Ed UPDATE

National Association of EMS Educators

WINTER 2018

FEATURED!

INCREASING PSYCHOLOGICAL AND PHYSICAL FIDELITY IN PATIENT SIMULATION

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ETHICAL LEADERSHIP IN EMS: A ROAD MAP TO ENHANCING ETHICAL BEHAVIOR

by Leaugeay C. Barnes, MS, NRP, NCEE, FC-P

AND MORE!

DOMAIN 3 SIDE

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WHAT'S INSIDE

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Reprinting Information

Interested in reprinting one of the articles you find in this publication? If so, please contact Brandon Ciampaglia via e-mail at brandon.ciampaglia@naemse.org or by phone at (412)343-4775 ext. 29

Submission Guidelines

Unsolicited submissions are welcomed. Members of the NAEMSE Publications Committee review *Domain³* manuscripts. Acceptance of a manuscript for publication is contingent upon completion of the editing process.

Manuscripts should be e-mailed to brandon.ciampaglia@naemse.org. Submit a cover letter with each manuscript indicating: Author name, credentials, title, and affiliation. A title letter should also be included disclosing any commercial associations that could post a conflict of interest. If you have an idea brewing that you'd like to submit, please contact us. We would be happy to discuss it. New authors are welcome and encouraged.

NAEMSE NEWS

IMPROVING YOUR EMS TECHNIQUES WORKSHOP

Platinum Educational Group and NAEMSE have partnered to bring you a new educational opportunity entitled *Improving Your EMS Techniques Workshop*. This is a two-day workshop designed to improve your education/training process and techniques through hands-on experience.

The following topics will be extensively covered:

- Perfecting your testing, measurement, and evaluation techniques
- Fundamentals of Learning — What are your students capabilities in relation to study skills and reading skills?
- Creating, deploying, and evaluating scenarios and simulation
- Tips and tricks for moulage creation on a budget
- Discussion on improving Inter-Relater Reliability in scenarios

This is an excellent opportunity to delve deeper into what you experienced when you participated in the NAEMSE Instructor Course 1 or 2. We have planned four (4) opportunities in 2018 for your professional development as a EMS educator. Come join NAEMSE and Platinum Education on the following dates:

Friday, April 20, 2018
Oak Lawn, Illinois

Thursday, May 31, 2018
Cranford, New Jersey

Friday, Oct. 26, 2018
Atlanta, Georgia

Friday, Nov. 9, 2018
Reno, Nevada

FOR MORE INFORMATION AND REGISTRATION, VISIT
http://naemse.org/page/plated

NATIONAL EMS COURSES

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.

The following is a complete listing of some of our upcoming SPRING courses:

INSTRUCTOR COURSE I

Wenatchee, WA: April 6-8, 2018
Held in partnership with Confluence Health Sleep Study Center

Glens Falls, NY: April 13-15, 2018
Held in partnership with Mountain Lake EMS

Edmond, OK: April 20-22, 2018
Held in partnership with the Edmond Fire Dept.

Largo, FL: April 27-29, 2018
Held in partnership with Pinellas County EMS & Fire Administration

Barboursville, WV: May 4-6, 2018
Held in partnership with Cabell County EMS

Champaign, IL: May 18-20, 2018
Held in partnership with University of Illinois Fire Service Institute

INSTRUCTOR COURSE II

White City, OR: April 27-28, 2018
Held in partnership with Rogue Community College

Livermore, CA: June 2-3, 2018
Held in partnership with Las Positas College

Kansas City, MO: June 8-9, 2018
Held in partnership with UMKC School of Medicine

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NAEMSE MEMBER SPOTLIGHT

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SAHAJ SINGH KHALSA

Job Scope
Responsible for the oversight of all EMS and AHA training on campus, assurance of compliance with state and national accreditation standards, collaboration with community partners to ensure their needs are met, student and instructor recruitment and more.

Hardest Job Aspect?
Managing all of the various responsibilities in a very short and busy time.

Most Rewarding Job Aspect?
Seeing students succeed, obtain their state and national credentials and knowing they are providing quality care to members of the public who are in need.

Why Did You Join NAEMSE?
I joined NAEMSE because I wanted to be a part of the organization which represents EMS Educators around the country. I wanted the opportunity to learn from the best, pick the brains of the brightest and share knowledge and ideas with talented educators from around the country. And, I want to be involved when decisions relating to the future of EMS Education are made. All of this is made possible with NAEMSE.

NAEMSE Activies/Participation
Current Co-Chair of the Cultural Competence Committee, working with a great group to ensure all NAEMSE offerings are welcoming to all and recognizing the contributions of all to our profession. Previous and upcoming NAEMSE Symposium presenter.

Personal Hobbies
Skiing. In the winter, if I'm not in my office, I'm working with the Ski Patrol at our local ski area, often with my family somewhere on the mountain as well.

Who Would Play You In a Movie?
To my knowledge, there is only one Sikh actor in Hollywood, Waris Ahluwalia, so I'd have to go with him. Anybody else would have to grow a beard and learn how to tie a turban!

What is Your Refrigerator Never Without?
Almond milk for my breakfast shakes.

Prince Sultan Bin Abdulaziz Medical Emergency College of King Saud University wins Second in Heart Saver Hero Award from American Heart Association

by Ahed Al Najjar, FPHC-RCSEd, FAHA, MPH, DOHS, FP-CI, NREMT-TO
EMS Consultant / EMS Researcher

From the beginning of 2012, the American Heart Association launched a heart campaign and First Aid to raise awareness of CPR using hands only as a way to save lives and increase the likelihood of community uptake of this method. Studies have shown that more than 350,000 people have a heart attack when they leave the hospital and more than 20% in public places such as airports, schools and sports facilities.

The American Heart Association says cardiovascular disease (including heart disease and stroke) is the leading cause of death around the world. In fact, CVD accounts for more than 17 million deaths per year, a figure expected to reach approximately 23 million per year by 2030. AHA hopes to change that. With more products in different languages, a network of more than 30,000 instructors and training centers around the world, we work to bring quality American Heart Association lifesaving programs. We do this so that the more people who know lifesaving CPR, the more lives can be saved.

Dr. Abdulmajeed Al Mobrad, Head of EMS Department, said the Life Support Center of the Prince Sultan Bin Abdulaziz Hospital for Emergency Medical Services believes that everyone deserves to live a healthier life. To do this we must be healthy in the heart and mind where most of our moments and memories live. That is why our mission is to make the heart and brain healthier.

Ahed Al-Najjar, AHA Regional Faculty for the Middle East, North Africa and Indonesia and a Director of Center for Life Support of the College, emphasizes that each year the American Heart Association recognizes the authorized training centers in the Middle East and North Africa region for their achievements in helping to spread the culture of CPR to the community and public health of staff in all sectors. They do this by providing basic and advanced training courses for health professionals and awareness sessions for the community.

AHA develops campaigns in a specific month within the year to raise awareness about saving lives and treating the heart under the title of "The Heart Saver Month - Hands Only CPR," which aims to focus on the dissemination of cultural and educational awareness with particular emphasis on community. As part of the teaching, the rescuer can start the process of compression on the chest by following only two steps: calling the EMS number and start the chest compression under a certain rhythm at a speed of no-less-than 100 - 120 per minute.

Studies show that 70% of people feel that they cannot move or perform CPR during an emergency heart attack because they do not know the application of cardiac resuscitation; they are afraid to make the situation worse and even more dangerous.

On the other hand, 70% of cardiac arrest cases happen outside of the hospital and occur at home. If people who have been trained to do cardiopulmonary resuscitation are asked to use their hands, they are likely to try to save the life of someone they know and love. Studies have shown that CPR, only by compression, is as effective as a fully trained person using breathing in the first few minutes of out-of-hospital cardiac arrest for adults.

The Dean of the College of Prince Sultan bin Abdul Aziz for Emergency Medical Services, Dr. Hashim Bin Salih, verbalizes that the college focuses on the paramedic students by their engagement in the community and educating them on how to revive the heart using only the hands. The majority of these students attract the large segment of society to accept the idea without giving mouth-to-mouth, which encouraged many members of the community to be trained. As a result, we saw 4,565 individuals complete the training in the month of March. This successful effort was aided by joint events, like Al Jnadrih, and others held at the Common Year College of the University, King Faisal University, Al-Bawardi Mosque, College of Physical Sciences and Physical Activity and many more.

On 14th of December 2017, Prince Sultan Bin Abdul Aziz Medical Emergency College was awarded the Heartsaver Hero Award, earning second place to Dubai Ambulance Services Company in Dubai. The College of Physicians and Surgeons of Pakistan placed third and were recognized for their creative and exciting work, which directly contributed to the implementation of cardiopulmonary resuscitation to the community's emergency services.

Prince Sultan Bin Abdulaziz College for EMS adapted the HANDS ONLY CPR campaign as part of the Community Outreach Program – Students Club as a semester essential.

CPR is a vital, life-saving skill that everyone needs to know. When your spouse, parent or even a stranger's life is on the line, the training allows you to overcome your fear and act rapidly and positively.

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11. http://international.heart.org/en/our-courses/heartsaver%C2%AE-cpr-aed
12. http://cpr.heart.org/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_493890.pdf

Mentoring: The Price of a Whistle

by Dr. Christopher Nollette, EdD, NRP, LP

"When I was a child of seven years old, my friends on a holiday, filled my pocket with coppers. I went directly to a shop where they sold toys for children; and being charmed with the sound of a whistle that I met by the way in the hands of another boy, I voluntarily offered and gave all my money for one. I then came home, and went whistling all over the house, much pleased with my whistle but disturbing all the family. My brothers and sisters and cousins, understanding the bargain I had made, told me that I had given four times as much for it as it was worth; put me in mind what good things I might have bought with the rest of the money; and laughed at me so much for my folly, that I cried with vexation and the reflection gave me more chagrin than the whistle gave me pleasure....When I was tempted to buy some unnecessary thing, I said to myself, Don't give too much for the whistle...."

- Benjamin Franklin

Benjamin Franklin wrote later in his life that if he had sought council before his purchase he would have made a better choice. Life experience is a valuable tool but what if we could learn without getting burned? Some experiences in our personal or professional lives will cost us more than a whistle – a failed marriage, bankruptcy and the loss of job are just a few that could have better outcomes with the benefit of mentoring. Think about how many prominent people, trusted public servants and notable celebrities who have done something wrong and then stood before the cameras to face a public that collectively shake their head at how much they all paid for the whistle. Antonio Damasio, a noted neuroscientist, stated that emotions are, "...not separate, but rather enmeshed in the neural networks of reason" (Demasio, 1994).

We make decisions based on rational and emotional neural networking that are helped when an outside mentor gives us perspective to bring about a balanced and thoughtful deliberation. We need mentors in our lives and need to be mentors if we are too grow personally and professionally and deal with the challenges that life brings to us.

CLASSROOM APPLICATION

Start early…

Educate your paramedic students in mentoring by assigning them 2 EMT students to mentor. Make sure the rules are clear 1) All mentoring occurs on campus – lab and study hall, 2) Instructional staff work with and monitor students 3) courtesy, respect and professionalism are the rule of the day. For the paramedic students, faculty members should be assigned to be their mentors – the above rules still apply. EMT programs can assign "battle buddies" to ensure accountability and reliance on another then self.

We all have a duty as professionals to reach out and share our wisdom, our purpose and our passion with the next generation of EMS educators and students. This is essential to maintain and grow as a professional body in a positive and purposeful manner. We have a wealth of research that validates mentoring and new neuroscience in the form of mirror neurons explains the power of being an example to others. Two Italian researchers in 1995, discovered mirror neurons which allows us to explain how we learn and interact through the power of observation. These neurons allow us to imitate the behavior of another. Behavior that can be contagious like, "...yawning, social learning, mob behavior, copycat crimes...etc." (Iacobone, Molnar-Szakacs, Gallese, Buccino, & Mazziotta, 2005). We unconsciously mimic good and bad traits that form the path our life will take – we mimic the actions of others – good or bad - which itself is the state of unconscious learning.

MOMENT OF REFLECTION

Take a moment and reflect on who has made an impact on your life. What was the one trait that stood out that they possessed that shaped your thinking or actions?

How many of us owe so much to those who have come before and inspired us to see the world, our profession and ourselves so much differently? While mentoring is really defined as a long-term relationship, it can be an imprinting in a moment in time. We have all been changed or inspired by the words or actions of another that has directed the path our life has taken. Many professionals who started in the 70'and 80' joined our profession in these early years by watching "Emergency" - the show that inspired a generation. "Emergency" became the role model for the new profession of EMS and the impact cannot be underestimated. In my three terms as President for NAEMSE I have stressed and fostered an environment for mentoring – the fruit is yet to fully ripen but its juices and texture will be sweet and filling.

It is the responsibility of our generation to now mentor the future and create our own revolution of thoughts and actions. To be great mentors, we must see ourselves as visionaries and understand that it is not what we can get from the world but what we can give that defines greatness. Are we better today for those men and women who mentored past generations? Mother Teresa, Mandella, Ceaser Chavez, Martin Luther King, Ghandi, who mentored a new generation of thinkers who helped continue the work they had started. Their vision galvanized mankind to address social issues that rekindled the human spirit and created a future of great possibilities.

WORDS OF WISDOM

"There is no shame in not knowing everything – the shame lies in believing you know and can do everything."

- Dr. Chris Nollette

The problem is that many new and young EMS professionals are fearful of asking for help for they believe that it will show them to be less capable and intelligent so they suffer in silence. There is no shame in not knowing everything – the shame lies in believing you know and can do everything.

The challenges before us are real and no one can have all the answers; therefore, we must depend on each other for support. Let it be said of all EMS educators that we carefully counted out our coppers in life and did not pay too much for the whistle – we had the wisdom and experience of a mentor.

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WINTER '18

DOMAIN 3

Providing a Voice for EMS Educators

Official Publication of the National Association of EMS Educators

MISSION STATEMENT:

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

Ethical Leadership in EMS: A Road Map to Enhancing Ethical Behavior

by Leaugeay C. Barnes, MS, NRP, NCEE, FC-P

This article is an exploration of ethics and leadership in EMS. We will discuss the differences between ethics and morals, identify a few examples of ethical philosophies that may lead us to different decisions in similar situations all the while considering the different perspectives people may use to make decisions. Finally, we will discuss how ethics impacts EMS and share some strategies that can enhance ethical decision making within your organization.

Should we care about ethics and, if so, is there anything we can do to promote ethical behaviors? Research suggests that ethical organizations have employees who are more engaged, report an increase in job satisfaction and decreased turnover, and perform at a higher level. These findings certainly seem to advocate for an emphasis on ethics, ethical behavior, and ethical decision making.

First, what is the difference between ethics and morals? Ethics refers to rules of conduct that are recognized by a particular group, such as the behavioral expectations that both EMS providers and students are expected to adhere to. These are group standards and values while morals rely on individual values and are based more on our intrinsic values and culture. There are times that our morals may conflict with ethical behaviors expected in a profession.

One question we should ask is, "Do we have a problem?" In a cursory Google search of past news events, there are numerous examples that would indicate that we have some work to do:

• **Tulsa World, October 17, 2017:** "EMSA Board Accepts Resignation of CEO Steve Williamson Amid Kickback Lawsuit"

• **Sacramento Bee, June 7, 2017:** "Sacramento, Calif. Paramedic Charged with Sexual Battery After Alleged Inappropriate Behavior with Patient"

• **July 22, 2016, Fort Walton Beach, Fla. (AP):** "Florida Paramedics Charged in 'Selfie War' with Patient Photos"

• **June 24, 2015:** "Detroit EMT refuses to respond to infant in cardiac arrest."

• **KKTV Ch. 11- March 5, 2015:** "EMT Pleads Guilty to Stealing Pain Meds from Patient"

• **WUSA9, Feb. 10, 2015:** "DCFD Medical Director Resigns, Calls Department 'Toxic"

• **July 15, 2009:** "Cheating Suspected on Cleveland Paramedic Exam"

Do we honestly believe that there are no consequences to our refusal to acknowledge and address these continued lapses of ethical behaviors ranging from EMS students to providers; all the way to the highest echelons of EMS administration? While some of these examples are allegations whose outcomes remain to be seen, the mere appearance of dishonorable behavior stains our reputation in the public arena and diminishes the public's trust. I am sure that we could each identify several incidents of unethical behavior throughout our career as well as retribution levied against either ourselves or others for trying to "do the right thing."

The two primary categories of ethical philosophies include teleology (where outcomes are considered above motives) and deontology (which emphasizes the intention behind the action). These differences lead people to make different decisions based on the situation at hand. Specific ethical perspectives include ***utilitarianism,*** which is doing the greatest good for the most people (a strategy we employ when responding to an MCI event); ***deontology***, where the focus is on rules and duty; ***justice***, which suggests fairness is the most salient factor; ***rights***, which are important for those who believe in human dignity, and ***virtue,*** where a person practices doing virtuous things for its own sake. People fit on a continuum that depending on the lens you prefer, you may make different decisions than your colleague... and yet you both may be ethical.

Fortunately, research indicates that we can improve people's ability to respond ethically by providing training that assists people in identifying ethical dilemmas and developing an ethical culture within our institution. Dilemmas with a right and wrong response are the easiest for people to appropriately respond to while those with unethical outcomes are the most difficult.

EXAMPLE 1: Suppose you are a manager for a U.S. company based in a foreign country where child labor is a normal part of the culture. Do you continue the practice? Suppose when you attempt to terminate the practice the children beg for their jobs and tell you that this is the only source of income for their family; without this job, the family will become homeless.
Is it still black and white?

EXAMPLE 2: Closer to home, what if your institution does not provide adequate funding to support the program? As a manager, you have ideas to provide additional funding through the utilization of a community based CE program at no cost to the agency; an idea that falls on deaf ears. Do you continue with your ideas unbeknownst to your supervisor or do you follow directions that allow the program deteriorate?

An organization may begin with an ethical environment that erodes over time. Ethical erosion can occur insidiously and may manifest itself slowly in an organization that values an ethical culture. An individual may face a decision which is minor and unethical, and it becomes incrementally easier to continue to make bigger decisions unethically. Employees who are disenfranchised may begin exhibiting behaviors that erode an ethical environment. Ethical fatigue occurs when an administration and workforce begin "choosing their battles" rather than challenging potentially unethical conduct.

An organization that espouses values inconsistent with its actions causes stress and conflict for both employees and students that results in fatigue, incivility, turnover, and undesirable behaviors. It is a good idea for an administration and its employees/student body to discuss mission and value statements to determine if the agency is actively seeking to meet these goals or recognize the need to revise them. Being clear about who you are with set expectations goes a long way towards keeping employees and students engaged and positive. Ask the hard questions. If you have unofficial expectations that conflict with published policies and procedures, then it is time to reevaluate and resuscitate. There are ways to develop honest statements that are positive and accurately reflect the organization. Here are some common examples of incongruence. Do any of these familiar?

• Publish 10 miles over the speed limit yet expect crews to "get there as fast as possible."

• Say you are committed to safety yet crews / students are "pulling" 24(+) hour shifts with no formal mechanism in place to replace crews that work consistently for 12 hours OR prohibiting students from providing patient care / driving if they have been without sleep for more than 16 hours.

• Mission or value statement states that your organization "provides excellent, compassionate care" then expect crews to turnover calls within twenty minutes so that they can get back to service OR not hiring adequate staff and pressuring personnel to pick up mandatory overtime.

• Publish a policy that does not allow students to perform skills while working at a lower level of licensure and then tell them to get all the practice they can while working with their paramedic partner.

Practices that have been shown to cultivate the development of an ethical culture include ***mindfulness***. This refers to being personally aware of your own and others' behaviors that may be unethical. Do you clock-in a late employee, give the answers to another student or look the other way when others do? Another component is what we call ***voice***. An administration should encourage people to openly challenge potential unethical practices. ***Respect*** is essential, for all parties and management should advocate for diversity and collaboration. We often hear lip service to treating each other with civility yet these actions may not be practiced consistently. Are employees and students provided with adequate resources? Exhaustion has been shown to result in a deterioration in affective behaviors. ***Tenacity*** is needed to remain committed to finding innovative resolutions to challenges and focusing on what is best for students, personnel, and patients. Finally, create a positive ***legacy*** for your organization or class that colleagues, supervisors, subordinates, and students can emulate.

Provide a safe environment for employees and students before implementing strategies that have been identified to develop ethical behaviors. Some strategies that have been supported by evidence to enhance ethical behaviors include:

• Provide ethical case studies and/ or integrate ethical dilemmas into scenarios for discussion on a regular basis.

- o Do people respond differently?
- o Discuss why people respond the way they do.
- o Is there more than one correct response?

• Review mission and organizational values regularly and discuss what they mean to people individually and to the organization.

- o Discuss how can employees/ students demonstrate these values.
- o Consider having students review the EMT Oath or a value statement they develop prior to each class. Studies indicate that people act more ethically after being reminded of ethics.

Leaders should model ethical behavior and demonstrate behavioral expectations and utilize challenges that employees and students have experienced in order to develop case studies/scenarios that teach employees and students how to respond ethically.

Illustrate that the organization values ethics by making it an integral part of your discussions and training; a one and done approach is not likely to produce behavioral and cultural changes. Take the opportunity to honestly assess the ethical culture of the organization and identify a baseline. Exhibit transparency and participative, planned change that is anchored in ethical principles with stakeholders. Remember, it is more detrimental to express values and exhibit actions that are inconsistent with these stated principles than to state honest values. Reflect on decisions and reassess your choices on a regular basis to maintain the ethical culture you worked to achieve. Engage employees and students and encourage them to reflect, discuss, and consistently reassess their behaviors and decisions.

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Increasing Psychological and Physical Fidelity in Patient Simulation: A Creative Cross - Disciplinary Approach to Utilizing Community College Resources

by Sean P. Newton, BS, NRP, Charles A. Finch, DO, FACOEP, and Lisa M. Newton RN, MSN, Mesa Community College, Department of EMS / Fire Science - Mesa, Arizona

ABSTRACT

Mesa Community College Department of EMS / Fire Science has developed a creative Immersive Total Patient Management Experience (ITPME) through an innovative use of resources commonly available in most community college environments. Although there is a gap in literature related specifically to paramedic education, research conducted from other healthcare disciplines such as nursing and pharmacy provide evidence that immersive simulation is a highly effective tool that can be utilized to provide education and evaluation of the affective domain in healthcare education. National EMS leadership groups strongly encourage paramedic educators to strengthen curricular experiences with patient simulation, and this paper describes how ITPME aligns with current National Association of EMS Educators (NAMSE) competency goals and recommendations, allowing for an effective method for inclusion within the paramedic curricular experience.

INTRODUCTION

There is an increasing emphasis on providing real-world simulation in paramedic education. Incorporating immersive simulation into the curriculum has many benefits including scenario standardization, stress inoculation, consistent realistic replication of patient conditions, and development of skill and patient management competencies for the entry level healthcare provider. Paramedic Educators are challenged by limitations in resources including budget constraints, availability of high fidelity simulation manikins, faculty competency in programming scenario development, and available programmatic hours. Resources to increase the realism of the simulation experience do not need to be costly, and can often be found by collaborating with other departments within your own college community.

This paper will share a unique approach to cross-disciplinary, interprofessional medical simulation known as the Immersive Total Patient Management Experience (ITPME) uniquely developed at Mesa Community College in Mesa, Arizona.

The ITPME event serves as a capstone assessment prior to the paramedic student being authorized to begin the field internship phase of their educational program. Comprised of twenty immersive, hyper-realistic scenarios delivered over a two-day period, this multi-disciplinary approach to medical patient simulation includes the departments of EMT, Fire Science and Paramedicine, Theatre and Film Arts, Psychology, Public Safety, Nursing, and Medical Students from Midwestern University -- Arizona College of Osteopathic Medicine. The Theatre and Film Arts Department participation is a foundational resource in ITPME, providing dramatic real-life representation of patient-based scenarios as well as realistic scripting, moulage of the actors, and the setting of the scene. Cross-disciplinary interaction with nursing, psychology and medical students further increases the physical and psychological fidelity, by accurately simulating both pre-hospital and in-hospital environments where the assessed paramedic student must demonstrate various competencies for successful completion. Mesa Community College also utilizes a Virtual Incident Command Center, which simulates emergency response and communication technology, allowing the student to be realistically dispatched and experience the stressors of high fidelity simulated response to each immersive incident.

USING IMMERSIVE SIMULATION TO EVALUATE AFFECTIVE DOMAIN

There is a paucity of literature available specific to simulation in paramedic education. The Society for Simulation in Healthcare (SSIH) defines simulation as “a technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of a systems or human actions” (Lopreiato et al., 2016, p. 33). Educators commonly acknowledge three domains of learning: cognitive, affective and psychomotor. The assessment of the affective learning domain is of paramount importance. Immersive Simulation is an excellent activity to evaluate the affective domain in paramedic education by providing paramedic students with reproducible targeted learning experiences (Batt, 2015). Through its enhanced psychological and physical fidelity, ITPME allows faculty members to effectively evaluate situational awareness, leadership characteristics, communication, teamwork, and critical thinking aptitude of the healthcare student. The ability to critically think is an integral component of a student’s effective transition into clinical practice.

ITPME scenarios mirror the student's respective clinical environments, creating an opportunity for an engaged commitment of their specific provider-level role. The immersion into these specific roles facilitates a comprehensive assessment of the associated cognitive, psychomotor, and affective aspects of the learning process.

PSYCHOLOGICAL FIDELITY

The National Association of EMS Educators (NAMSE) has released a vision paper on simulation in EMS Education, challenging EMS educators to seek simulation best practice by combining faculty training and resources to enhance the delivery of safe and effective prehospital care ("Simulation in EMS Education," 2015). An important educational component is psychological fidelity. This concept is defined as the extent to which the simulated environment evokes the underlying psychological processes necessary in the real-world setting to include the degree of perceived realism or fidelity. This includes psychological factors such as emotion, beliefs, and self-awareness of participants ("Simulation in EMS Education," 2015, p. 6). Theatre and Film Arts provides method acting, expert moulage techniques, and realistic scene settings, which augment reality to deliver enhanced simulation dynamics and psychologic fidelity. This is a mutually beneficial collaboration which enables Theatre and Film Arts students to further develop and practice their respective trade crafts and adhere to established objectives under the observation and guidance of faculty members. Utilizing standardized grading rubrics, paramedic and nursing students are provided direct feedback on their communication skills, patient and crew interactions, transfer of care, and integrated treatment plans for each simulated patient.

PHYSICAL FIDELITY

The SSIH defines physical fidelity as a level of realism associated with a particular simulation activity, and the degree to which the simulation looks, sounds, and feels like the actual task (Lopreiato et al., 2016, p. 26). Utilizing the Virtual Incident Command Center, students are directly immersed into realism by simulated dispatch and response activities to the incident. These include flashing lights, sirens, mobile computer terminals, radio communications, and high definition video response footage. ITPME utilizes different physical locations for each patient simulation location such as parking garages, restrooms, office spaces and stairwells, to increase the physical fidelity of each scenario. Theatre and Film Arts provides props such as weapons, blood, tissues, odors, textures, and costumes, to increase the level of realism with each given scenario.

Detailed scripting and character development that is inclusive of the patient scenario (i.e. family members, lay person bystanders, and additional public safety professionals), further enhance the physical fidelity aspects of each immersive scenario. The transition from realistic on-scene interactions, to performing psychomotor skills and assessments in the back of a moving full-size operational type III ambulance, allows students to encounter a variety of real-world working environments.

CROSS-DISCIPLINARY INTERACTION

Healthcare leaders and educators have long advocated for interprofessional education to enhance collaborative practice and promote interdisciplinary communication. Despite this, less than half of accredited paramedic education programs report that they participate in simulation-related activities with other disciplines (McKenna, Carhart, Bercher, Spain, & Torado, 2016). Educators involved in the early development of ITPME recognized the importance of cross-disciplinary simulation training, and networked with leaders in theatre and film arts, nursing, public safety, psychology and a local medical school. This cross-disciplinary collaboration further emphasizes the paramount importance of a comprehensive healthcare team approach to effective patient management. Theatre and Film Arts students bear the largest burden of creating realistic, interactive, patient simulations. This requires many hours of disease/injury research, rehearsal, and scenario revisions, in order to accurately replicate the diverse situations encountered by pre-hospital professionals. The ability to have Paramedic and EMT students directly interacting with nursing and medical students in a simulated hospital-receiving environment, incorporates the ability to effectively communicate, understand, and execute effective transitions of care. Nursing students continue the management of the patient in the simulated hospital emergency department environment -- under the direction of an attending physician and nursing department faculty member. Students from the Department of Psychology interact with the healthcare professionals in the management of each patient/scene encounter. The ability to identify, address, and react to a variety of stressors related to different mental health-related scenarios, allows for a much more comprehensive experience for the entire healthcare team.

ROAD TO ITPME IMPLEMENTATION

A survey of accredited paramedic programs revealed that although 91% of programs have access to advanced, fully-programmable manikins, only 71% utilize them (McKenna et al., 2015).

Simulation scenarios ideally are an avenue to rehearse essential skills for patient safety, and barriers to using resources available need to be further defined. Initial steps would include networking with leaders in Theatre and Film Arts, as well as local nursing and medical programs. ITPME mutually benefits these departments by providing opportunities for students to apply their knowledge and skills. Organizing an ITPME experience may sound time-consuming, although effective interdisciplinary collaboration will divide the workload responsibilities. Trends in patient simulation and clear direction from national leadership should encourage paramedic educators to invest time and effort in the development of an ITPME within their own individual programs.

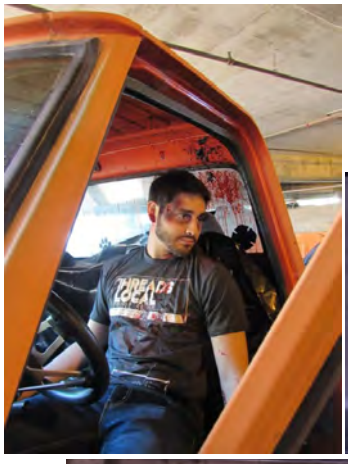

Fig.1: Makeup simulated GSW to head

Fig.2: Department of Psychology Student & Faculty Member work to console the Theatre & Film Arts actress portraying a distraught Mother at the scene of a suicide.

Fig.3: EMT & Paramedic Student crews work to stabilize and transport a critical patient to a trauma center. MCC has manufactured special equipment to enable our students to effectively ventilate simulated live patients. This adds to the realism.

OVERARCHING GOALS OF THE ITPME

The Mesa Community College Immersive Total Patient Management Experience (ITPME) is a multi-college, cross-disciplinary educational event held each Spring semester since 2015. Initially designed to serve as a capstone assessment event prior to Paramedic students being released for the field internship phase of their study, this event now exposes entry-level EMTs, Paramedic, Nursing, Psychology and Theatre/Film Arts students to career advancement opportunities within their respective areas of study.

The collaborative aspect of ITPME combines the strengths and skill sets present in both normatively parallel occupational programs and those less commonly associative to create the most comprehensive student learning and workforce experience possible. In addition to providing workforce training, the event encourages a larger dialogue among educators about the nature of innovative collaboration needed to create the most comprehensive student learning experience possible.

Fully equipped engine and rescue companies as well as crisis response teams consisting of EMT/Paramedic and psychology students are dispatched to scenarios via the Virtual Incident Command Center (VICC). The VICC immerses the students in a "response mode" with the realistic sights and sounds of an emergency response. Upon arrival at the simulated scene, students are led to a pre-determined location by their Faculty Evaluator and continue to coordinate and communicate activities with dispatch/VICC. Students conduct patient interviews, interact with family members, other public safety professionals and bystanders. They also perform assessments, determine differential diagnosis, establish treatment plans and make definitive transport decisions. Once stabilized, the patients are placed on EMS gurneys and secured in the back of an actual operational ambulance unit in order to simulate the physicality and rigors of working in the confines of a moving ambulance. The Paramedic students are required to establish communication with medical control and perform either a patch or a courtesy notification directly to a physician or nurse intermediary while enroute to the simulated hospital. The patient is transported to a simulated emergency room where Nursing students receive a report from the Paramedic students and take over the care of the patient with oversight from a volunteer Attending Physician. Nursing students are evaluated and coached by Nursing Faculty while Paramedic students proceed to the rehab room to complete their patient care forms and re-stock/rehab their EMS equipment as they become available for the next emergency response.

Ten scenarios are reenacted simultaneously each day during morning and afternoon sessions with each immersive scenario lasting 30-45 minutes from dispatch to patient transfer in the simulated hospital emergency department. The assigned student teams receive crew performance critiques and debriefs following each scenario. Listed below are the scenarios as developed or expanded over the last three years:

1. Self-inflicted gunshot wound to the head, hysterical mother at the scene, bystanders with phones recording the incident and being disruptive to crews (PD & Crisis Response Team on scene)
2. Heart attack of a middle-aged man during exercise session, personal trainer on scene with patient

3. Anaphylactic reaction in a teenager with teacher present
4. Behavioral emergency – woman hearing voices and acting strangely in a grocery store with bystanders (PD & Crisis Response Team on scene)
5. Pediatric near-drowning victim, unresponsive with hysterical mother and step-mother on scene (PD & Crisis Response Team on scene)
6. Seizure of a college student with a professor and students as bystanders in a classroom (college public safety on scene)
7. Abdominal emergency in young female, spontaneous abortion with hemorrhage in a small confined restroom area (Spanish speaking only)
8. Blunt trauma assault, attempted car-jacking victim no witnesses (PD & Crisis Response Team on scene)
9. Stroke victim with co-worker as a witness
10. Burn victim – aerosol can explosion (PD on scene)
11. Upper GI bleed in a middle-aged man hx of ETOH abuse
12. Unresponsive heroin/fentanyl OD with female partner agitated (located in small confined exterior stairwell landing) (PD & Crisis Response Team on scene)
13. Sexual Assault – transgender male to female pre-op victim (PD & Crisis Response Team on scene)
14. Cardiac arrest 901H (rigor dependent lividity) with very upset family members-elderly male (PD & Crisis Response Team on scene)
15. EMS provider down—stabbed while loading a psych patient for inter-facility transfer (PD & Crisis Response Team on scene)
16. Mental health/Veteran suffering a PTSD episode (PD & Crisis Response Team on scene)
17. Ground-level fall elderly with possible hip fx (incontinent to feces and urine) foul smelling unknown down time, Pt. found after PD performed a welfare check (PD on scene)
18. Generalized illness with flu-like symptoms
19. Choking with cleared airway prior to arrival (homeless person) (PD on scene)
20. Elderly sepsis patient in a care facility with in dwelling foley catheter, nursing staff w/limited knowledge of patient

CONCLUSION

This paper illustrates the ability to effectively develop and incorporate a multidisciplinary approach to paramedic education, with the inclusion of a unique and creative Immersive Total Patient Management Experience (ITPME) within a paramedic curricular program. This cost-effective approach to provide curricular delivery has enabled the ability to deliver high-quality education while evaluating core competencies and allowing for interprofessional training across the continuum. The inclusion of ITPME has provided a unique and effective delivery of high-quality education within our paramedic training program. Mesa Community College faculty leadership would highly suggest including it in all programs across the country.

Fig. 4: EMT & Paramedic Students load a critical patient into the awaiting ambulance to practice skills in a moving vehicle. *Ambulance use courtesy of Boeing Mesa Fire Department.

Fig. 5: A Theatre & Film Arts student portrays a patient with a mental illness

Fig. 6: MCC Nursing Students continue the treatment of the simulated patient following the Paramedics transfer of care, under the direction of a fourth-year Medical Student. This occurs in one of our simulated ED rooms. Attending Physicians and Nursing Faculty are on site to facilitate and evaluate these students.

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Academic Dishonesty: Not Just in School Anymore

by Dr. Nerina Stepanovsky, PhD, MSN, CTRN, PM

Ask any teacher, and they will tell you that academic dishonesty is on the rise. LaDuke et al. (2013) reports "record-breaking incidences" in colleges and universities, both in health and non-health majors. But does it translate to the workplace?

There are many articles from several countries about academic dishonesty in the literature, mostly in the nursing, pharmacy, medicine, education and engineering disciplines. The troubling fact is that even though there are some recent articles about ethics and Emergency Medical Services providers, they have been published (primarily) in nursing with some in education and one in a fire/public safety journal by members of those disciplines. Consider this a call to research and publish, as more emergency medical services personnel are obtaining advanced degrees and certainly have the ability/experience to investigate our own vocation.

The literature suggests the incidence of academic dishonesty is not just limited to EMS students/providers but is similar to rates found among other nursing and allied health disciplines. Bradshaw and Lowenstein (1999) suggested that "students that used to cheat, to lie, and to undertake other deceitful actions, will see [these behaviours as] normal and they will transport such behaviours into other context, as for example to the patient's care." Johnstone (2016) reports "a growing evidence suggesting a positive correlation between academic dishonesty and professional dishonesty." She cited a US study by Krueger (2014) that demonstrated a "positive correlation between permissive moral attitudes toward the 'acceptability' of cheating in the classroom and cheating in the clinical settings."

Cheating behaviors in the clinical setting included reporting and charting inaccurate or unobserved assessments, along with medications, treatments and performing procedures without a supervising preceptor or instructor present. In the academic setting, plagiarism, cheating on tests using a variety of devices, alteration of records, and falsifying documents have been the most commonly cited activities.

Why should this be considered a problem for educators and employers alike? There are many reasons.

The primary one is that academic dishonesty, continued into the workplace, creates a threat to patient safety and well-being. If this is a problem for our fellow nursing and allied health colleagues who are usually required to take an ethics course and possess, at minimum, an associates degree, it most certainly is a problem for EMS.

Current textbooks for all four levels of EMS provider include a brief section on ethical issues, usually embedded within the medical/legal chapter. Although commendable, it is usually framed in the context of avoiding any potential liability. This is a far cry from a requirement of taking an actual college-level ethics course, where issues can be investigated and discussed more thoroughly. Will this fully solve the problem? Of course not, but it is a start.

Another finding in reviewing the literature suggested the use of an instrument that could measure the possible influence of moral theories on ethical decision-making. This would allow for the exploration of the differences that might underlie conflicts in a team or group; something often seen in EMS. Exploration of conflicts between organizational and personal values could also be examined, allowing one to determine if a prospective student or hire is "a good fit" for the organization. Hiring organizations understand that frequent turn-over is not only costly and time-consuming but can have a demoralizing effect on its remaining personnel. Hiring the right person for the job, namely one that fits within the organization's culture, is important and can help prevent later issues. As it is one of the responsibilities of EMS education programs to provide competent, caring entry-level practitioners to their communities, the use of a validated screening tool as part of the admissions process could help programs graduate higher-quality candidates for employment and help protect the public.

Bremer et al. (2015) discussed how values are at the core of human behavior and are reflected in an individual's decisions and actions. They cited Rassin (2008), who asserted a need for an "objective assessment of the correlation between a candidate's personal values and the (nursing) values required for optimal performance." In the same journal article, another citation from Thorpe and Loo (2003) argued that "individual values are strong indicators for professional performance."

So where should this assessment begin? According to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), accredited education programs must not only evaluate cognitive and psychomotor domains, but the affective domain as well. In fact, each of the domains hold equal weight.

Therefore, it seems logical that some form of value's inventory be considered as part of the admissions process for initial education programs, as well as a determinant for successful completion. This is not uncommon in other health disciplines, and there are a variety of validated tools available.

Some of the more common options include the MMPI-2 (Minnesota Multiphasic Personality Inventory-2) and the MVP, which was discussed by Bremer et al. (2015). The MVP results in the respondent's profile on each of the three ethical frameworks - utilitarianism, moral rights and social justice. Utilitarianism implies efficiency, cost effectiveness, and achieving organizational goals. Moral rights reflect the right to privacy, justified claims/entitlements, the right to act according to one's belief or conscious without fear of negative consequences, and the right to speak freely. Social justice calls for all persons to be treated equally, and implies the obligation to help others in need, avoid harming others or causing others needless suffering. All three ethical frameworks are important and depending on the culture of the hiring organization, one may be more important for employees to possess than others.

The International Center for Academic Integrity, based in the US, invites faculty, students, administrators and other concerned individuals to become involved in increasing the awareness of academic integrity for educational institutions. They cite six fundamental values: honesty; trust; fairness; respect; responsibility and courage. Their argument is "when a society's educational institutions are infused with integrity, they help create a stronger civic culture for society as a whole." Isn't that what we all want in our graduates and employees?

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