



WINTER 2017

# NAEMT NEWS

A quarterly publication of the National Association of Emergency Medical Technicians

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## Helping EMS Patients Heal Their Hidden Wounds

When responding to motor vehicle collisions, shootings or natural disasters, EMS practitioners are trained to know just what to do to handle patients' injuries. Splinting broken bones, stopping bleeding, preventing shock and managing airways – EMS practitioners move quickly and assuredly to alleviate suffering and save lives.

But injuries and illnesses can leave more than physical scars. Many patients may experience intense fear, stress and pain, resulting in psychological trauma that can lead to long-term suffering and disability.

**To provide EMS practitioners with the tools to help alleviate patients' hidden wounds, NAEMT is offering a new course, Psychological Trauma in EMS Patients (PTEP),** which educates practitioners about the biological underpinnings of psychological trauma, the short and long-term impact on the brain and body, and

warning signs that a patient is experiencing extreme psychological distress.

Practitioners are also taught strategies and techniques to alleviate patients' distress and help patients cope with what they're experiencing. The goal is to relieve some of their suffering in the moment, as well as to ward off lingering effects.

"The patients we treat in the prehospital setting often recover from their physical injuries, but they may carry the psychological trauma of their experience with them forever," said Keith Widmeier, a critical care paramedic, member of NAEMT's Education Committee and adjunct faculty at Jefferson College of the Health Sciences in Roanoke, Va. "We owe it to our patients to do what we can in the prehospital setting to help them cope mentally and emotionally with what they have just been through, in the hopes that it will help patients avoid long-term suffering from post-traumatic stress disorder and related conditions."

### HURRICANE SANDY, BOSTON MARATHON BOMBING SPARKS RESILIENCY INITIATIVE

NAEMT's PTEP is adapted from a course developed by LaGuardia Community College in New York City. In the aftermath of the Boston Marathon bombing and Hurricane Sandy, seven community colleges in New York, New Jersey, Connecticut and Massachusetts formed the Northeast Resiliency Consortium. The consortium received a \$24 million grant from the U.S. Department of Labor to help build a resilient student body and workforce.

Each college in the consortium developed curriculum with that goal in mind. LaGuardia Community College's contribution was a course for its EMS students on recognizing and treating patients with psychological trauma.

"The team at LaGuardia recognized psychological trauma was missing from the training for prehospital care programs," said Paul Casey, **SEE PAGE 6**



director of the Northeast Resiliency Consortium. “They felt that based on their reading and research, if first responders were able to deal with the emotional challenges that a victim may face in a crisis or an accident, they would be able to help mitigate the long-term effects of post-traumatic stress.”

Research indicates multiple factors predict a patient’s risk of developing post-traumatic stress disorder (PTSD), according to the LaGuardia team, which was led by Christine Alvarez, director of the college’s prehospital care programs.

Some, such as the severity of the trauma, previous traumatic experiences and pre-existing mental health disorders, aren’t factors that EMS can impact on the scene. And even though the interactions are brief, EMS practitioners are there for patients at a critical time in the formation of a memory of an event, noted Dave Brenner, adjunct faculty at LaGuardia who helped develop the curriculum.

“The memory of support, control, choices, understanding what will happen next, and the ability to plan and organize will be linked with the patient’s perception of the event,” Brenner said.

### FOCUSING ON FACTORS THAT REDUCE PTSD RISK

The LaGuardia team decided to focus on two factors that EMS could influence and were shown to reduce the risk of PTSD. Those factors were perceived social support and perceived control over the situation.

Perceived social support is about feeling cared for, valued and part of a group.

Providing excellent medical care, and making people feel cared for, are two different things, Alvarez noted. An EMS team could provide one without the other.

“EMS providers are in a unique position to reduce the emotional distress of patients and can do so by skilled social support,” Alvarez said. “On the other hand, indifference to patients’ need for social support adds to patient distress and puts them at higher risk for PTSD regardless of how medically skilled their emergency care.”

As an example, she cited interviews with trauma patients conducted for the Trauma Studies Center. “My partner was driving. A friend was in the back and I was in the passenger seat. The car hit black ice and skidded. My partner was severely injured and I had bad abrasions on my leg. The EMT

team arrived ... They were joking back and forth with each other. They took no interest in me. They were very skillful. They had to get the door of the car open, which was very difficult, but the whole time they were joking with each other, tuned in to each other. One of them had a cell phone and was finishing up some conversation with a friend. The impact on me was disturbing and unsettling. I felt absolutely dismissed. I was irrelevant to their concerns.”

Contrast this experience to that of another patient: “I was hit by a car that ran through a red light on a busy New York street. My legs were fractured. I was in terrible pain and, since I was still flat on my back in the street, terrified that I would be hit again. The EMTs were great—consoling and tuned in. They reassured me that the police had all traffic stopped. They acknowledged that I was scared but told me they were going to stay right with me until we got to the hospital. It was an awful experience, but the EMTs made it a lot better than it could have been.”

A second area that EMS can make an impact is on perceived control, known as self-efficacy by social scientists. Research has shown that those who feel they have some control over their circumstances feel less helpless, confused and disoriented. In the context of a medical emergency, patients can be offered simple choices, such as: “Would it help if I held your hand?”

Disorientation can be alleviated by helping patients anticipate what’s going to happen next. “I’m going to insert a needle in your arm. It will pinch a bit, but then it should feel OK.” “We are about to take you down the stairs. We will be careful not to let you fall.” EMS practitioners can reduce confusion by assisting patients with planning for their needs: “Do you need to bring anything with you to the hospital? What about an insurance card?” “Should we call anyone for you?”

Much of it comes down to empathic communications, said Brenner. Like clinical skills, communication skills need to be practiced. “Similar to the psychomotor skills that EMS professionals learn through practice and repetition, communication skills need to be taught and practiced with skilled oversight,” Brenner said.

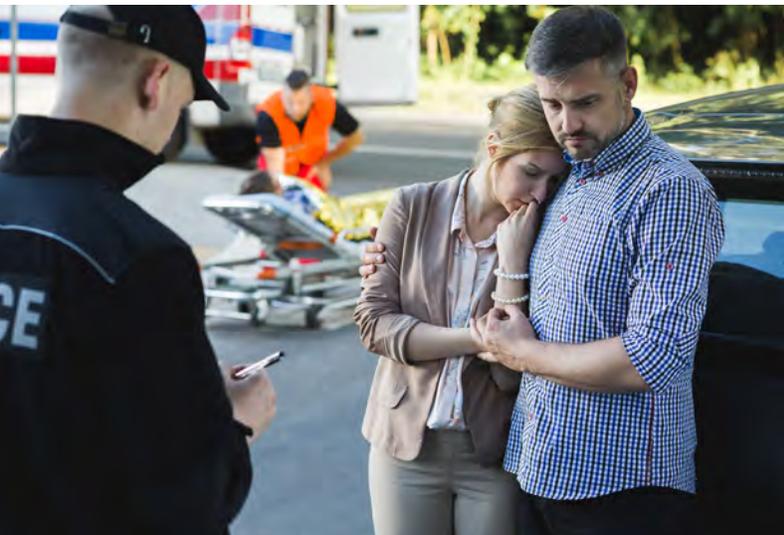
## NAEMT ADAPTS THE CURRICULUM FOR CONTINUING EDUCATION

To ensure the important work done by LaGuardia Community College is shared widely with the EMS profession, the Northeast Resiliency Consortium invited NAEMT to collaborate on developing a continuing education course based on the psychological trauma curriculum.

"We really have the opportunity to make an impact with this course," Casey said. "This is filling a gap in EMS education that we believe is very important to address."

Added Brenner: "These are essential skills. These interventions increase the likelihood that the patient will avoid profound psychological consequences of the event that necessitated an ambulance response. Further, when these skills are performed properly, the positive feedback the EMS provider often receives contributes positively to the provider's EMS experience."

NAEMT's PTEP course materials will be published by Jones & Bartlett Learning and available in early 2017. In the course, students are guided through exercises that help them identify areas of stress in their own lives, and to recall patients who may have suffered psychological trauma.



The course covers the body's biological response to the perceived threat, such as the release of the hormones adrenaline and cortisol, and how this impacts the formation of memories, as well as the long-term impacts, such as nightmares, flashbacks, headaches, panic attacks, anxiety, substance abuse and depression.

"Historically, EMS practitioners have been trained to respond to physical injuries," said Widmeier, who led the development of NAEMT's course materials. "This course will help them address the psychological injuries as well. Understanding how the nervous system reacts to traumatic stress can guide our responses to traumatized people. We also offer practitioners preventive strategies to help reverse their patients' feelings of powerlessness and stress."

## eSCAPe Psychological Trauma

NAEMT's Psychological Trauma in EMS Patients (PTEP) course teaches students a mnemonic device known as eSCAPe developed by La Guardia Community College.

- e** every patient
- S** Provide **social support**
- C** Give patients **choices**
- A** **Anticipate** what will happen next
- P** Help patients **plan** and organize
- e** every time

### Who can teach Psych Trauma?

PHTLS and AMLS instructors will be eligible to teach Psychological Trauma in EMS Patients by completing an online, 2-hour orientation program, scheduled to be available this spring. General instructor requirements will be posted on NAEMT's website. Go to the "Education" tab then choose "Become an Instructor."

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