

The Utility of Offering Course Subjects on Family Support for Paramedics in an Undergraduate Curriculum

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Abstract

Current paramedics face difficulties in providing family support in practice, but they have not received sufficient education on this topic. It's believed that education on supporting patients and their families is necessary for students who aspire to become paramedics, but a standardized curriculum has yet to be established. A survey was conducted to evaluate the educational effectiveness of the new course, "Emergency Medical Family Support Theory", which was designed to deepen students' theoretical and ethical understanding of patient and family support. This course aims to help students grasp the perspectives and suffering of the sick and disaster-vulnerable, enabling them to provide effective support. After taking this inaugural course, students in the Department of Emergency Medical Science were able to deepen their understanding of the core principles of family support, including family developmental stages and family roles. This knowledge is crucial for them to properly address the patient as part of the family unit in the field of emergency medicine. The students' learning spanned a wide range of topics, including family theory and models, family psychology, family sociology, family nursing, and family therapy. This enabled them to better understand and support the sick and the disaster-vulnerable. The establishment and offering of the course, "Emergency Medical Family Support Theory", proved to be highly valuable for students aiming to become paramedics.

Keywords

Family Support, Paramedics, Undergraduate Curriculum

1. Introduction

Paramedics play a critical role in providing rapid care, including attempting re-

suscitation on patients, and ensuring they are transported to the appropriate medical facility. Since the profession was established, the scope of practice for paramedics has gradually expanded and become more advanced. They can now perform procedures such as defibrillation without a doctor's order, endotracheal intubation, and the administration of epinephrine and glucose solutions. Alongside the need to perform these advanced medical techniques on a patient in crisis, it's also essential to provide support to the patient's family and loved ones, who are also in a state of crisis.

Fujita states that a family member's admission to the ICU due to a life-threatening condition constitutes a crisis for the entire family, causing them to be in a state of mental distress [1]. This implies that families who witness a loved one becoming a patient in an acute setting are likely to be even more emotionally impacted. Furthermore, in their research on communication in prehospital emergency medical care, Takahashi et al. found that many paramedics identified a need to properly learn communication skills with patients and their families and expressed a desire to attend seminars on the topic [2]. This suggests that paramedics perceive some degree of difficulty when communicating with patients and their families.

Based on the legal revisions for paramedics, their scope of practice for emergency medical procedures has expanded. Previously limited to the pre-arrival phase, these procedures can now be performed after the patient's hospital arrival and until they are admitted. This means paramedics now require new knowledge to collaborate with doctors and nurses within the hospital. It's believed that a significant advantage of this change is the ability of paramedics—who understand the prehospital environment—to provide continuous, integrated support to a patient's family. This support can begin before the hospital arrival and extend to the in-hospital phase, whether the patient is a survivor or one whose death is confirmed immediately upon arrival.

In past research, paramedics have been criticized for their communication with patients, their families, and related parties. Specifically, they've been cited for providing insufficient explanations of a patient's condition, poor conversational posture, and asking questions too quickly [2]. This highlights the current reality of family support, where paramedics face difficulties in communicating with families.

Regarding paramedics' perceptions of family support, a study by Suzuki revealed that they often experience a lack of clear information regarding Do Not Attempt Resuscitation (DNAR) directives, and ambiguity surrounding refusal of life-prolonging treatments, particularly within care facilities [3]. Paramedics must not only understand resuscitation from their own professional perspective but also from the family's point of view. This requires them to consider the presence of family members during cardiopulmonary resuscitation.

Paramedics have expressed a need for more support in this area. Research indicates it's extremely difficult for a single arriving ambulance crew to provide

comprehensive grief care and that there is a need for opportunities to learn about grief care for pediatric cases [4]. Since families in a state of crisis may need to make critical decisions, paramedics must be able to provide nursing-based support. This includes helping families express their grief, managing emotional responses to the crisis, encouraging the expression of feelings, and engaging in supportive interactions.

While education on supporting patients and their families is considered necessary for future paramedics, it's still not a well-established area. Given the societal need for family support, it's expected that teaching this content at the undergraduate level will be highly beneficial.

I offered the “Emergency Medical Family Support Theory” course to second-year students in our department for the first time in the first semester of 2023. The course was based on research by Kubota et al. on paramedics’ family support practices and the necessity of bereavement nursing [5]-[11]. In this course, our students, who are aspiring paramedics, deepened their theoretical and ethical understanding of family support. This included studying concepts from family nursing, family psychology, and family sociology. The goal was to help them understand the pain and struggles of patients and vulnerable individuals in a crisis, and to similarly provide support for their families.

My aim is to further develop this course and gain insights to create an educational program that will better prepare future paramedics to deliver appropriate family support.

2. Course Overview

As indicated in **Table 1**, this course is designed to teach students about the current state of families in society, including their developmental stages, roles, and functions. The core focus is on learning the foundational principles of family support necessary to address the family as a whole, including the patient, in the emergency medical services field.

Students will learn to recognize the health problems that affect the family as a whole (including the patient requiring a paramedic’s response) and to form a supportive relationship with the family. Using theories such as change theory and crisis theory, students will learn to identify the circular patterns that occur within a family and analyze events affecting it, thereby learning to view the family as a single unit and the primary subject of support.

The curriculum will also draw on nursing science, using the Family Empowerment Model and the Calgary Family Assessment and Intervention Model to provide a dynamic view of the family as a whole. Students will deepen their theoretical and ethical understanding of how to support the entire family—including the patient—by incorporating insights from family psychology, family sociology, family nursing, and family therapy. The ultimate goal is to deepen students’ knowledge so they can provide support from a position of understanding the perspectives and suffering of the sick and the vulnerable.

Table 1. Course: Emergency Medical Family Support Theory.

Lesson	Lecture content	Lesson	Lecture content
1	<ul style="list-style-type: none"> ◆My concept of family ◆Laws concerning family ◆Family and family support in other countries ◆The necessity of family support 		
	<ul style="list-style-type: none"> ◆About family ◆Family and culture 	8	<ul style="list-style-type: none"> ◆The practice of family support in emergency and critical care centers ◆Consultation regarding families ◆Coordination regarding families ◆On the topic of ethical coordination concerning families
2	<ul style="list-style-type: none"> ◆What is nursing? ◆Communication based on nursing science ◆Characteristics and challenges of development based on life cycle theory 		
	<ul style="list-style-type: none"> ◆What is nursing science? 	9	<ul style="list-style-type: none"> ◆Theories and Models Usable for Family Support in the Emergency Medical Services Field ① Family Empowerment Model_a
3	<ul style="list-style-type: none"> ◆Academic disciplines related to family ◆Professional qualifications related to family support ◆The relationship between nursing science and family nursing science ◆Family nursing, Family nursing science ◆Life cycle and family 		
		10	<ul style="list-style-type: none"> ◆Theories and Models Usable for Family Support in the Emergency Medical Services Field ② Family Empowerment Model_b - Group Work
4	<ul style="list-style-type: none"> ◆Understanding the target of family support in various family forms ◆Genogram ◆Ecomap ◆Genogram and Ecomap ◆Family developmental stages ◆Theories and models related to family support ① 		
		11	<ul style="list-style-type: none"> ◆Theories and Models Usable for Family Support in the Emergency Medical Services Field ③ Family Empowerment Model_c - Full Presentation and Discussion
5	<ul style="list-style-type: none"> ◆Theories and models related to family support ② 		
		12	<ul style="list-style-type: none"> ◆Theories and Models Usable for Family Support in the Emergency Medical Services Field ④ Calgary Family Assessment and Intervention Model_a
6	<ul style="list-style-type: none"> ◆Characteristics and interpretation of family in various fields 		
		13	<ul style="list-style-type: none"> ◆Theories and Models Usable for Family Support in the Emergency Medical Services Field ⑤ Calgary Family Assessment and Intervention Model_b - Group Work
7	<ul style="list-style-type: none"> ◆Characteristics and interpretation of the family in the emergency medical services field ◆Research on family support in the emergency medical services field 		
		14	<ul style="list-style-type: none"> ◆Theories and Models Usable for Family Support in the Emergency Medical Services Field ⑥ Calgary Family Assessment and Intervention Model_c - Full Presentation and Discussion ◆Summary of this Course ◆My View of Family after the Conclusion of this Course

3. Research Method

3.1. Data Collection Method and Study Period

3.1.1. Data Collection Method

We conducted an anonymous self-administered questionnaire survey (using a drop-off method) with students enrolled in the course.

The questionnaire requested responses on a 5-point Likert scale (5: Strongly Agree to 1: Disagree) to assess their understanding of items related to the course objectives in the syllabus (e.g., major nursing concepts for family support, theories and models for understanding families, and family support in emergency medicine).

3.1.2. Study Period

July 15, 2023 - October 3, 2023.

3.2. Ethical Considerations

3.2.1. Ethical Considerations for Research Participants

Participants will be verbally informed of the purpose, methods, and content of the research, and that their cooperation is on a voluntary basis. It will be explained that submitting the questionnaire signifies consent to participate in the study. Participants will also be verbally informed that they can withdraw from the study at any time. It will be explained that the questionnaire will be conducted anonymously.

3.2.2. Method of Storing and Disposing of Research Materials

The information obtained from the questionnaires will be anonymized so that individuals and institutions cannot be identified, and will be stored on a password-protected USB drive held by the principal investigator. After being stored for 10 years following the completion of the research, the data will be securely destroyed so that it cannot be restored.

The research results will be published only through academic presentations and in scholarly journals, and the data will not be used for any purpose other than the research. When publishing, care will be taken to ensure that individuals cannot be identified.

3.2.3. Method of Obtaining Understanding and Consent from Study Participants

On the final day of the “Emergency Medical Family Support Theory” course, I explained the plan to conduct a survey about the course. The explanation, which was for second-year undergraduate students, covered the purpose of the survey, the anonymous drop-off method, and the ethical considerations involved.

3.2.4. Precautions against Personal Disadvantage or Risk Arising from the Study

Consent for participation in this research and for the survey responses not affect grades was obtained. Students were also informed that they would not be penalized for not completing the survey. To ensure this, it was explained that the surveys should be submitted after the course evaluation had been finalized. The anonymous surveys were to be mailed to the principal investigator of this study.

This method, where students mail back their completed questionnaires, ensures high anonymity. This is because individual respondents cannot be identified, and the researcher does not handle the physical documents after they are distributed. Consequently, this approach was utilized.

Recognizing that the time required to complete the survey could be a burden, the questionnaire was designed to be easy for students to answer, primarily using a multiple-choice format.

Given these preconditions, no compensation for research participants was considered. No other potential disadvantages or risks were anticipated.

3.2.5. Predicted Contribution to Medicine and Society

The questionnaire’s findings are expected to contribute to medicine by providing

valuable insights into how to better educate future paramedics. Currently, practicing paramedics face challenges in family support and have a recognized need for learning in this area. By investigating the learning outcomes of students from the “Emergency Medical Family Support Theory” course, this research can help future paramedics deepen their understanding of family support, which will enable them to better assist patients and their families after graduation. This will lead to a significant contribution to the field of emergency medical services.

Additionally, the study’s findings on what students learned and what they believe needs improvement will be used to enhance the curriculum. This will ensure that future paramedics are better prepared to fulfill their roles in society, ultimately leading to improved educational practices for those who will serve in this vital profession.

3.3. Questionnaire Items

The questionnaire included the following items (shown in **Table 2**).

Table 2. Survey questions.

Questions
1. I was able to explain the basic attitudes and mindsets of a medical professional who assists people, based on the fundamentals of nursing.
2. I was able to explain the key concepts of nursing that form the foundation for providing family support.
3. I was able to explain what a family is.
4. I was able to explain the characteristics of a modern family.
5. I was able to explain theories and models for understanding families.
6. I was able to explain the characteristics of families in various fields, including emergency medicine.
7. I was able to explain how to support families in various fields, including emergency medicine.
8. I became interested in research on family support in the field of emergency medicine.
9. As paramedics, I was able to explain the necessary family support based on an understanding of the characteristics of families in the emergency medicine field.
10. I was able to engage in group discussions.
11. Please feel free to share your thoughts on the “Emergency Medical Family Support Theory”.

3.4. Ethics Approval

We conducted this survey anonymously for the research participants. Upon requesting research cooperation, we provided a written explanation of the purpose, content, and methodology of the study. Participation in the research was completely voluntary, and we explained that expressing an intention to participate in the survey would not result in any disadvantage. We also guaranteed that no harm would come to participants even if they chose not to cooperate. This research was conducted in accordance with the Declaration of Helsinki and approved by the Research Ethics Review Committee of Suzuka University of Medical Science (Approval Number: 507).

4. Results

4.1. Respondent Demographics

The total number of students who took this course, “Emergency Medical Family Support Theory”, was 42. Of these, the number of respondents to the questionnaire was 24, resulting in a response rate of 57.14%. The valid response rate was 100%.

4.2. Survey Results (Shown in Tables 3-5)

The results of the survey are shown in **Tables 3-5**.

Table 3. Survey results.

Questions	Mean	SD
1. I was able to explain the basic attitudes and mindsets of a medical professional who assists people, based on the fundamentals of nursing.	4.25	±0.73
2. I was able to explain the key concepts of nursing that form the foundation for providing family support.	4.13	±0.73
3. I was able to explain what a family is.	4.63	±0.48
4. I was able to explain the characteristics of a modern family.	4.33	±0.75
5. I was able to explain theories and models for understanding families.	4.13	±0.78
6. I was able to explain the characteristics of families in various fields, including emergency medicine.	4.33	±0.55
7. I was able to explain how to support families in various fields, including emergency medicine.	4.46	±0.50
8. I became interested in research on family support in the field of emergency medicine.	4.25	±0.78
9. As paramedics, I was able to explain the necessary family support based on an understanding of the characteristics of families in the emergency medicine field.	4.46	±0.64
10. I was able to engage in group discussions.	4.67	±0.47

Table 4. Survey results (Free-text Responses to Questions No.3, 4, 5, 7, 8, 9, 10).

Questions→Free-text Responses to Questions
3. I was able to explain what a family is. →A common thread I’ve found throughout many examples is that when one family member falls ill, it causes worry for all the others.
4. I was able to explain the characteristics of a modern family. →Based on a number of cases, I’ve come to understand that when one family member gets sick, it worries all the other members.
5. I was able to explain theories and models for understanding families. →I was able to realistically apply theories and models to cases by conducting case studies on families.
7. I was able to explain how to support families in various fields, including emergency medicine. →I learned how to achieve the maximum benefit by approaching patients in a way that maximizes the limited support that paramedics can offer, which is significantly less than what nurses can provide.
8. I became interested in research on family support in the field of emergency medicine. →In spite of the difficulty of providing consistent support across different family structures, it’s truly amazing that there are theories that can be applied to them all.
9. As paramedics, I was able to explain the necessary family support based on an understanding of the characteristics of families in the emergency medicine field. →I’ve come to feel that by considering a family’s background, I can provide support that is more tailored to that specific family.
10. I was able to engage in group discussions. →By discussing case studies in a group, I was able to share a variety of perspectives.

Table 5. Survey results (Free-text Responses to Questions No.11).

Free-text Responses to Questions
11. Please feel free to share your thoughts on the “Emergency Medical Family Support Theory”.
<ul style="list-style-type: none"> • “The class was very interesting and a lot of fun. I’m glad I took it; I feel like it helped me stand out from other paramedics, and that makes me happy.” • “Having lectures from active nurses and other professionals was a great source of inspiration.” • “At first, I didn’t know how to support families, but after reading various models and case studies, I realized there are many different ways to provide support.” • “By discussing case studies in a group, I was able to deepen my understanding of how to support and deal with families. Thank you for being so thoughtful and adjusting the class schedule for the students; I really appreciate it.” • “I didn’t quite understand the point of the early classes, but as we continued, my understanding grew. I was then able to deeply grasp the learning objectives and study and discuss with those goals in mind.” • “I enjoyed the ethics-like part of the class.” • “Thanks to the teacher, I gained a better understanding of the importance of family through this class. Thank you.” • “I feel I gained a bit of an understanding of how to provide mental care for families. I also thought that diagramming family relationships would make discussions clearer later on.”

5. Discussion

To assess whether the newly introduced undergraduate course, “Emergency Medical Family Support Theory”, was useful for students aspiring to become paramedics, we will analyze the results of a survey.

5.1. Regarding Major Nursing Concepts, Nursing Theories, and Models (Multiple-Choice Responses and Free-Text Comments for Questions 1, 2, and 5)

It was revealed that university students who took the course “Emergency Medical Family Support Theory” were able to explain the fundamental stance and philosophy of medical professionals who assist people, building upon the principles of nursing science.

Furthermore, they were able to explain the foundational theories and models for practicing family support, and successfully utilized the learned theories and models in case studies to deepen their understanding.

Therefore, we believe that students generally achieved a sufficient understanding of the course content, which was structured around nursing science and its theories/models as the core of the course “Emergency Medical Family Support” Currently, Paramedic education does not typically incorporate sociopsychological theories and models—like the curricula for nurses—but using models and theories, including the Family Empowerment Model and the Calgary Family Assessment and Intervention Model, with case examples from the emergency field likely deepened their learning with a sense of reality.

5.2. Basic Understanding of the Family (Multiple-Choice Responses and Free-Text Comments for Questions 3 and 4)

University students who took the course “Emergency Medical Family Support” were able to explain what a family is and what a modern family is. Furthermore,

after being exposed to many family case examples, they stated that they understood that when one family member becomes ill, other family members also worry. In this context, they also mentioned the usefulness of interpreting the family using indicators of family developmental stages. Based on these points, we believe that the university students who took the course “Emergency Medical Family Support” were able to deepen their basic understanding of the family.

5.3. Family Support Methods in Various Healthcare Fields, Including Emergency Medicine (Multiple-Choice Responses and Free-Text Comments for Questions 7, 8, and 9)

University students who took the course “Emergency Medical Family Support” reported that they were able to explain family support in various healthcare fields, including the emergency medical setting, and could describe family support based on an understanding of family characteristics specific to emergency medicine. This understanding was grounded in the profession they aspire to: that of a paramedic.

Furthermore, many students responded that they were able to develop an interest in various research topics concerning family support in the emergency medical field.

The free-text comments provided by the students also reflected this learning. Responses included recognizing that while it is difficult to implement a common approach given the diversity of family forms, they acknowledged the existence of usable theories and models. Other comments expressed a desire to consider support tailored to individual families by grasping the family’s background.

This demonstrates a deepening of their understanding of both the practice and the research of family support relevant to their future profession as paramedics. By linking practice and research, it is likely that the course helped them cultivate the essential attitude of questioning family support issues and actively seeking solutions as future medical professionals.

5.4. Student Group Work in Case Studies (Multiple-Choice Responses and Free-Text Comments for Question 10)

In the free-text responses, the university students reported that they were able to share various ideas while conducting a family case study related to healthcare in a group work format. A large number of students also indicated that the case study and group work deepened their learning.

We believe that group discussions using case examples not only deepened the students’ learning regarding family support but also led to the sharing of knowledge among students.

5.5. Overall Impressions of the Course (Free-Text Comments for Question 11 Regarding the Course, “Emergency Medical Family Support Theory”)

Students who took the course “Emergency Medical Family Support Theory” pro-

vided free-text comments indicating that the course content was “very interesting and worthwhile”, that learning about family support is useful, that they appreciated being taught by a nurse, that they understood the variety of family support methods, that the learning objectives were clear, and that they gained a good understanding of the importance of family.

It is therefore considered that taking the course “Emergency Medical Family Support Theory” was beneficial for the university students aspiring to become paramedics.

6. Conclusions

Through the inaugural “Emergency Medical Family Support Theory” course at the university’s Department of Paramedic Science, students aspiring to become paramedics were able to deepen their understanding of the core principles of family support. This included learning about family developmental stages and the roles and functions of families, all with the goal of comprehensively addressing the entire family unit, including the patient. By using the Family Empowerment Model and the Calgary Family Assessment and Intervention Model in class, students were able to grasp the concept of the family as a whole and further their knowledge of how to provide support. Our students gained a deeper theoretical and ethical understanding of family psychology, family sociology, family nursing, and family therapy. This enabled them to more effectively support patients and disaster victims by comprehending their struggles and perspectives.

The establishment and offering of the “Emergency Medical Family Support Theory” course is considered highly beneficial for students aiming to become paramedics.

7. Remaining Challenges

This study was a very limited scope investigation focusing solely on students at this university. Furthermore, the fact that the researcher was also the course instructor presents a potential bias, which we intend to address in future surveys.

The results of this study should not be the endpoint. Moving forward, it is necessary to investigate whether taking the course “Emergency Medical Family Support Theory” proved useful when our university’s Paramedic science students who took the course actually entered the paramedic profession. Following that, we hope to encourage not only this university but also other universities that train paramedics to adopt this beneficial course.

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Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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