



Letter from the Editors: Revolutionaries for first aid education

The International Journal of First Aid Education (IJFAE) emerges from many international and stimulating conversations at several conferences, leading to fresh thinking about first aid education and its role in health care. The 2010 and 2015 ILCOR consensus on science and treatment recommendations for first aid and resuscitation, which many of us contributed to, provided a refreshed platform for considering first aid education (Markenson D, Chameides L, Cassan P, Chung K-L, Epstein J, Gonzales L, Herrington RA, Pellegrino JL, Ratcliff N, Singer A, 2010; Singletary et al., 2015). Following the 2015 revision, we scrutinized the evidence used for evidence of how to transform clinical recommendations into common behavior of those who would learn first aid. Again and again, the evidence identified and used in the guidelines process places the clinical foundation at the heart of the intervention, rather than the learner, who's preparing for the time when they need to intervene. Attention to learning and practice continues to be topsy-turvy - clinicians setting curricula and methods (efficiency) rather than learners identifying what is relevant to their lives and how they will learn best (effectiveness). We also found more and more educators, curriculum designers, and organizations desiring more focus on the evidence for quality education: 'proof' that learning can be effective and efficient and improve health outcomes. Stymied by the current system of grading evidence and focus on the clinical outcomes, it's time for a revolution.

'Revolution' definitely conjures an overthrow of the current system of first aid education. Politically the *IJFAE* aims to strike at the inertia that evidence based medicine has created over the last couple of decades. The limitation of local first aid educational studies, produced by practitioners, or large studies with multiple confounders produced in public health, needs to be re-valued and embraced for greater understanding by researchers and first aid educators. 'Revolution' also means a single trip around the greater cycle of learning, and we invite you, the readers, to think of yourselves as potential contributors to revolving the quality evidence-based guidelines to actual practice, locally and globally. Through the *IJFAE* we can value the input of individuals and populations to better understand the need for first aid and then ask better research questions from clinical and educational perspectives.

The journal's inaugural editorial 'A call for revolution in first aid education' lays out the challenge of heightening a normative or human nature reaction for taking care of each other with an understanding of the phenomenological realities of individuals or specific populations. When people remain bystanders, do not draw on their helping instinct, or are fearful of their lack of skills, the burden of injury and sudden illness increases.

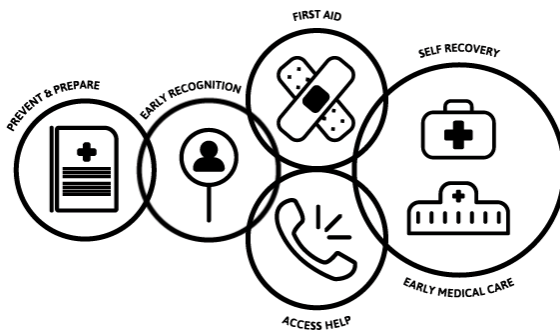
In reality, the burden of injury and sudden illness does not exist equally across all populations, especially those with lower social or economic or even environmentally poor communities, where there may be inadequate water supply or lack of adequate health care services (Peden, McGee, Krug, & World Health Organization. Injuries and Violence Prevention Department., 2002). First aid education makes a larger difference in communities with high prevalence of illness and injury. For example, industrial burns in India were addressed by first aid education, leading to lower rates and severity (Sunder & Bharat, 1998). We, the *IJFAE* editorial board invite you to experience first aid education as a fundamental part of community based health, not only because it is logical but also necessary in every community.

To help start the conversation, three people were asked to respond to the editorial. The published letters come from public health, academic education, and medical perspectives and represent input from three continents. We appreciate the time and thoughtfulness of these responses and anticipate more dialogue around the concepts.

As education works to impact both individual and community behaviors, it is the policies and practices of the community that impact first aid education. Recognizing, understanding and using resources in the community makes first aid education multi-dimensional, necessitating interprofessional conversation, sharing of outcomes, and ideas to power the revolution at the community level. As revolutionaries we propose that the bulk of the world's emergency care needs could be addressed radically and immediately by a strategy designed to enhance the capacity and empower everyday people (aka potential bystanders), who can access Emergency Medical Systems when needed and act safer everyday.

The Utstein Formula for Survival (Søreide et al., 2013) remains one side of the proverbial coin, but the the Chain of Survival Behaviors (International Federation of Red Cross Red Crescent Societies, 2016, p. 25) is the flip side. It shifts the focus of first aid from ourselves and our measurements to the learner and community. The five domains provide a working model for the *IJFAE* to frame, communicate, and understand various connected elements of learners to first aid behaviors. The chain also promotes and prompts interprofessional collaboration, as each domain emanates from different professional backgrounds.

Figure 1: Chain of Survival Behaviors



We invite you to participate in the *IJFAE*, as a place for you to engage by bringing your experiences to the scholarly table, to learn from others, and sharpen other's learning. We urge you to contribute and use the journal to discuss and debate these ideas, and, importantly, to report back in meaningful ways with your experiences, and not to be intimidated by the current system.

Jeffrey L. Pellegrino, Emily Oliver, Don Marentette, and the Editorial Board of the *IJFAE*.

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