

Simulation for PECCs: Objectives

- To understand the role of simulation in prehospital training and assessment
- To report the components of effective simulation-based training
- To discuss existing simulation-based training interventions for PECCs

Disclosures

- No financial disclosures
- Several training tools discussed have been supported by the EMS for Children Program through Targeted Issued Grants (PRIDE, Evidence Based Guidelines) and by the Colorado Department of Public Health and Environment

EMSC Performance Measure 3:

% agencies with process requiring providers to physically demonstrate correct use of pediatric-specific equipment

National Median Score: 3 (0-12)

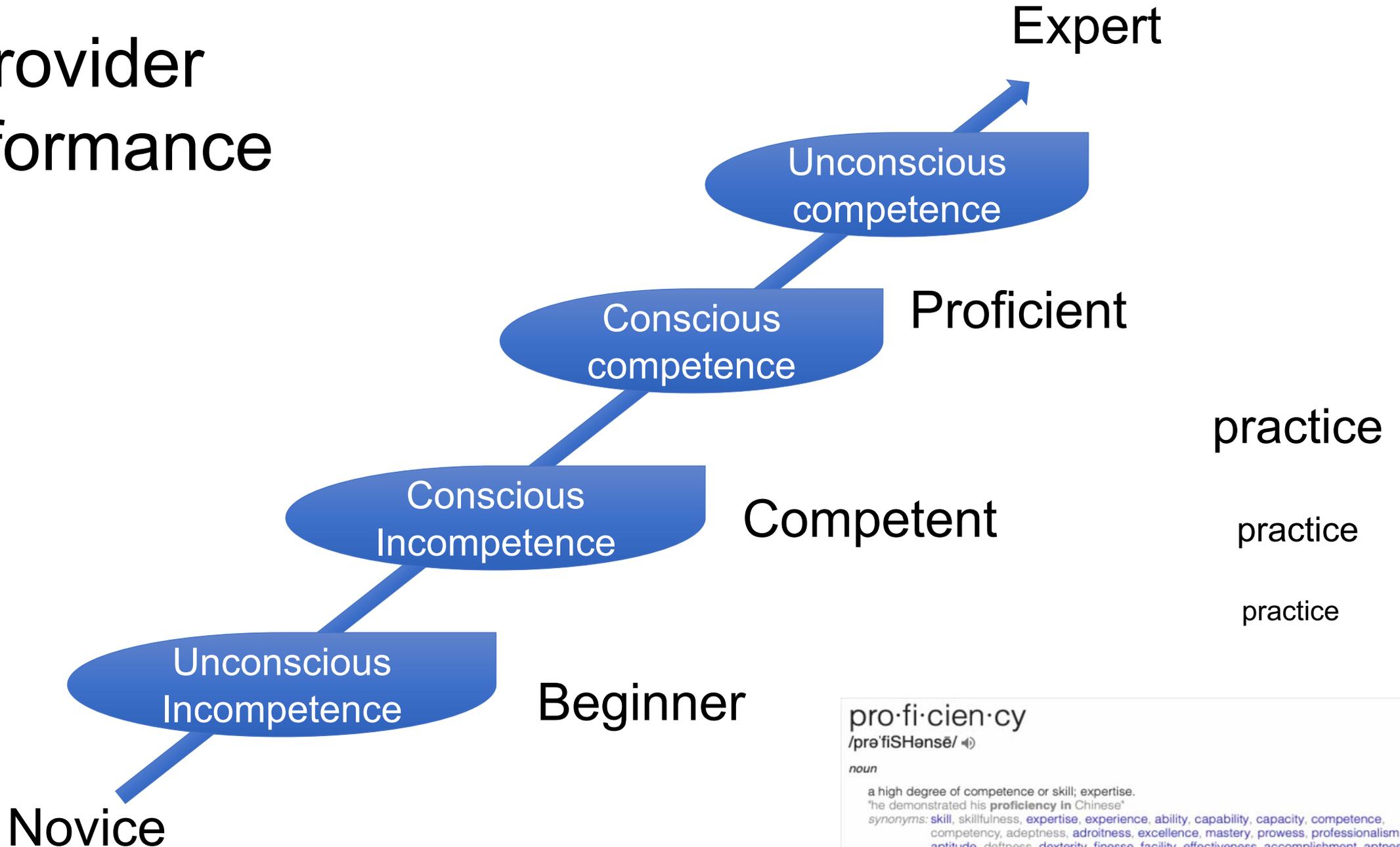
Goal: by 2020, 30% of EMS agencies will have score of 6

	Two or more times per year	At least once per year	At least once every two years	Less frequency than once every two years
How often are your providers required to demonstrate skills via a SKILL STATION?	4	2	1	0
How often are your providers required to demonstrate skills via a SIMULATED EVENT?	4	2	1	0
How often are your providers required to demonstrate skills via a FIELD ENCOUNTER?	4	2	1	0

Assessment

- Formative: how individuals are progressing towards learning goals
 - Feedback and evaluation inform training
- Summative: assess mastery of a process in high stakes test
 - Need developed/validated assessment tools
 - Determination of passing score (and consequences if you do not pass)

Provider Performance



pro·fi·cien·cy

/prə'fiSHənsē/ ◀▶

noun

a high degree of competence or skill; expertise.

"he demonstrated his **proficiency** in Chinese"

synonyms: skill, skillfulness, expertise, experience, ability, capability, capacity, competence, competency, adeptness, adroitness, excellence, mastery, prowess, professionalism, aptitude, deftness, dexterity, finesse, facility, effectiveness, accomplishment, aptness, expertness, talent; *informal* know-how

"her proficiency was obvious to everyone who sailed with her"

	Clinical	Simulation
Experiences	Few Unstructured Uncontrolled	Many Structured Controlled
Feedback	Rare	Frequent
Errors	Patient harm, unethical	Valuable to learning

Simulator

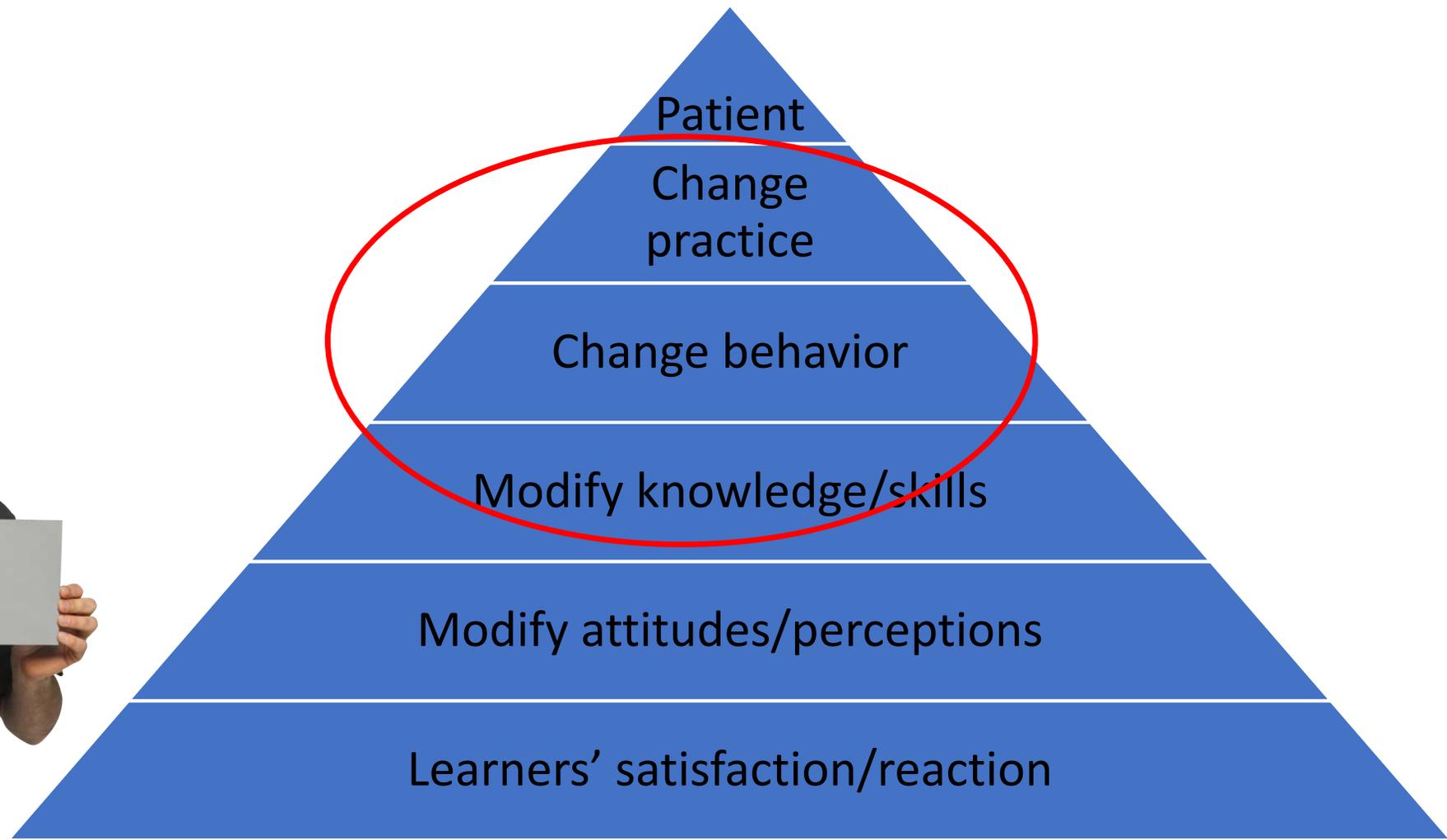
- Physical object or environment
 - Designed to represent something real by imitation
 - Interacts appropriately with participants actions
 - Mimic clinical care
- Fidelity
 - Accuracy with which the system reproduces the real patient or environment
 - Can be enhanced with in-situ training and good facilitator as much as any technology



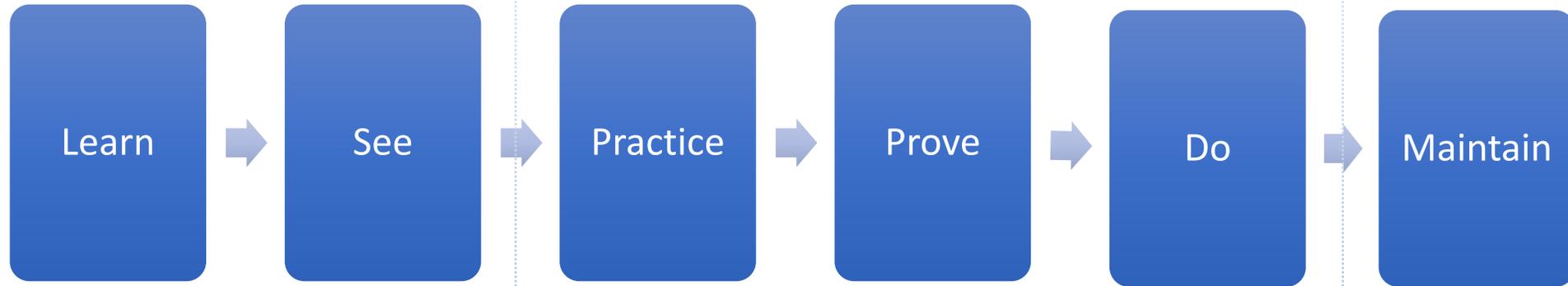
Simulation

- Technique
 - *NOT the technology/equipment*
- Replaces or amplifies real experiences with guided experiences
 - Immersive in nature
 - Replicates substantial aspects of the real world
 - Interactive

Outcomes measures for simulation

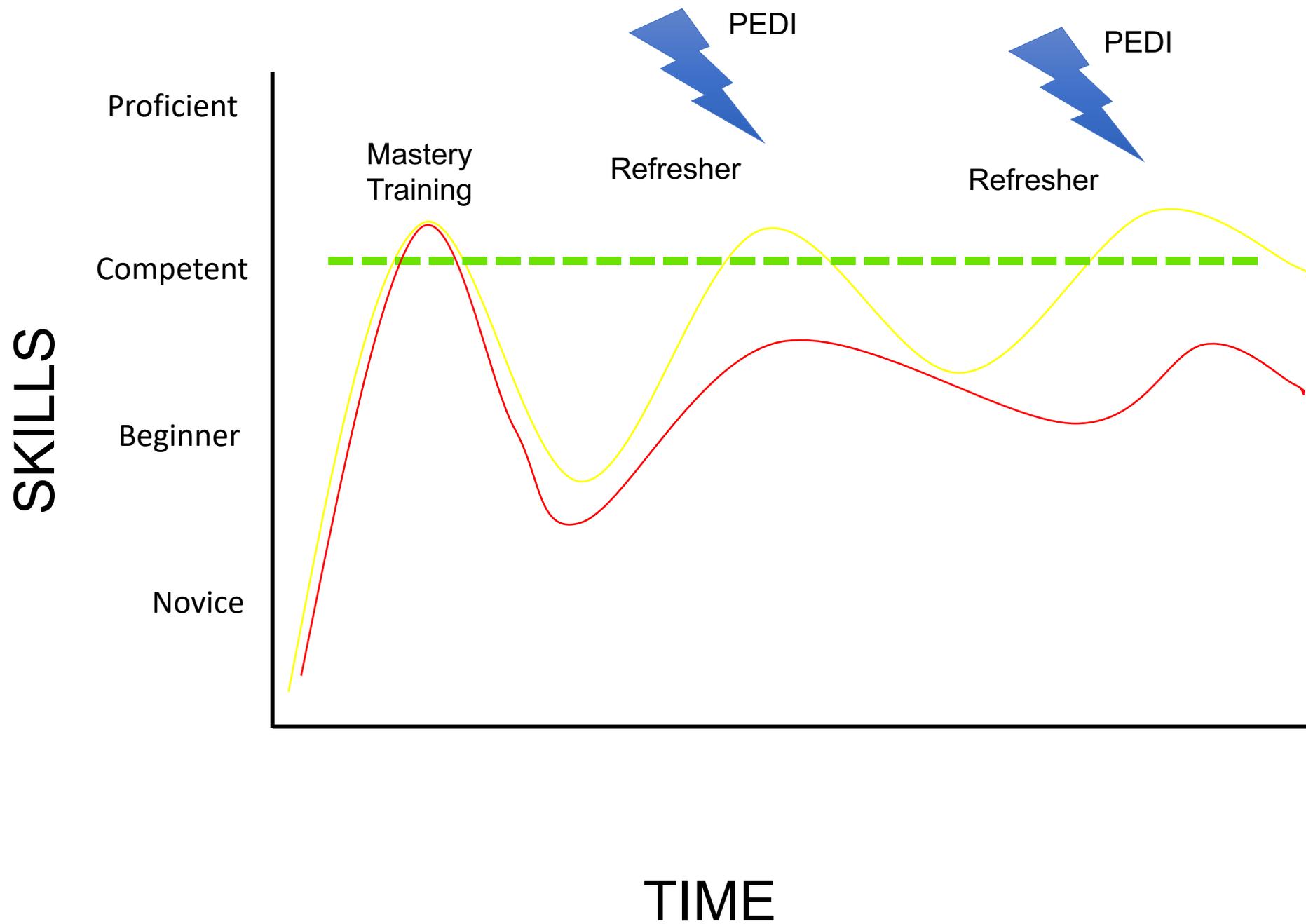


Procedural Skills



Cognitive

Psychomotor



Pediatric Research in Disaster Education



- Prehospital disaster curriculum
- 3 scenarios:
 - House fire
 - School shooting
 - Bus rollover
- Scenarios similar with mix of triage categories
 - Live actors
 - Low and high fidelity manikins
 - CHSCN patients
- Agnostic to triage system used by providers

PRIDE Simulation Victims

Patient simulation (expected triage level)

- #1 (Laerdal MegaCode Kid), tachypneic, with chest injury (**RED**)
 - #2 (Low-fidelity Doll), no vital signs (**BLACK**)
 - #3 (Standardized patient), unable to ambulate, normal vital signs (**YELLOW**)
 - #4 (Standardized patient), unable to ambulate, bradypneic, unconscious (**RED**)
 - #5 (Laerdal SimMan), initially apneic, responds to airway repositioning (**RED**)
 - #6 (Laerdal MegaCode Kid), head injury (**RED**)
 - #7 (Standardized patient), CSHCN (**GREEN** or **YELLOW**)
 - #8 (Low-fidelity Doll), no vital signs (**BLACK**)
 - #9 (Standardized patient), ambulatory (**GREEN**)
 - #10 (Laerdal SimBaby), tachypneic (**RED**)
-

CSHCN, child with special health-care needs.

2 BLACK, 4 RED, 1-2 YELLOW, 1-2 GREEN

Circulation

2018;138:e82–e122.

AHA SCIENTIFIC STATEMENT

**Resuscitation Education Science:
Educational Strategies to Improve
Outcomes From Cardiac Arrest**

**Mastery learning
and deliberate practice**

Practice until learners
demonstrate mastery of skills

Spaced practice

Shorter, more frequent learning
sessions

Contextual learning

Use of “real world” training
experiences recognized by learners

**Feedback
and debriefing**

Providing structured opportunities
for reflection and feedback

Assessment

Measuring competency throughout
a course with a variety of tools

**Innovative
educational strategies**

Exploration of gamification, social and
digital platforms to make learning “stick”

Faculty development

Continuous coaching and training
of instructors

**Knowledge translation
and implementation**

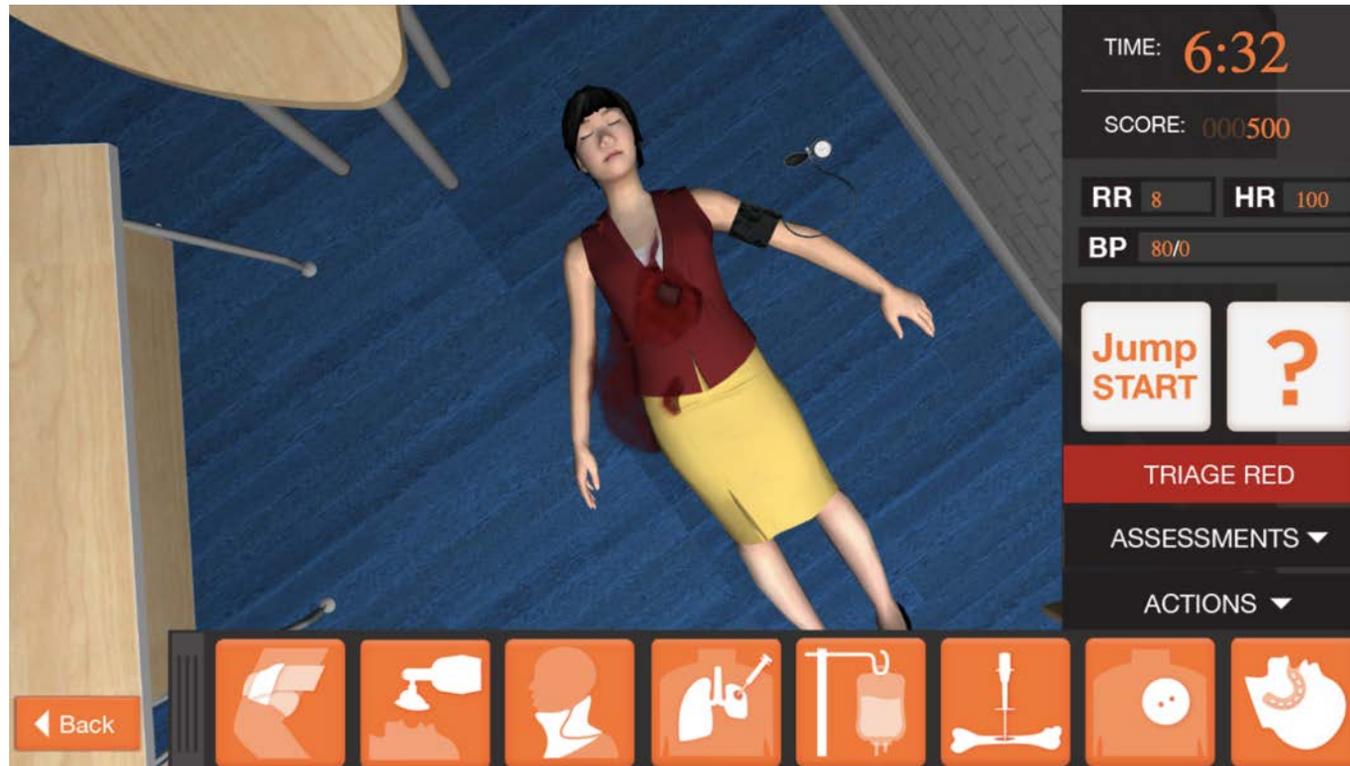
Localize programs to fit
learners’ needs



- PEPP*: Pediatric Education for Prehospital Professionals (*American Academy of Pediatrics*)
- PALS: Pediatric Advanced Life Support (*American Heart Association*)
- EPC*: Emergency Pediatric Care (*National Association of EMTs*)
- APLS: Advanced Pediatric Life Support (*American Academy of Pediatrics*)
- All contain the Pediatric Assessment Triangle (PAT)

**Specific to prehospital care*

Cognitive Skills: Disaster Video Game



- “60 Seconds to Survival”
- As effective as simulation in improving disaster triage
- FREE to all
 - Can do on shift
 - Like to “game”

disastertriagegame.org

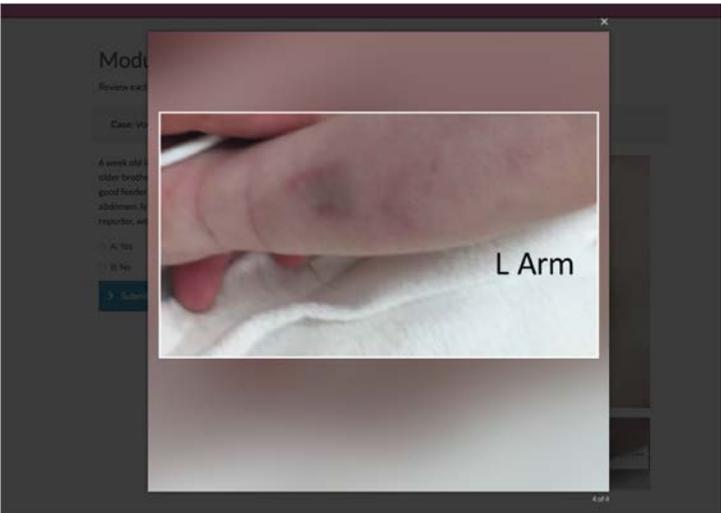
Deliberate Practice: Child Abuse Recognition

Module: Recognizing Abuse
Review each case and indicate whether the injuries should be reported to social services

Case: Vomiting Progress 86/123

6 week old infant male who presents for vomiting. Mom states his older brother has been sick at home. Mom says he is normally a good feeder. She is also worried about the rash on his hands and abdomen. Is this injury concerning for abuse? As a mandated reporter, would you report this injury to social services?

A: Yes
 B: No



Module: Recognizing Abuse

Case: Vomiting Progress 86/123

6 week old infant male who presents for vomiting. Mom states his older brother has been sick at home. Mom says he is normally a good feeder. She is also worried about the rash on his hands and abdomen. Is this injury concerning for abuse? As a mandated reporter, would you report this injury to social services?

Your answer: Yes
Correct

- Type of injury? Bruising in young infant
- History consistent with injury? No history provided
- Bruising fits TEN4FACES pattern-bruising on Torso and Ear, and in young infant
- No history of trauma
- Findings very concerning for abusive injury
- On further evaluation, infant found to have intracranial hemorrhage, retinal hemorrhages, and a torn frenulum



Bruising fits TEN4FACES pattern-bruising on Torso and Ear, and in young infant



www.identifychildabuse.org

Prehospital Emergency Assessment of Kids: PEAK Performance

- Longitudinal simulation curriculum that improves skills over time
- Conducted using a mobile simulation trailer
- Structured debriefings
- Focus on respiratory decompensation and shock
- Simulations video recorded and scored using a tool adapted from a validated simulation assessment tool



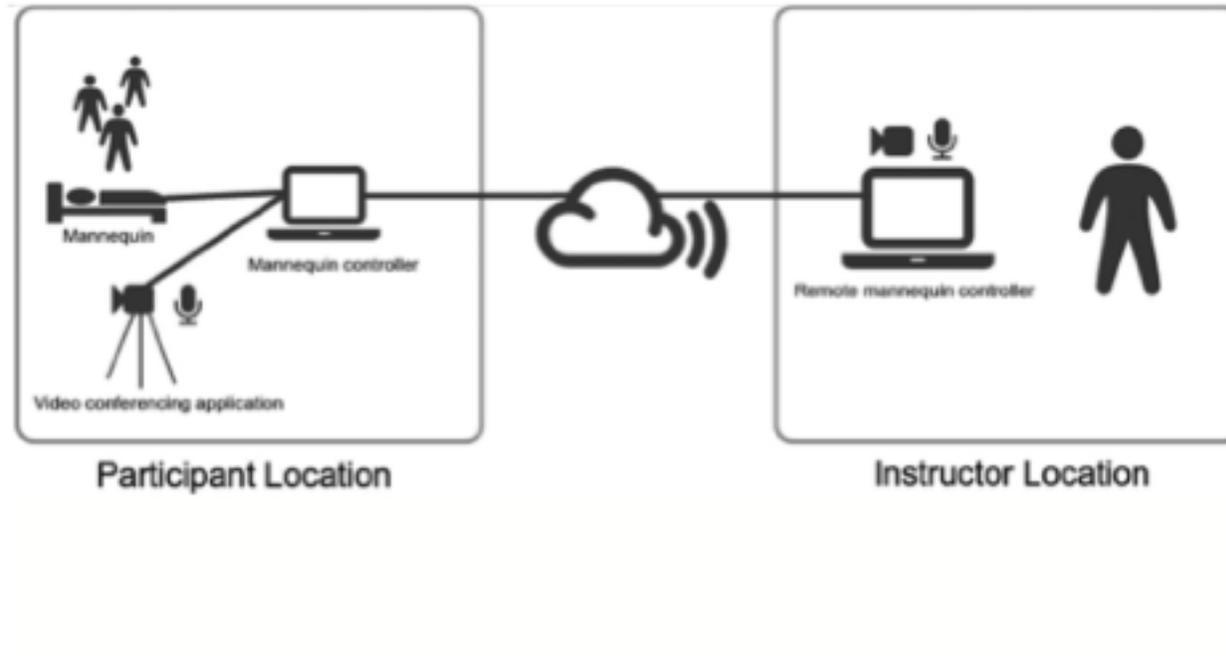
PEAK Performance: Outcomes

- Improvement in pediatric skills during assessments
 - Respiratory management → time of oxygen administration, BVM rate and seal
 - Shock management → method of fluid administration
 - Medication administration → correct volume, use of length based tape
- Improvement in self-efficacy after each simulation
- EMS agency identified need to change equipment organization

PediSTEPPS program

- Based on evidence-based guidelines for prehospital care
- Series of 9 high fidelity simulations
 - Respiratory (Asthma, Bronchiolitis), Seizure, Ingestion, Trauma (child maltreatment)
 - Houston conducted in-situ with EMS providers (assigned time)
 - Using own team/equipment
- Available on MedEd Portal (www.mededportal.org)
- Psychomotor, cognitive objectives for each simulation

Tele-simulation



Hayden, et al. Academic Emerg Med . Feb 2018; 25(2):144-7

Simbox- low/no cost simulation (acepsim.com)



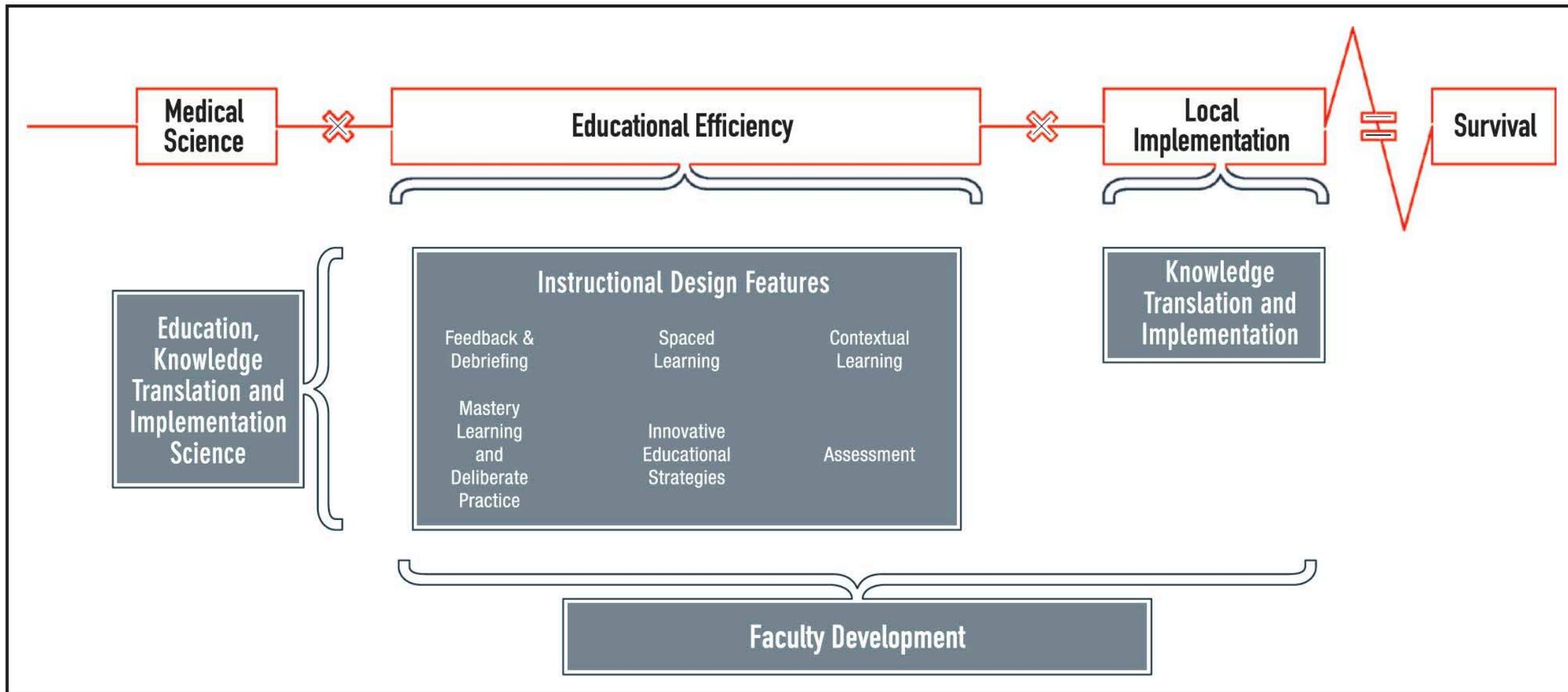


Figure. Modified formula for survival.

Challenges in Pediatric Prehospital Education

- Infrequent critical procedures (<1% of all pediatric encounters)
- Infrequent intubation, advanced airway management
- Infrequent medication dosing (20% of all pediatric encounters)
- Balance pediatric with non-pediatric



NEXT STEPS

How can you support PECCs conducting simulation?

Mastery Learning & Deliberate Practice

Read the complete 2018 AHA Resuscitation Education Science Statement at: <https://goo.gl/HKzMIZ>



"Perfect practice makes perfect"

Incorporate a mastery learning model for performance behaviors with a minimum standard required to pass.

Measure performance to motivate learners

Measure observable behaviors on the basis of patient outcomes or important process standards, such as time, accuracy, best practice, protocol, or performance.



Use deliberate practice

Skill repetition paired with feedback and exercises - as a training model for behaviors that are difficult to master or for those that can benefit from automaticity, the ability to perform a task with less cognitive load.

Use overlearning to improve retention

Use overlearning for behaviors that are likely to decay and would require effort to retrain to mastery.



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MASTERY LEARNING

- Baseline/diagnostic testing
- Clear pre-defined learning objectives, sequenced as units of increasing difficulty
- Engagement in educational activities focused on reaching objectives
- A set **minimum passing standard or mastery standard**
- Formative testing to gauge unit completion at a preset minimum passing standard
- Advancement to the next educational unit given measured achievement at or above the mastery standard
- Continued practice until the summative **mastery standard achieved**

Mastery Learning & Deliberate Practice

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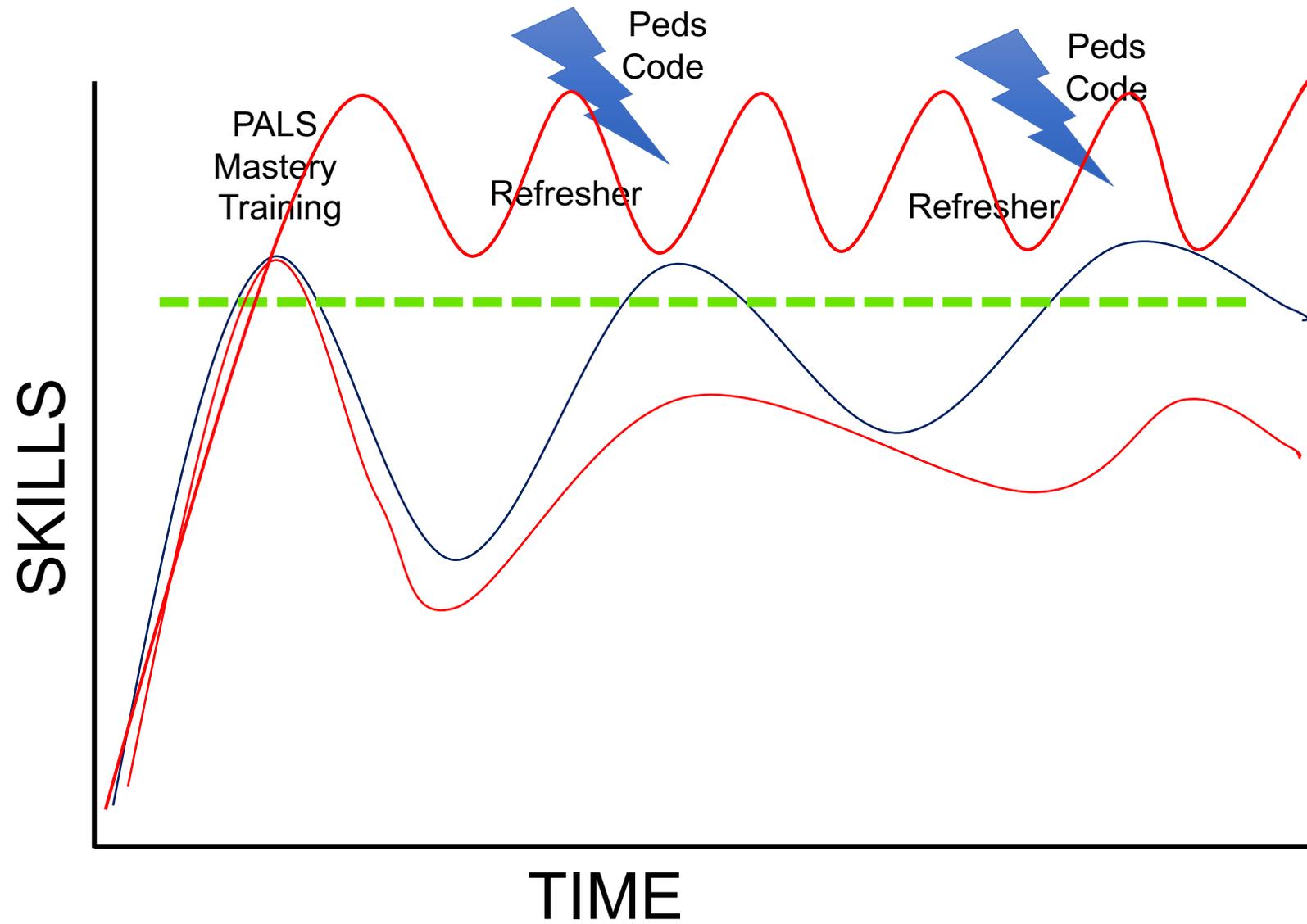


DELIBERATE PRACTICE

- Purposeful, systematic, longitudinal
- Repeated activities aiming to improve the current performance
- Weaknesses are systematically identified
- Repetition is not sufficient
- Repetition paired with feedback directed at weaknesses
- Assignment of specific exercises for the individual to address between sessions with the coach

OVERLEARNING

- Required for **behaviors that are linked to patient outcomes and/or known to decay**



Spaced Learning

Read the complete 2018 AHA Resuscitation Education Science Statement at: <https://goo.gl/HKzMIZ>



Shorter is better

Shorter and more frequent training sessions improve learning outcomes.

Harness the clinical environment

Embedding in situ and clinical debriefing of real clinical events can enhance learning from events outside of courses.



Training in the workplace

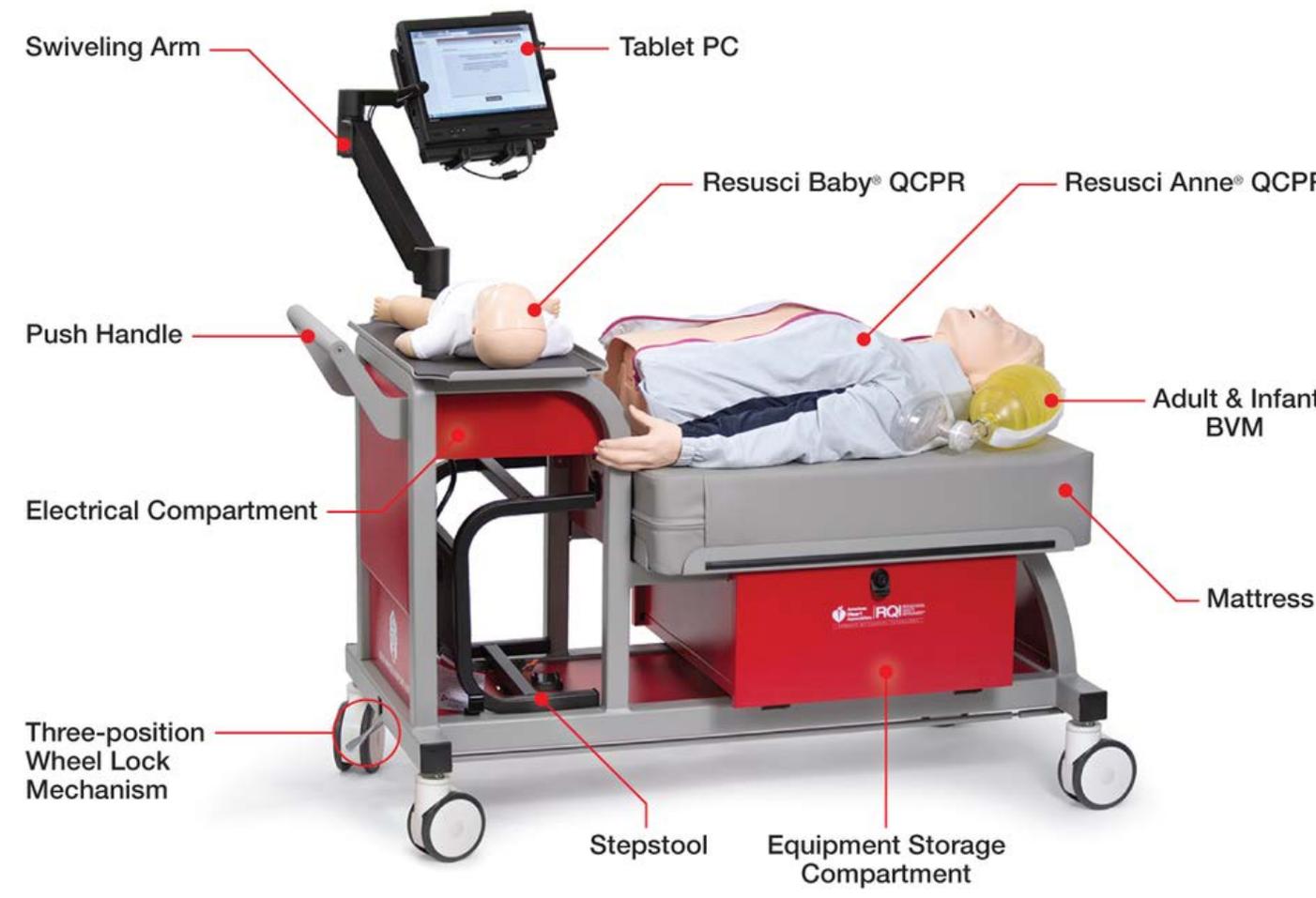
Training stations, eLearning, and in situ simulation can be used in the workplace

Customize learning based on clinical role

Training intervals should be customized based on clinical roles and expectations



Template designed by Simon Huang MSc, MD Candidate and Alvin Chin, MD, MSc. Summary by Adam Cheng MD, FRCPC. Reviewed by Teresa Chan MD, FRCPC; Brent Thoma MD, FRCPC and Blair Bigham MD, MSc.



AHA RQI CART

Contextual Learning

Read the complete 2018 AHA Resuscitation Education Science Statement at: <https://goo.gl/HKzMIZ>



Customization is required

The educational experience should be customized to learner type and setting / environment.

Fidelity goes beyond the manikin

Efforts should be made to ensure fidelity in the aspects of simulated resuscitations that are consistent with the learning objectives.



Challenge your learners

An appropriate level of stress and cognitive load can enhance experiential learning

Realistic teams

Team composition and roles should match the clinical context



Simulation and education

Hospitals with more-active participation in conducting standardized in-situ mock codes have improved survival after in-hospital cardiopulmonary arrest[☆]



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ARTICLE INFO

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Simulation
In-situ mock code
In-hospital cardiopulmonary arrest
Mortality
Basic life support
Cardiopulmonary resuscitation
Ecological study design

ABSTRACT

Aim: The American Heart Association (AHA) and the Institute of Medicine have published a national “call-to-action” to improve survival from in-hospital cardiopulmonary arrest (IHCA). Our aim was to determine if more-active hospital participation in standardized in-situ mock code (ISMC) training is associated with increased IHCA survival.

Methods: We performed an ecological study across a multi-state healthcare system comprising 26 hospitals. Hospital-level ISMC performance was measured during 2016–2017 and IHCA hospital discharge survival rates in 2017. We performed univariate and multivariate analysis of the hospital-level association between more-active ISMC participation and IHCA survival, with adjustment for hospital expected mortality as determined by a commercial severity scoring system. Other potential confounders were analyzed using univariate statistics.

Results: Hospitals with *more-active* ISMC participation conducted a median of 17.6 ISMCs/100 beds/year (vs 3.2/100 beds/year in *less-active* hospitals, $p = 0.001$) in 2016–2017. 220,379 patients were admitted and 3289 experienced IHCA in study hospitals in 2017, with an overall survival rate of 37.4%. Hospitals with more-active ISMC participation had a mean IHCA survival rate of 42.8% vs. 31.8% in hospitals with less-active ISMC participation ($p < 0.0001$), and a significantly reduced odds ratio (OR) of 0.62 for IHCA mortality (95% CI: 0.54–0.72; $p < 0.0001$) which was unchanged after adjustment for hospital-level *expected* mortality (adjusted OR: 0.62; 95% CI: 0.54–0.71; $p < 0.001$).

Conclusions: Hospitals in our healthcare system with more-active ISMC participation have higher IHCA survival. Prospective trials are needed to establish the efficacy of standardized ISMC training programs in improving patient survival after cardiac arrest.

High freq ISS
43% survival

Low freq ISS
32 % survival

OR 0.62

Assessment

Read the complete 2018 AHA Resuscitation Education Science Statement at: <https://goo.gl/HKzMiz>



Measure key features

Data related to patient outcomes should be collected even when it isn't easy.

Provide High Quality Assessment

Assessing your trainees can augment their learning. Using reliable and valid assessment tools may augment performance.

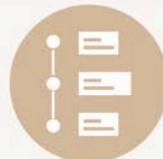


Multiple assessments

Being programmatic about your assessment strategies can help assemble a picture of a learner's competence.

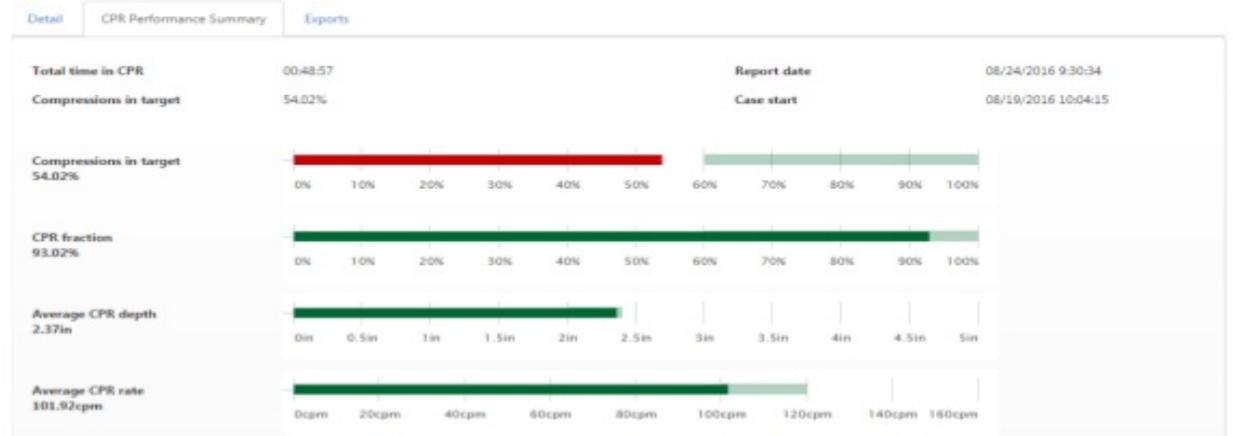
Use longitudinal assessments

Assessment should be integrated throughout courses, rather than occurring only at the end.



CPR Analysis

Clicking the CPR Performance Summary will open the analysis page.



Feedback and Debriefing

Read the complete 2018 AHA Resuscitation Education Science Statement at: <https://goo.gl/HKzMIZ>



Prebrief your scenarios

Prebriefing (i.e. providing an orientation prior to a simulation) can help to establish a safe learning environment.

Adaptable debriefing

Debriefing methods and context should be adapted to learner needs.



Incorporate performance metrics

Discussing objective performance metrics (e.g. CPR quality data) during debriefing can improve performance

Debriefing scripts

These tools can improve learning outcomes by suggesting appropriate language and content



Debriefing Tool

Scenario: Supraventricular Tachycardia

Learning Objectives

General Management

- Applies the 8 elements of effective team dynamics
- Uses the PALS Systematic Approach in examining the child
- Provides oxygen appropriately
- Demonstrates basic airway maneuvers and use of relevant airway device as appropriate
- Demonstrates application of cardiac and respiratory monitors
- Summarizes general indications, contraindications, and dosages of relevant drugs
- Demonstrates C-A-B CPR when indicated

Scenario Specific

- Identifies SVT
- Describes potential vagal maneuvers
- Applies the Pediatric Tachycardia With a Pulse and Adequate Perfusion Algorithm
- Uses the proper technique in giving adenosine (rapid IV push followed immediately with rapid saline flush)
- Recalls that synchronized cardioversion should be considered first for SVT in the unstable patient without vascular access
- Performs pediatric electrical cardioversion if needed, including synchronized mode and proper doses

General Debriefing Principles

- Use the table below to guide your debriefing. Also refer to the **Team Dynamics** Debriefing Tool.
- Debriefings are 10 minutes long.
- Address all learning objectives.
- Summarize take-home messages at the end of the debriefing.
- **Encourage:** Students to self-reflect
Engagement of all participants
- **Avoid:** Mini-lectures and closed-ended questions
Dominating the discussion

ACTION	GATHER	ANALYZE	SUMMARIZE
<ul style="list-style-type: none"> • Directs assessment of ABCDE and vital signs • Directs administration of oxygen • Applies monitor leads and pulse oximetry • Recognizes narrow-complex tachycardia, distinguishes between ST and SVT • Categorizes as compensated or hypotensive • Directs performance of appropriate vagal maneuvers 	<p>Student Observations</p> <ul style="list-style-type: none"> • Can you describe the events from your perspective? • How well do you think your interventions worked? • Can you review the events of the scenario? (<i>directed to the recorder</i>) • What could you have improved? • What did the team do well? <p>Instructor Observations</p> <ul style="list-style-type: none"> • I noticed that [<i>insert action here</i>]. • I observed that [<i>insert action here</i>]. • I saw that [<i>insert action here</i>]. 	<p>Done Well</p> <ul style="list-style-type: none"> • How were you able to [<i>insert action here</i>]? • Why do you think you were able to [<i>insert action here</i>]? • Tell me a little more about how you [<i>insert action here</i>]. <p>Needs Improvement</p> <ul style="list-style-type: none"> • Why do you think [<i>insert action here</i>] occurred? • How do you think [<i>insert action here</i>] could have been improved? • What was your thinking while [<i>insert action here</i>]? • What prevented you from [<i>insert action here</i>]? 	<p>Student-Led Summary</p> <ul style="list-style-type: none"> • What are the main things you learned? • Can someone summarize the key points made? • What are the main take-home messages? <p>Instructor-Led Summary</p> <ul style="list-style-type: none"> • Let's summarize what we learned... • Here is what I think we learned... • The main take-home messages are...

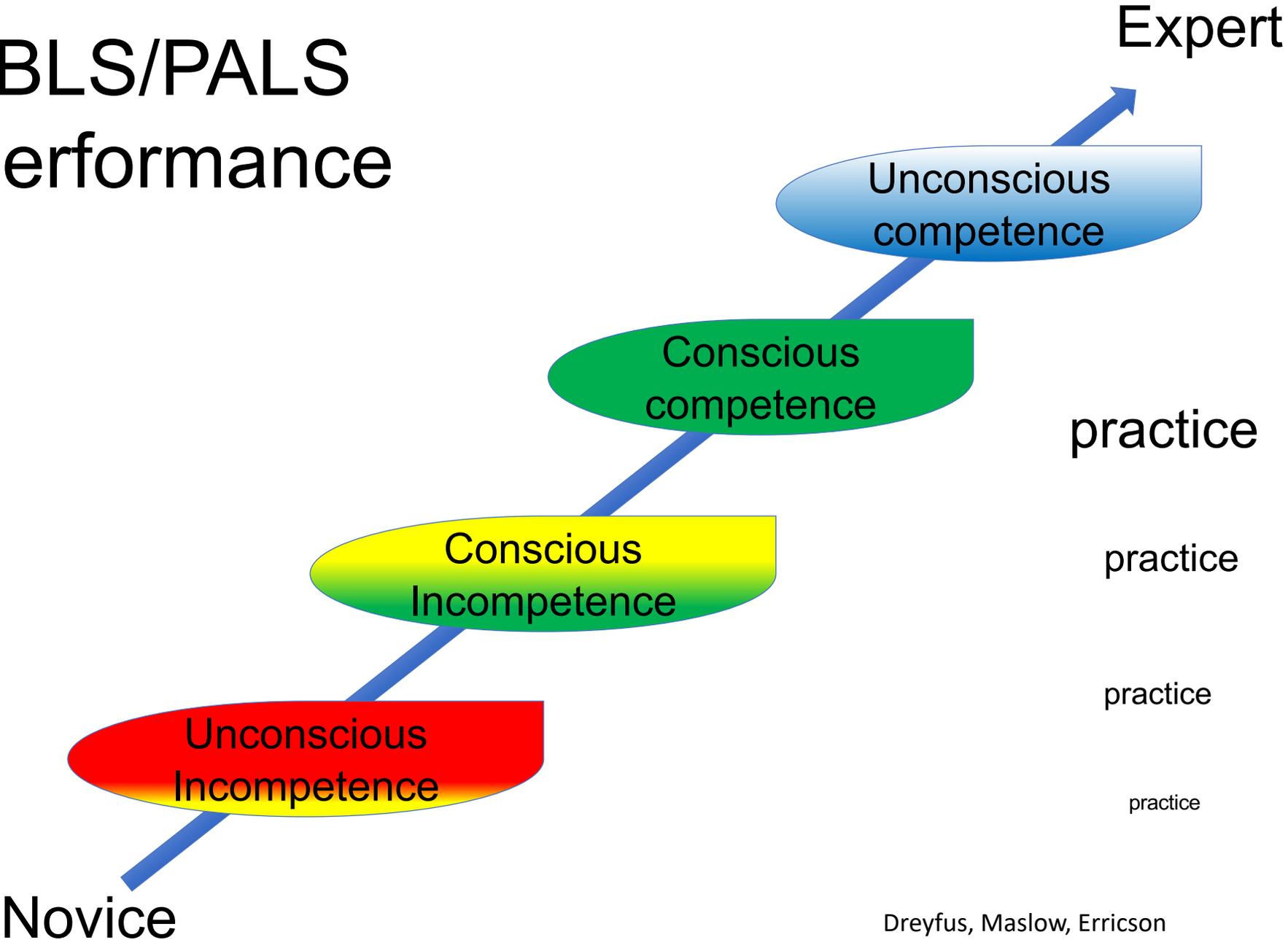
The Pearls Healthcare Debriefing Tool

	Objective	Task	Sample Phrases
1 Setting the Scene	Create a safe context for learning	State the goal of debriefing; articulate the basic assumption	"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve."
2 Reactions	Explore feelings	Solicit initial reactions & emotions	"Any initial reactions?" "How are you feeling?"
3 Description	Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"
4 Analysis	Explore variety of performance domains	See backside of card for more details	Preview Statement <i>(Use to introduce new topic)</i> "At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]" Mini Summary <i>(Use to summarize discussion of one topic)</i> "That was great discussion. Are there any additional comments related to [insert performance gap here]?"
Any Outstanding Issues/Concerns?			
5 Application/Summary	Identify take-aways	Learner centered ----- Instructor centered	"What are some take-aways from this discussion for our clinical practice?" ----- "The key learning points for the case were [insert learning points here]."

PREBRIEFING
- Expectations/goals

DEBRIEFING
- Use data

BLS/PALS Performance



Dreyfus, Maslow, Ericson

CPR coaches in paediatric cardiac arrest

? the CPR problem

High quality CPR
IMPROVES



cardiac and neurologic outcomes

BUT

CPR quality is



VARIABLE

CPR coach is a team member who



provides chest compression
PERFORMANCE FEEDBACK



coordinates key resuscitation tasks:
DEFIBRILLATION, INTUBATION,
PROVIDER SWITCHES

Can integrating a trained CPR coach improve CPR quality in simulated paediatric cardiopulmonary arrest?

🔍 methods

multicentre RCT with

40
TEAMS

intervention

feedback defibrillator, leader, airway expert,
2 CPR providers + CPR coach



control

feedback defibrillator, leader, airway expert,
2 CPR providers + provider



paediatric cardiopulmonary arrest simulation

➔ results

Teams WITH A CPR COACH had



reduced duration of
pauses in chest
compression



better chest
compression depth*



improved overall
excellent CPR*

*compliance rate with AHA guidelines

✅ bottom line

Integration of a CPR coach enhances CPR metrics associated with improved survival outcomes

To read the original article, go to <https://authors.elsevier.com/a/1XfIH14RWG5I-6> or Cheng A, Duff JP, Kessler D, Tofil NM, Davidson J, Lin Y, et al. Optimizing CPR Performance with CPR Coaching for Pediatric Cardiac Arrest: A Randomized Simulation-based Clinical Trial. Resuscitation. 2018 Aug; doi: <https://doi.org/10.1016/j.resuscitation.2018.08.021>

♦ The CPR coach idea originated from Dr. Hunt's team at Johns Hopkins University School of Medicine. For more information, please see: Hunt EA et al. Improved CPR Performance with CODE-ACES2, a Resuscitation Quality Bundle. JAMA. Accepted, In Press.

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This infographic was created by Kevin Lam with editing by Alvin Chin. *canadiem*

Innovative Educational Strategies

Read the complete 2018 AHA Resuscitation Education Science Statement at: <https://goo.gl/HKzMIZ>



Gamification can engage your trainees

Use game play elements to engage trainees and improve their retention

Harness Social Media

Connect with trainees before and after the course via social platforms like Twitter and Facebook.

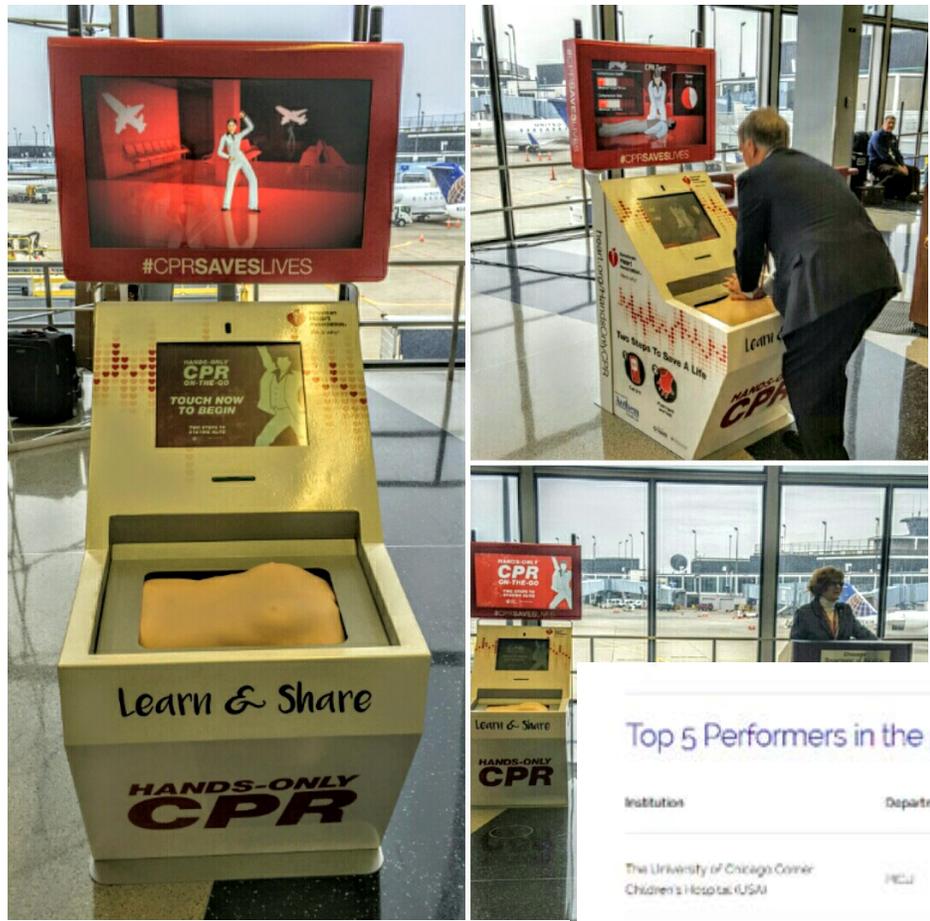


Blogs & Podcasts as supplemental

Augment traditional materials by using resources such as podcasts and blogs to provide longitudinal, pervasive learning.

Why invent the Wheel?

Share your educational materials! Also consider crowdsourcing materials when you are teaching.



Top 5 Performers in the past 2 weeks

Institution	Department	Study ID	Score	File	Ridges
The University of Chicago Comer Children's Hospital (USA)	ICU	05	100		
Texas Children's Hospital (USA)	ICU	111	100		
Texas Children's Hospital (USA)	ICU	111	100		
Texas Children's Hospital (USA)	ICU	111	100		



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Faculty Development

Read the complete 2018 AHA Resuscitation Education Science Statement at: <https://goo.gl/HKzMiZ>



Train the Trainer

Instructors must understand and be able to apply basic education theories.

Support Instructors, especially initially

New instructors should be supported via experiential learning, role-modeling, and observation for feedback.



Foster continuing instructor development

Encourage instructor development through communities of practice, peer-coaching, reflective practice, and outcomes-based education.

Contextualization is Imperative

Instructors should consider the contexts in which their students practice and match teaching scenarios to practice settings.



Aiming for Excellence

Encourage instructors to reach for excellence by learning throughout their careers.



Knowledge Translation and Implementation

Read the complete 2018 AHA Resuscitation Education Science Statement at: <https://goo.gl/HKzMiZ>



Active Learning to Augment Knowledge Translation

Instructors must understand and be able to apply basic education theories.

Use Design Thinking to make Change

Applying design thinking can help to redesign processes and spaces to encourage implementation and change.



Measure Performance

Benchmarks, feedback, and reporting can support organizational change. Take your organizational "temperature" and find the "hot spots" that can benefit from intervention.

Plan, do, study, act, and repeat!

Maintain formal continuous quality improvement programs to help organizations and teams to improve their performance.



Consider Carrots & Sticks

Incentive and penalty programs can motivate teams. However, bear in mind that incentives can lead to unintended "gaming" of the system!

Help organizations "unlearn"

Bad habits are hard to break, but organizations should harness strategies to "de-adopt" or "unlearn" disproven or non-evidence-based practices.



Appeal to their Emotions

Utilize the breadth of the applied psychological sciences to appeal to your end-users (e.g. bystanders, champions, instructors).

