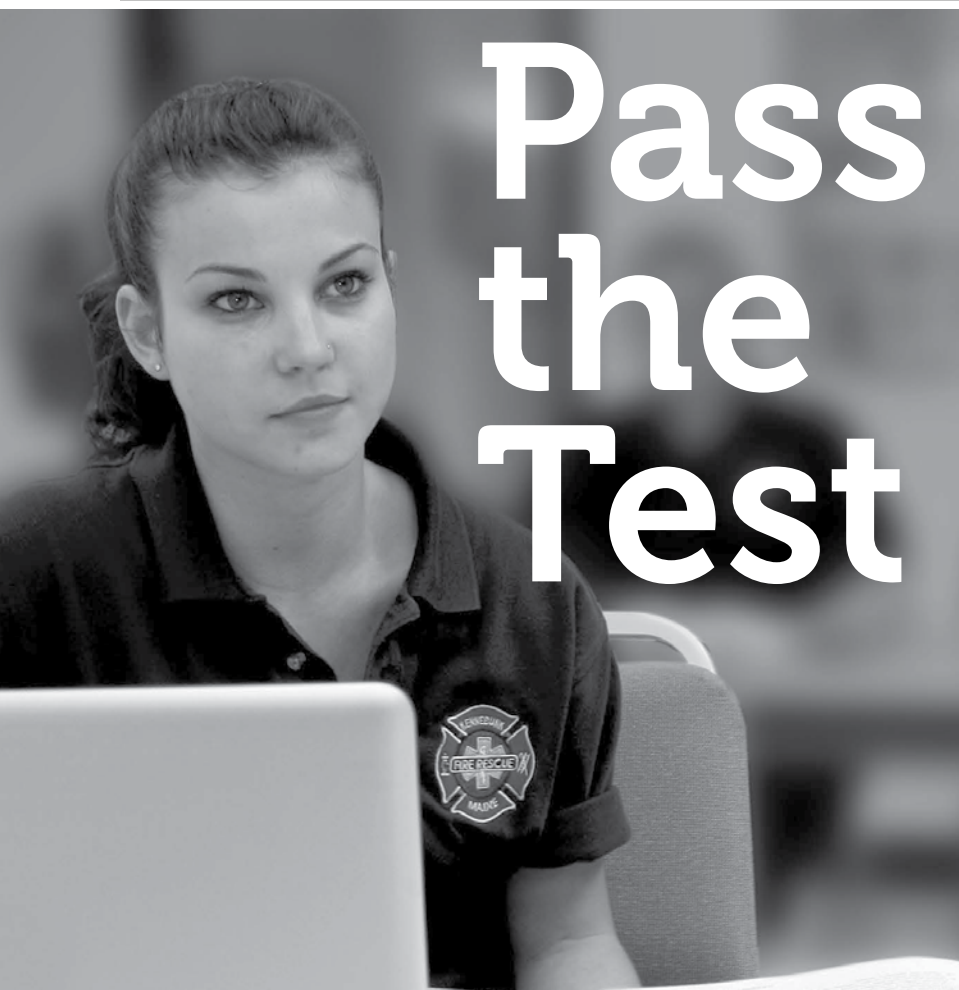
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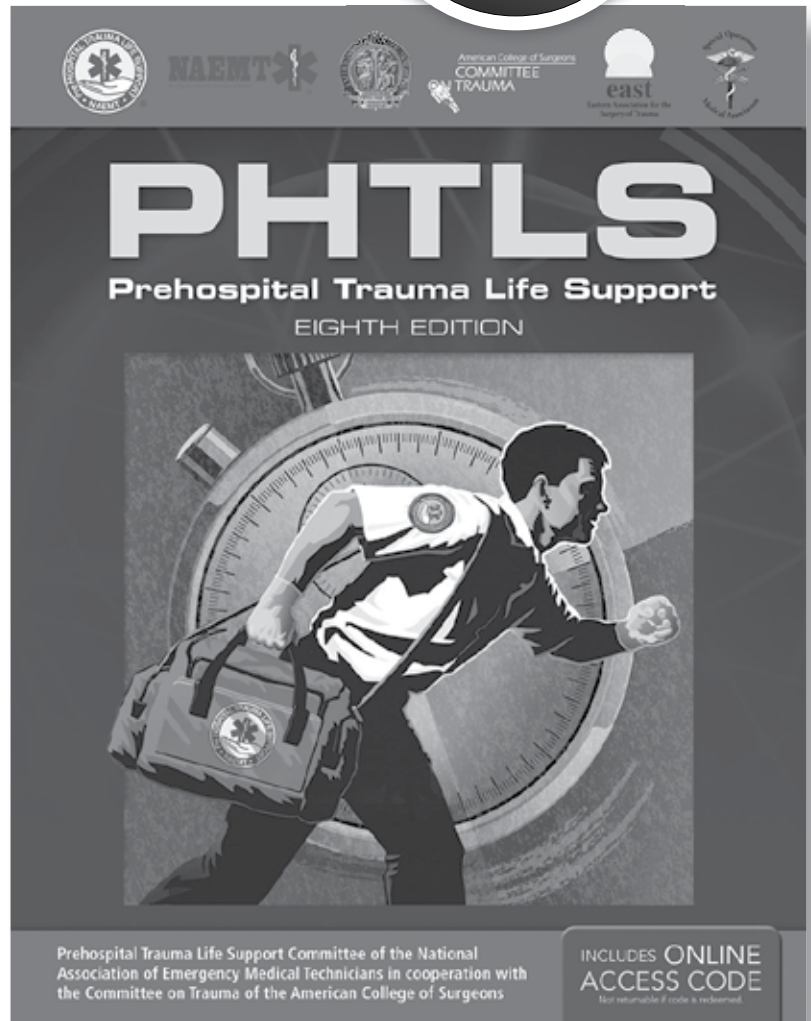
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## Why Should Every College, University Require CPR to Graduate?

By: *Ahed Al Najar, MPH, FAHA, AR EMT-FP, RN; Abdul Majeed Al Mobrad, MD, Emergency Medicine; Prof. Khalid Fouda, MD*



If every state required CPR as a requirement to graduate, we would have more students in Saudi Arabia who have the ability and confidence to step up and save lives!

Based on the American Heart Association recommendation in Hands-Only (Compression-Only) Cardi-

pulmonary Resuscitation: A Call to Action for Bystander Response to Adults Who Experience Out-of-Hospital Sudden Cardiac Arrest, which is a Science Advisory for the Public from the AHA: All victims of cardiac arrest should receive, at a minimum, high-quality chest compressions (ie, chest compressions of adequate rate and depth with minimal interruptions). To support that goal and save more lives, the AHA recommends that when an adult suddenly collapses, trained or untrained bystanders should — at a minimum — activate their community emergency medical response system and provide high-quality chest compressions by pushing hard and fast in the center of the chest, minimizing interruptions (Class I). We started establishing this process within a larger educational community in Saudi Arabia, King Saud University (KSU), and in doing so exposed some emergency medical services concerns throughout the university campus.

KSU is a public university in Riyadh, Saudi Arabia, founded in 1957 by King Saud bin Abdulaziz, and is known as the first university in the kingdom. Today's KSU student body consists of roughly 35,810 students of both sexes. KSU is also considered one of the 200 best universities from around the world according to the famous world university ranking, ARWU (2013). The QS World University Rankings marked it as the 197th best in the world, 159th for Life Sciences & Medicine, and 108th for Arts & Humanities. Webometrics gave it an overall ranking of 288th best university in the world for January 2014, 42nd in all of Asia, and the 1st in the Arab World.

The university holds 23-24 colleges, starting with the Preparatory Year Program. The PY Program is the first academic year (2 semesters + an exceptional summer semester) for new students and each student has to complete all of the requirements in that academic year.

In order to pass, they will need to possess a GPA of no less than 3 out of 5. Upon successful completion of the program, students will be delegated - according to the set criteria - to a college (subject to the approval of the Admission and Registration Deanship).

One such college is the Prince Sultan Bin Abdulaziz College for EMS, which received approval to launch the project known as "KSU Save a Life." The aim of this project is to increase the awareness of cardiovascular disease and first aid by conducting Heartsaver First Aid with CPR and AED ®-first-aid-cpr-aed in the Preparatory Year Deanship at King Saud University. The projected number of PY students that will be trained on AHA Heartsaver First Aid CPR AED ®-first-aid-cpr-aed is roughly 11,000 per year. As a mandatory assignment to the health and fitness curriculum of PY College, this course will give each student 10 credits towards graduation. We have been working on this project since early 2013 and have now completed the first phase of a four phase process. As part of the preparation, during the last two years we have increased our instructor capability to a total of 40 basic instructors. These instructors are part of the Paramedic – Semester 7 (along with internship students) as part of the Community Outreach Program to integrate the EMS system within the community.



Ultimately, the dean's vision is to educate the Paramedic Internship student before graduation; to be Basic Life Support Instructors and conduct high quality courses to acknowledge public education as a critical activity for EMS. It is also a goal to collaborate with other community resources and agencies to determine public education needs.

The Prince Sultan Bin Abdulaziz College for EMS envisions making King Saud University the best in the Middle East to preserve life, prevent further injury, promote recovery, and provide life support training and awareness.

We hope the "KSU Save a Life" project brings us closer to our goal.

## ACKNOWLEDGEMENTS/REFERENCES

### Acknowledgements:

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Photo for this article was taken by PSCEMS students.

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# Stress-related Mental Health Issues in Paramedics and Their Families

By: Paramedic Association of Canada

WHITE PAPER  
August 2014

## At Issue:

Improved operational approaches to the prevention and detection of stress and mitigation of new or exacerbated stress-induced mental health disorders in Paramedics are needed.<sup>1</sup> There is no governmental lead agency or standards organization that provides guidelines on current or proposed Service<sup>2</sup> methods for psychological intervention programs. In the past decade, there has been an increase in war veterans joining the paramedic service sector and thus, services may see higher incidences of stress related issues.<sup>3</sup>

## Background:

For decades it has been recognized that the unique responsibilities and challenges faced by paramedics place them at significantly increased risk of exposure to psychological stress. This stress can result in a wide array of short and longer term behavioural effects that can affect the operational readiness of both the individual and the organization. Additionally, these stresses can have a significant impact on the paramedics' private lives and relationships, potentially resulting in subsequent trauma to their spouses, children, and other close contacts.

## Discussion:

Individuals and services have psychologically assisted each other as best they could, but without much valid research to support their approaches or techniques. Since the 1990s, many organizations have incorporated variations of what is commonly referred to as Critical Incident Stress Management (CISM). Although CISM is still used in some emergency and disaster response communities, fundamental questions regarding its safety and efficacy have been raised.

Many responders have reported that they benefited through participation in CISM. However, research has shown the model has significant limitations. Concerns are that those least exposed to significant incident-related trauma may actually experience further trauma during group debriefings.

Further, research has not demonstrated an appreciable preventive effect, and in fact suggests that those most severely affected by an incident might have more difficulty resolving their reactions as a result of their participation in these interventions. Authoritative guidelines for early interventions following exposure to traumatic events now recommend against routine debriefing or other procedures incorporating debriefing-like approaches.

National Institute of Mental Health (2002) *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices*. NIH Publication No. 02-5138, Washington, D.C: U.S. Government Printing Office.  
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In an effort to address the perceived limitations of the CISM model and achieve better acute and long term outcomes for those traumatized by psychological stresses, various stress management models have been and are being tested in civilian and military environments.<sup>4</sup> Recognizing the many differences between civilian and military work related stressors, there is research that is identifying the neuropathways through which psychological stress is processed. This research is also identifying common themes that should be considered when organizations pursue enhanced individual resiliency, early identification of those at greatest risk for long term complications, and effective, individualized, tiered interventions.

Outreach and screening following the 2005 London bombings: usage and outcomes. Brewin CR, Fuchkan N, Huntley Z, Robertson, M, Thompson M, Scragg P, d'Ardenne P, Ehlers A. *Psychol Med.* 2010 Dec; 40(12):2049-57.  
<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7917257&fileId=S0033291710000206>  
Prevention of posttraumatic stress disorder by early treatment: results from the Jerusalem Trauma Outreach And Prevention study.  
Shalev AY, Ankri Y, Israeli-Shalev Y, Peleg T, Adessky R, Freedman

Emerging research and practice emphasizes the neuroplasticity of the human brain and demonstrates effectiveness of individuals and organizations in facilitating work-related stressors leading to psychological growth and resiliency rather than focusing solely on persistent trauma and suffering.<sup>5</sup>



Canadian Paramedic Services have recognized the importance of addressing the issue of paramedic mental health issues. Paramedic mental health has been identified as a top priority for future standards development work.<sup>6</sup> While research is currently underway, there are some standards, guidance and tools available which can be tailored to meet the needs of the paramedic community.

Canadian Paramedic Services Standards Report: A Strategic Planning Report. Bank, J, Paramedic Standards Steering Panel, *Canadian Safety and Security Program, March 2014* <http://paramedic.ca/download/reports/Paramedic%20Services%20Standards%20Strategy%20Report%20.pdf>

A recent Paramedic Chiefs of Canada review of Operational Stress Injury advocates for a workplace strategy targeting both the individual and organizational environment.<sup>7</sup> Further, their review suggests core strategies including comprehension of the injury, developing prevention strategies, creating intervention services and ensuring accessibility to treatment.<sup>8</sup>

Operational Stress Injury in Paramedic Services: A Briefing to the Paramedic Chiefs of Canada. Condrotte C, DeBay J, Gray L, Ferron R, Simkins-Burrows B, Taylor A, Vacon C, *Paramedic Chiefs of Canada Ad-Hoc committee report, 2014 June 27* - <http://paramedic.ca/download/reports/PCC%20Ad%20hoc%20Committee%20on%20Stress%20Injury%20Report.pdf>

Today and in the future, the best practice of what has historically been implemented should be combined with research related to psychological resiliency and cognitive behavioral therapy. Paramedics should not serve as the test-bed for unproven stress related interventions, unless they prospectively agree to participate in well-designed and research ethics board approved clinical studies.

For stress-related mental health issues in Paramedics and their families the Paramedic Association of Canada recommends that:

1) Paramedic services must provide access to behavioral health programs for their members and their immediate families. These programs must provide basic counseling, crisis intervention assistance, and triage and assessment regarding, at a minimum, alcohol and substance abuse, stress and anxiety, depression, and personal problems that may adversely affect emergency responders' work performance whenever needed. The program must, when clinically indicated, refer paramedics or their immediate families to appropriate clinical and specialty care from providers equipped to deliver evidence-based treatment consistent with current best practices and standards of behavioral health care.

2) Paramedic services must adopt and follow clear, written policies regarding substance abuse, and other behavioral conditions.

3) The behavioral health program of a paramedic service must address occupational exposures that could be associated with acute behavioral changes or exacerbate a pre-existing behavioral disorder. The paramedic service must enact policy that minimally specifies:

- a. Criteria for initiating referral to the program
- b. Assistance and interventions available to affected personnel
- c. That participation in the program and any clinical interventions is voluntary
- d. Where specialty treatment is indicated based on behavioral health assessment, there will be referral to licensed and certified specialists (e.g., psychiatrist, psychologist, clinical social worker) competent to provide appropriate treatment consistent with current best practices and standards of care.

4) Paramedic services and their behavioral health programs must adopt and follow clear, written policies consistent with applicable statutes, regulations, and standards respecting records, confidentiality, data gathering and reporting, and protection and release of privileged information.

5) Behavioral health programs of paramedic services should be cognizant of Canadian Mental Health Association, Department of Defence (Defence Research Development Canada), Public Safety Canada, Canadian Red Cross, and other federal and provincial initiatives relevant to stress detection, triage, and treatment of stress-induced mental health issues and post traumatic stress disorders.

6) Adequate federal and provincial resources must be dedicated to catalogue and disseminate what is currently known regarding the prevention and mitigation of psychological stress among paramedics. There must be federal support for a national research program to evaluate and compare psychological interventions and best practices related to behavioral resiliency for paramedics.

1 This white paper has been written with the support and input from the InterAgency Board: [www.iab.gov](http://www.iab.gov)

2 'Service' denotes a Paramedic Service, be it within a department or another organizational structure.

3 Operational Stress Injury is often cited for work-related or stress-induced mental health issues.

4 See the United States National Registry of Evidence-based Programs and Practices: one citation is included: See

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=32>.

5 One example from the University of California, Irvine: PsySTART Rapid Mental Health Triage and Incident Management System is representative of new emerging practice. See <http://www.cdms.uci.edu/pdf/psystart-cdms02142012.pdf>

6 Canadian Paramedic Services Standards Report: A Strategic Planning Report, 2014 March, p 17. 77% of paramedic respondents to a survey ranked mental health issues as very important and noted that the issue is critical to sustaining long term careers in the field.

7 Operational Stress Injury in Paramedic Services: A Briefing to the Paramedic Chiefs of Canada, 2014 Jun 27, p.4

8 *ibid.* p. 8

# How Not to Lose Control of a Class

By: Colleen Flaherty

It might be every professor's worst nightmare: losing control of a class with no hope of getting it back on track. That appears to be what happened this semester at Texas A&M University at Galveston, where a management instructor threatened to fail the entire class for poor behavior before the university intervened. The professor described a class full of students who wouldn't do the work, who weren't performing according to his expectations and who were consistently rude to him.

The specific case certainly appears to be an outlier, and questions remain about how and why the situation got so extreme. It nevertheless captured the attention of fellow faculty members, probably because many have struggled at one point or another with classroom management.

So how can instructors get a class back on course when it's veered left or right or, better yet, prevent it from straying altogether? Classroom management experts say it's a matter of making behavioral expectations clear up front, beyond the traditional syllabus. Periodic azimuth checks can identify problems, experts say, and interventions -- when staged early, sometimes with the help of a teaching specialist -- can make a difference.

## Setting Expectations Up Front

"I haven't seen anywhere near somebody losing control to the extent we saw at Texas A&M as it's been reported, but I have seen cases on different campuses where it's very clear that the learning is done," said Michael R. Meyer, a senior lecturer of physics and director of Michigan Technological University's William G. Jackson Center for Teaching and Learning. "That happens when somebody says or does something that fractures the relationship with at least a significant proportion of the students, and there really isn't a trust anymore."

At that point, Meyer said, professors and students alike tend to go into "survival" mode, where the goal is simply getting through the end of the course. A common cause of such friction? Students feeling like they're being held accountable for behavioral expectations that weren't made clear to them, Meyer said. These expectations go beyond which assignments are due when. Rather, they address such behaviors as cell phone, computer and social media use in class, how to ask questions and what happens when someone shows up late.

"If you don't address them, or talk about them with students, there's bound to be bad feelings on both sides," Meyer said.

Kevin Yee, a director of the Academy for Teaching and Learning Excellence at the University of South Florida who said he was speaking personally and not for the university, said a "massive amount of the tone and atmosphere of a course" is set on the very first day of class, based on how a professor immediately responds to unwanted behaviors. Yee suggested including behavioral policy statements on the syllabus, coupled with the "right balance of firmness and approachability" in discussing and enforcing those policies.

"Think of the opposite example," he said, of trying to enforce an unwritten no-cell-phone policy in the middle of the term. In that scenario, he added, a professor might "lose" the argument after a student complained to a department chair.

Yee and other experts also suggested another approach to behavioral policy making that's gaining popularity: drafting it with the students on the first days of class. Advocates say this method, which can sometimes be pitched as a behavioral contract, increases "buy-in" among students.

Some of these classroom management tools come from K-12, where there's a much more intense focus on establishing procedures and behavioral expectations. One of the most popular K-12 classroom management books of all time is *The First Days of School: How to Be an Effective Teacher*, by Harry K. Wong and Rosemary Wong, which stresses the importance of routines.

Wong said via email that he thought the term "classroom management" was widely misused, in that it's not about discipline but rather "organization and consistency."

He added: "Teachers who incorrectly define classroom management as discipline create a self-fulfilling prophecy for themselves and their students. They find that disciplinary actions become the focus of their daily routine, starting on the first day of school."

Wong said in a follow-up interview that he always asks teachers who appeal to him for help to produce their classroom management plans. Few can, he said, attributing their management troubles to a lack of foresight. Asked if it was reasonable to expect professors, who are generally much more expert in their disciplines than in pedagogy, and who teach adults, not children, to devote such attention to classroom management, Wong asked why it wouldn't be.

"All businesses are run this way, a [major event such as a] wedding is run that way," he said.

“When you walk into a company, there are usually two big binders: one on management and one on systems. The systems one would be the syllabus,” while the other would be the classroom management plan.

Mark Morvant, associate provost for teaching and technology and executive director of the Center for Teaching Excellence at the University of Oklahoma, said behavioral policies are bolstered by frank discussions with students about why they matter, since students are more inclined to internalize things they understand.

Professors might say, “When you disengage by doing things on your cell phone, it’s problematic because I want you fully engaged in my class,” Morvant said. “Or, ‘If you’re going to Google that, I want you to bring it into the discussion.’ Grounding things in substantive, pedagogical reasons and talking to students about them can be very helpful.”

At the same time, Morvant said, professors need to check their own expectations for behavior, and the use of social media in particular. Today’s students don’t necessarily think it’s rude or distracting to be using a personal device while in a group, and may even equate it to doodling to refocus their attention, he said. “Every generation of faculty has to look at the next generation and make expectations about what behaviors we believe are important assets, and what we can let go of.”

### When Things Go South

Communication also helps when a course in progress is going off the rails, experts said. Joseph Trefzger, a professor of finance at Illinois State University who has won several teaching awards and who has written about classroom management, said there inevitably are some student “noncooperators to deal with.” And in at least one case, reasoning with them while drawing on his “reputational capital” helped, he said.

“It was a weekend cohort program, all working professional people, and a few had strong personalities,” Trefzger explained in an email. “And because of their career achievements they felt they should be able to control the class agenda. At the first class meeting they said: we need take-home exams and formula sheets. And I said: no, for our material you need to confront the ideas intellectually, you don’t learn these things by copying off a formula sheet, you’ll just be rote memorizing and plugging. Things were tense on the first of our three weekends.”

Soon after, Trefzger said, he learned that the students felt their previous course in the program (taught by a new faculty member) was a letdown.

So Trefzger told his students that they were his eighth cohort over as many years and that he wouldn’t still be with the program if his approach had poorly served earlier groups. He asked them to allow him to be their “tour guide,” and soon he was dealing with a more “cooperative” group of people who ultimately said they’d enjoyed the class.

Of course, new professors can’t draw on their reputational capital, and sometimes professor-to-class interventions don’t work. Meyer, at Michigan Tech, said students may participate in interim course evaluations, after the first four weeks of class. Sometimes those evaluations -- which Meyer said can be painful to read because students are more and more vocal about perceived “impediments” to their increasingly costly educations -- get professors in the teaching and learning center’s doors.

At the center, professors can seek help about classroom management, including how to talk to students about getting things back on course. They can also request that a teaching and learning specialist visit the class, in the professor’s absence, to brainstorm with students about improving the climate, without violating the integrity of the class or learning objectives.

It should be noted that Meyer and other experts noted that classroom management problems among their respective faculty members are relatively rare, and that there’s been no dramatic uptick in discipline-oriented consults. Experts were more likely to say professors were most interested in effectively incorporating technology into the classroom. But the two queries are not unrelated, since experts say flipping one’s classroom, for example, comes with some initial uncertainty and poses new questions about behavioral expectations.

Asked if either approach makes regaining control of the class harder for professors, in that they’ve admitted some initial defeat, Meyer said no.

“This is not necessarily an acknowledgment that things are going wrong and it’s the professor’s fault,” Meyer said. “Most professors really want students to learn, which is why they became professors, and they’re simply saying, ‘This is not working.’... One of the most helpful approaches is the professor putting on the table, ‘I’m not happy with this either and we need to talk about this because learning is important,’ as opposed to saying this is all your fault and you’re not doing this right and there’s nothing I can do and it’s all on you.”

Such an approach might be unsavory to professors who don't necessarily believe the college classroom is a "democracy," Meyer said, but "one of the things that's changed significantly is that students no longer bring with them to college what they have historically, that idea that the professor has a set of rules and you just suck it up."

Yee said many instructors "approach teaching as a private activity, so when it's not going well, they experience it as a personal failure, and it's not uncommon at all for them to feel embarrassed about it." But appealing to a teaching and learning center can be a positive way to "vent," as well as provide "workarounds" to problems, he said, "in part because the teaching center staff have heard so many examples from faculty that they naturally cross-pollinate the solutions."

An in-class intervention is inherently risky, Yee said, so it's has to be done carefully. "If approached too timidly, it could embolden students to misbehave. If done too harshly, it will likely drive students further away," and possibly lead to poor student evaluations.

Yee and others stressed the importance of setting expectations early, since it's much easier to plan for success than resuscitate a class in crisis. Trying to optimize one's reactions to a variety of behaviors, from, say, whispering to sleeping, when the climate is already fraught can be like "peering through a glass, darkly," Yee said, and sometimes, "I suspect it truly is a lost cause."

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