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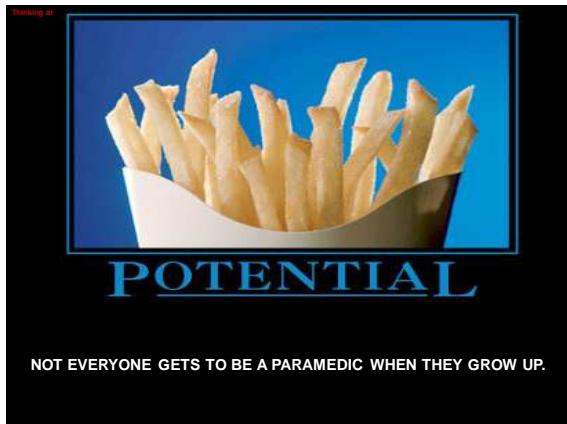
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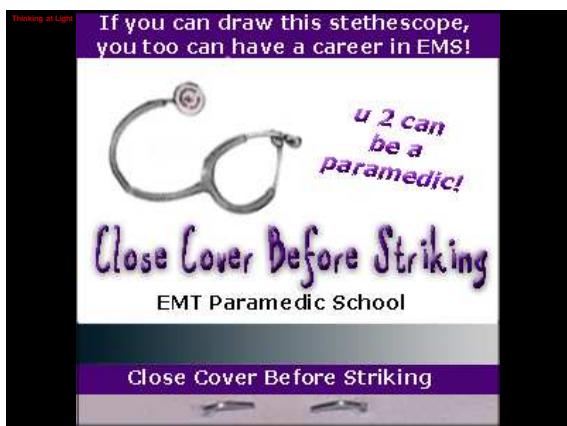
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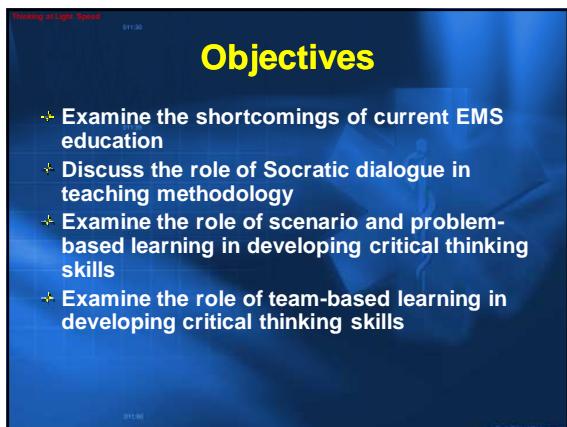
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**"We, the students of today - attending schools of yesterday, are being taught by teachers of the past, with methods from the middle ages, and asked to solve the problems of the future!"**

- David Page, MS, NREMT-P  
JEMS Conference 2001

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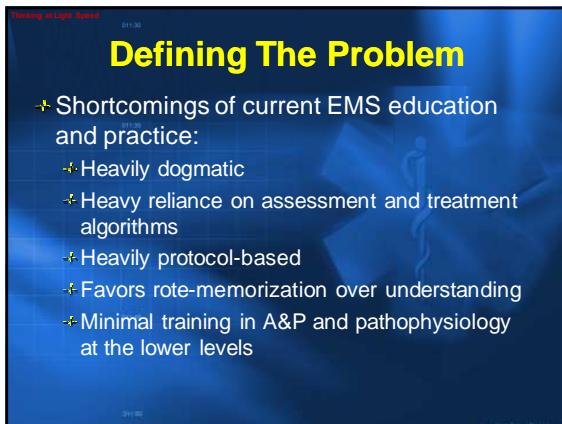
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**Defining The Problem**

- Shortcomings of current EMS education and practice:
  - Heavily dogmatic
  - Heavy reliance on assessment and treatment algorithms
  - Heavily protocol-based
  - Favors rote-memorization over understanding
  - Minimal training in A&P and pathophysiology at the lower levels

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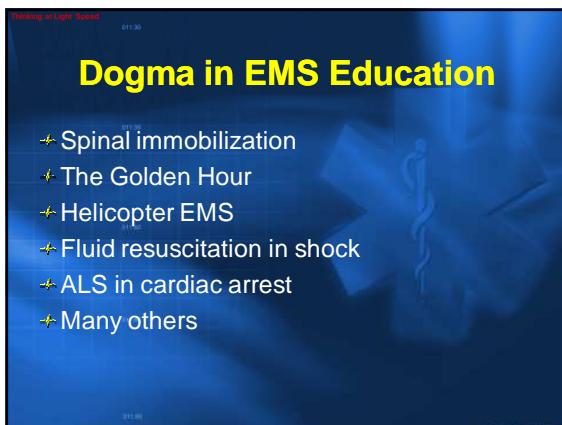
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**Dogma in EMS Education**

- Spinal immobilization
- The Golden Hour
- Helicopter EMS
- Fluid resuscitation in shock
- ALS in cardiac arrest
- Many others

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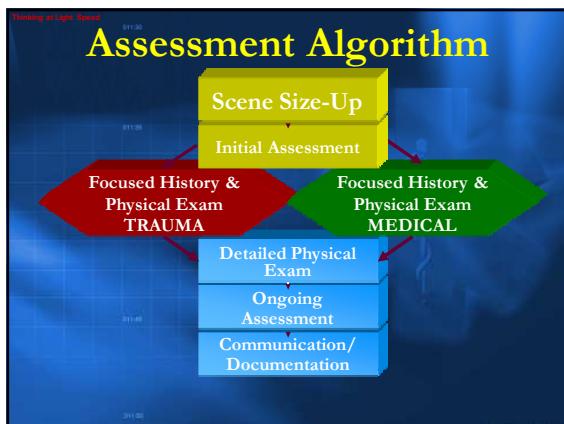
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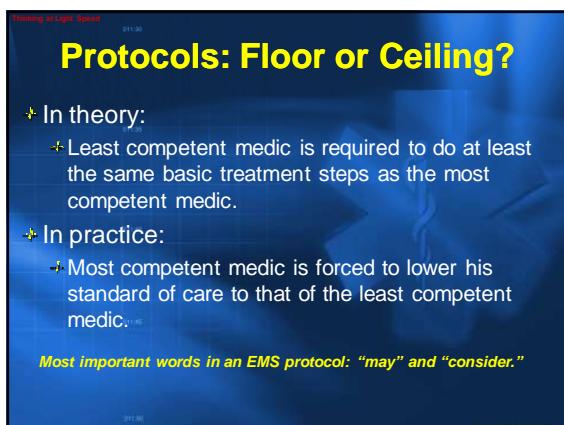
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Thinking at Light Speed 011.30

## 1993 EMT-B Curriculum

- ⊕ 110 clock hours
- ⊕ Symptomatic treatment
- ⊕ Little background or theory
- ⊕ Precious little anatomy and physiology
- ⊕ No pathophysiology
- ⊕ Learning is limited to rote memorization of signs and symptoms
- ⊕ Huge knowledge gap between EMT-B and higher levels

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## 1999 EMT-I and EMT-P Curricula

- ⊕ Deeper and broader than previous curricula
- ⊕ Expanded theory
- ⊕ Strong emphasis on pathophysiology
- ⊕ First curricula to directly address critical thinking
- ⊕ Gave the instructor more freedom in teaching

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Thinking at Light Speed 011.30

## Levels of Competency

- ⊕ Novices
  - ⊕ Rigid adherence to taught rules or plans
  - ⊕ Little situational perception (symptom management only)
  - ⊕ No discretionary judgment
- ⊕ Competent practitioner
  - ⊕ Able to cope with pressure
  - ⊕ Sees actions partly in terms of long-term goals and broader conceptual framework (disease management)
  - ⊕ Follows standardized and routine procedures
- ⊕ Expert practitioner
  - ⊕ No longer relies on rules, guidelines or maxims
  - ⊕ Intuitive grasp of situations
  - ⊕ Uses analytic approaches only in novel situations or when problems occur

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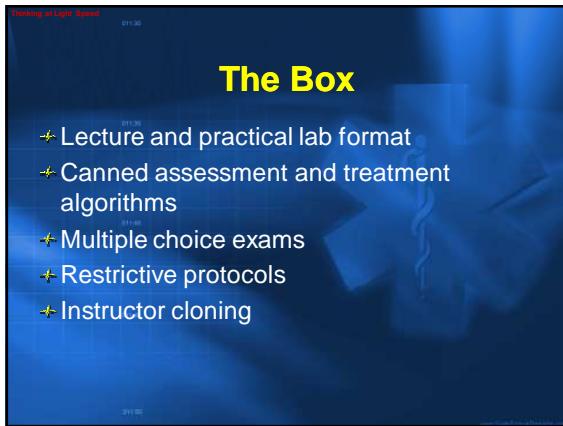
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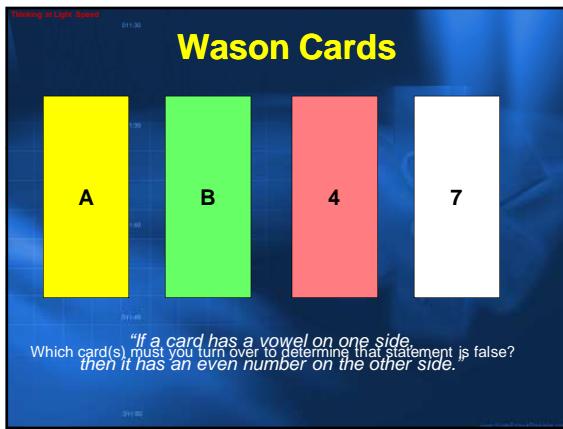
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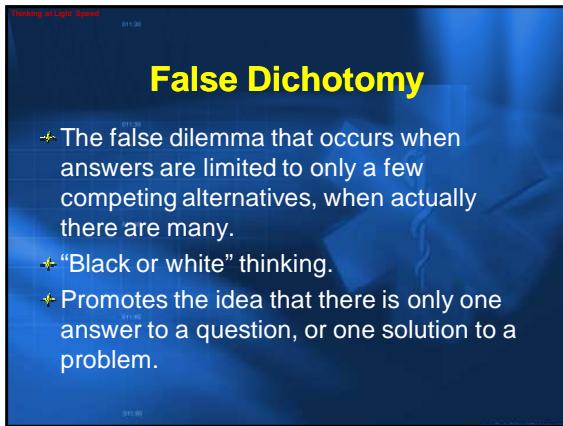
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Thinking at Light Speed 011.30

## Outside The Box

- Student-directed learning
- Facilitation, not lecturing
- Case-based learning
- Problem based learning
- Team-based learning
- High fidelity simulators

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Thinking at Light Speed 011.30

## Socratic Dialogue

- Teacher asks an open-ended question and solicits answers from the group.
- Students are encouraged to reflect and think critically.
- Teacher serves as facilitator
  - Pointing out logical fallacies
  - Reinforcing logical conclusions
- All students contribute to the discussion
- Students arrive at a consensus answer to the question.

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Thinking at Light Speed 011.30

## Metacognition

- Coined by John Flavell in 1976
- “Learning to learn.”
- Two elements:
  - Knowledge
    - Conscious
    - Intuitive
    - Learning goals
  - Strategy
    - Resource allocation
    - Learning plan
    - Evaluation and monitoring

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Thinking at Light Speed 011.30

## Critical Thinking

*Critical thinking is the skillful application of a repertoire of validated general techniques for deciding the level of confidence you should have in a proposition in the light of the available evidence.*

Austhink.org

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Thinking at Light Speed 011.30

## Promoting Critical Thinking

- Teaching methods that:
  - Are concept-based rather than procedure-based.
  - Focus on *using* key concepts, rather than just memorizing them
  - Utilize teacher as facilitator, not lecturer
  - Encourage active students rather than passive listeners

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Thinking at Light Speed 011.30

## Problem-Based Learning

- Establish the case
- Analysis of the problem by small groups
  - What do we know?
- Brainstorming
- Students formulate learning objectives
  - What do we need to know?
- Dissemination of findings
  - Possible explanations.
- Assimilation of results
  - Self-study toward learning objectives
- Identify areas for improvement
  - Integrate lessons learned into clinical practice

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Thinking at Light Speed 011:30

## Zebra Practice!



- Divide class into small groups of 6-8
- Divide each group into two teams
- Have Team A design a scenario based upon one symptom, while Team B prepares to work the scenario
- Have Team A debrief Team B after conclusion of the scenario
- Swap team roles

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## Symptom-Based Games

60 minutes

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Thinking at Light Speed 011:30

## Team-Based Learning

- Groups must be properly formed and managed
  - Avoid members with prior relationships
  - Cultural mix
  - Distribute member resources fairly
  - Form permanent groups

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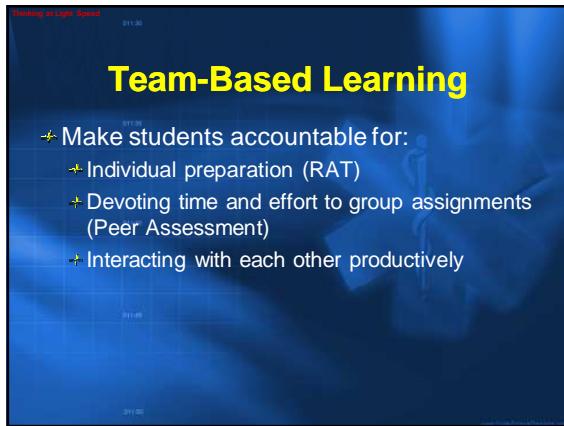
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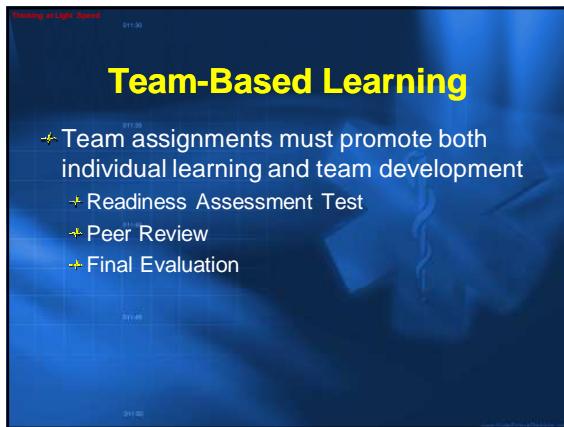
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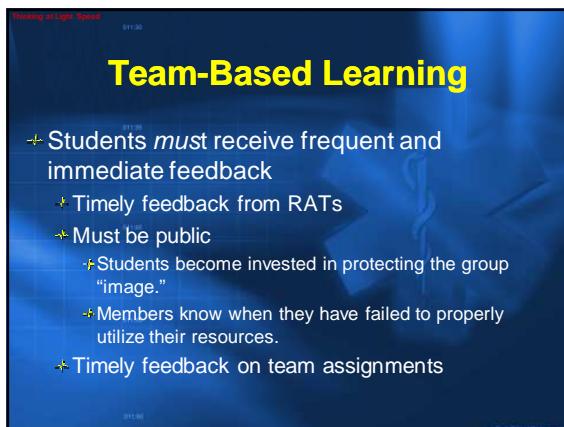
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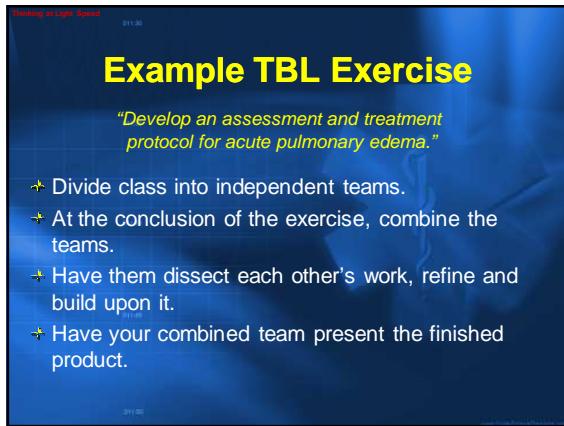
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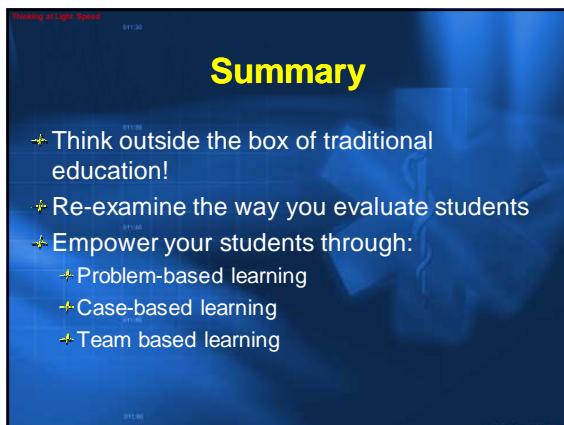
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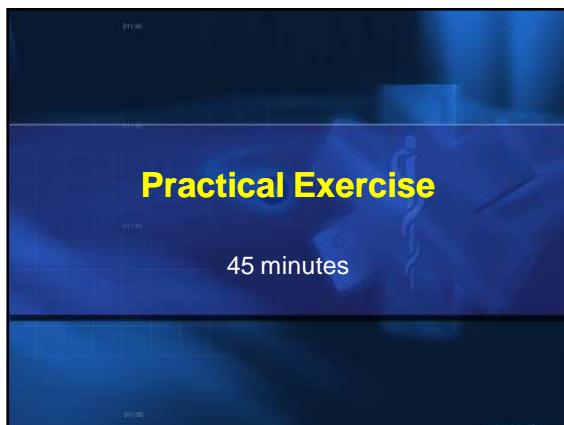
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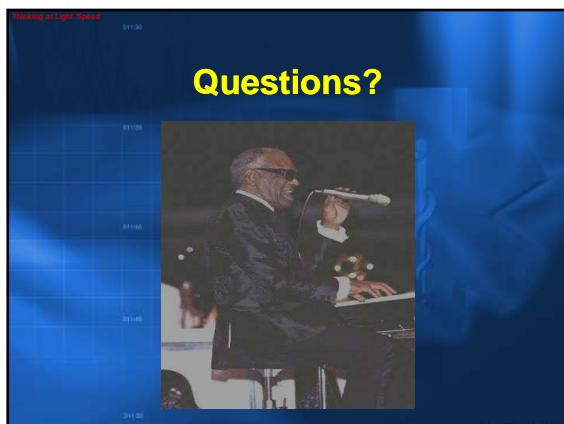
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