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# The New Special Population: College Students

Nate Shore, AEMT

**Keywords:** collegiate-based emergency medical services; college students; special populations | **Corresponding Author and Author Affiliations:** Listed at the end of this article.

In EMS, we are called to serve a diverse range of patients. This diversity includes special populations that the National Institutes of Health define as “groups of people whose needs are not fully addressed by traditional health services delivery. Greater access to these services, or tailored services, must be provided to reduce inequities in physical and mental health-care systems.”<sup>1</sup> Generally, we consider these populations to be geriatric, pediatric, those who are pregnant, individuals with disabilities, and English language learners.

In collegiate EMS, many of the patients we encounter are college students. A study on a university ambulance service found that among their total call volume, 82% of their patient population were students at the university.<sup>2</sup> College students with on-campus emergencies are often an afterthought in emergency care. While some would argue that college students belong to the category of young adults, with little to no recognition of special considerations in their care, this could not be further from the truth.

The care of college students often requires additional consideration, communication adjustments, and specialized care strategies due to their distance from support systems, unfamiliarity with healthcare and EMS systems, new risk-taking behaviors, mental health, and social pressures. These are all further exacerbated by the high-pressure academic and social environment of a college campus. To ensure that their needs are met effectively and appropriately, we in EMS must make their demographics a priority in their care plan to communicate with and comfort the patient.

Although college students fall within the same age-range as other young adults, their needs have less to do with their age or independence and more to do with their living and learning environment. College students find themselves in a concentrated, high-pressure environment where social and academic stressors can intensify their vulnerabilities. Additionally, as members of an institution, college students are expected to abide by certain expectations that can also result in stress, which is otherwise not found in peers outside the college environment.

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It is time, as an EMS culture, that we start to think of college students as a special population rather than the default of standard adult patients. The reality is that many college students are predisposed to several vulnerabilities that can result in extreme challenges in their care and patient outcomes. On the college campus, this is true for not only the patient but also bystanders and even collegiate EMS providers.

College students are often far away from home and their parents. For some, this means out of state, but for others, this can mean living in a new country or continent. These are patients who are away from their familiar parental, social, and healthcare networks. A recent survey in Washington state found that nearly one-third (32.6%) of college students reported not knowing where to go to seek necessary healthcare, 18.2% reported a lack of awareness of what resources they had access to, and 17.9% reported they did not know how to access those options.<sup>3</sup> These statistics illustrate how disconnection from familiar health resources upon entering college can leave students vulnerable. Those who are unfamiliar with their healthcare options may be unaware of what their interaction with EMS will mean financially, disciplinarily, and socially. They may not have ever been to the hospital to which they are being transported. This uncertainty may lead to students either not calling EMS out of fear or, unfortunately, calling late into an incident once it has worsened.

College students also heighten their vulnerability by engaging in new activities and social settings. Students often try alcohol, drugs, and sex for the first time, sometimes mixing them together. In a study conducted from 2011 to 2014, the Substance Abuse and Mental Health Services Administration found that, “on an average day during the past year [2013], 2,179 full-time college students drank alcohol for the first time, and 1,326 used an illicit drug for the first time.”<sup>4</sup> This can create high-intensity environments that have the potential to become challenging scenes. Additionally, fitting into a new environment can be difficult; college students are vulnerable to many social pressures. Actions relating to peer pressure can result in medical or psychiatric complications for students. There is also a heightened sense of self-image in college, which can lead to social pressure in the dining halls, leading to eating disorders and mental health problems. In a 2020 report, the National Institutes of Health reported that “an estimated 11% to 17% of females and approximately 4% of males on college campuses in the United States screen positive for clinical ED [eating disorder] symptoms.”<sup>5</sup>

## So What Can We Do?

As EMS providers, we are trained to recognize special populations. When we encounter them, we adjust our care plans accordingly. When we respond to college students, we must also start to analyze them for potential demographic and social constraints that could inhibit quality communication and care in the absence of an adjustment in their care plan. Recognizing that the patient with whom we are interacting may have factors and contextual challenges that complicate their presentation and ability to advocate for themselves is a crucial element of their treatment. This understanding allows us to approach their care with greater appreciation and empathy for their situation. By acknowledging these factors, we can create care plans that help build a better rapport with our patients, improving communication and trust, and in turn, higher quality care.

With these special considerations in mind, as EMS providers, we can intentionally adjust our demeanor to emphasize our compassion towards the patient. We should take time to explain our process to encourage honest disclosure and informed decision-making. Using empathy, we must recognize that our patient may not be informed about the EMS and local healthcare process. We can make extra effort to introduce ourselves, explain every procedure we perform, and paint a picture for them of what to expect from start to finish of their experience with EMS, and then the hospital. We must become active participants and advocates for them in identifying and explaining their best options. This is accomplished through clear communication that avoids implying blame but instead reinforces that our only priority is their safety.

### In Collegiate EMS

As collegiate EMS providers, we find ourselves in the extremely rare position of belonging to the same close-knit community as our patients. It is not unusual to treat a friend or acquaintance. We have the rare opportunity to already know our patients' baseline and, for closer friends, what they would benefit from the most.

On-campus EMS provides a unique patient care experience as we are fortunate to maintain a strong institutional knowledge of the campus, students, social happenings, and school policies, procedures, and resources. As fellow students, we can empathize with our patients, as we too have experienced and continue to experience the vulnerabilities they are facing during their emergency.

As collegiate providers, we also have the responsibility to advocate as a peer for our patients and to serve as a more trusted caregiver. As a friendly, familiar face, we can create an environment for our patients in which they are more comfortable communicating their needs. We can offer them information in context that is more accessible to them. In turn, we can better advocate for them, ensuring that they will receive quality care at the hospital.

Responding as part of a campus service also means we are often extremely geographically close to the call, meaning that we can make patient contact with little downtime between the start of their emergency.

Perhaps the greatest advantage to collegiate EMS services is our familiarity with the resources offered by the college or university, in both the short-term, immediate resources available to respond to the scene, and the long-term resources involved in creating a plan for the patient in and out of the hospital. These are resources that a non-campus service may not be familiar with or know how to utilize. From personal experience and institutional knowledge, campus EMTs can access resources like campus safety officers, residential life coordinators, on-call mental health counselors, and student life deans. With access to this network, collegiate EMTs can expand their patient care plans to offer a larger array of options, including referring patients to on-campus clinics, school mental health resources, and other specialty support systems of which they may be unaware. This is not to say that definitive care is not the end goal for all patients, but rather that the best care for the complaints of college students may not come from an emergency room bed.

To best understand the population we are serving, demographic-specific continuing education should be encouraged. Psychology and sociology 101 classes are commonly offered every semester and are great steppingstones into understanding the development of the population that surrounds us. EMS-specific continuing education courses are also offered in topics such as trauma-informed care. Classes like 'Psychological Trauma in EMS Patients' educate providers on "the resources they need to help alleviate patients' hidden wounds" such as stress, fear, and anxiety.<sup>6</sup> Collegiate services should regularly train in identifying special populations and their proper treatment plans in both continuing education lectures and scenario-based training. Scenario-based training on patient communication and bedside manner is as crucial in creating compassionate collegiate EMTs as the proficiency of our technical skills. Even simply learning about social happenings at the lunch table can contribute to our understanding of campus life and how to better communicate and care for our student body.

### In Conclusion

To best provide high-quality care to college students, it is crucial that we begin to recognize them as a special population. Their distance from their support systems, high-risk exposures, and lack of healthcare planning create a unique set of challenges in their care that require special considerations. As collegiate providers, we have the unique opportunity to stand in our patients' shoes and understand their vulnerabilities firsthand.

With this understanding, we are able to respond with empathy and situational context. By formally acknowledging college students as a special population, we can build care plans that reflect their realities and needs and, in turn, provide informed and compassionate care to our patients.

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