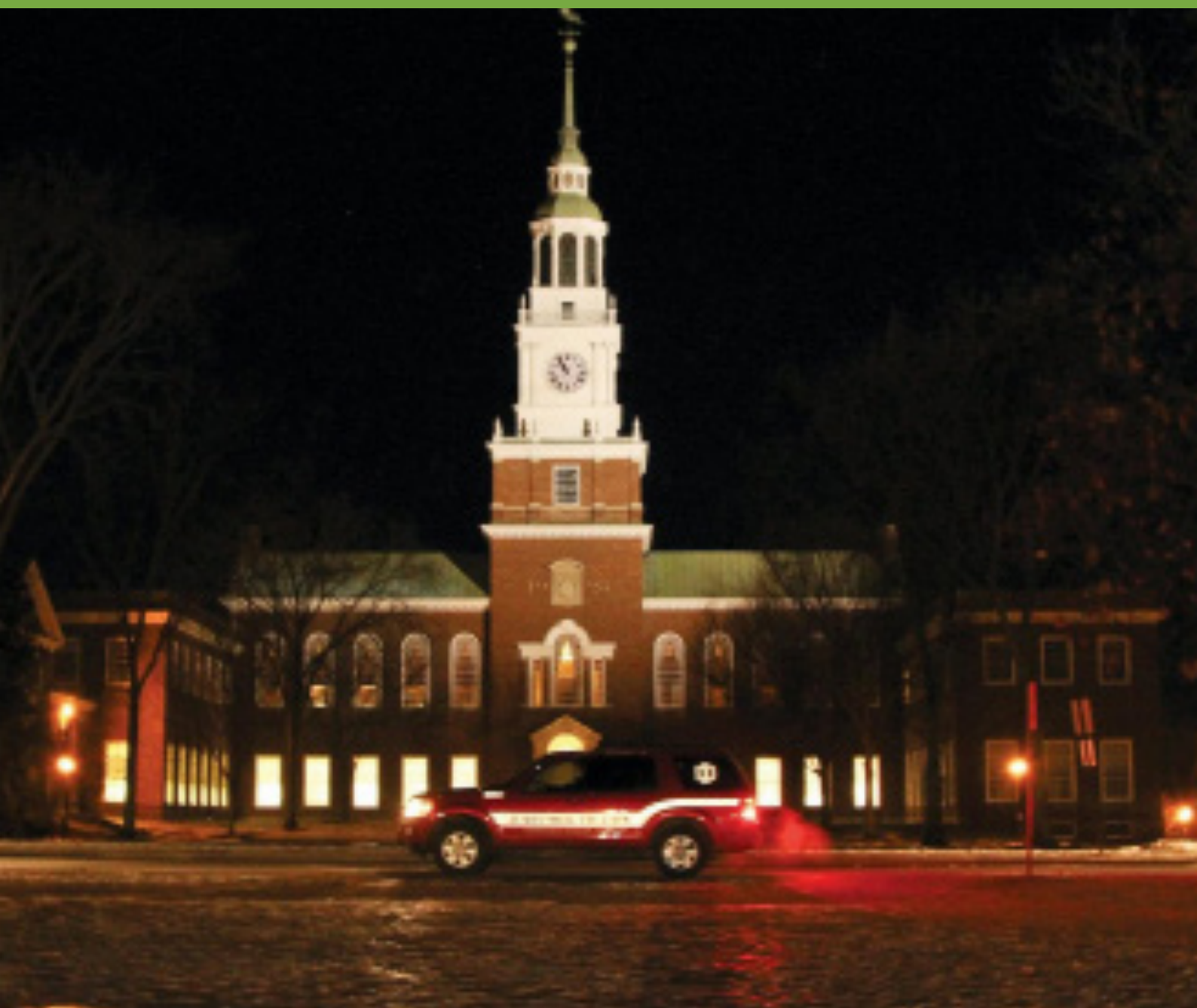


JUNE 2020

Dartmouth

Emergency Medical Services

2020 Newsletter



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Letter from the Directors

Dear Dartmouth EMS Alumni and Dartmouth Community Members,

We hope this newsletter finds you in good health and socially-distanced! Please allow us to introduce ourselves: we are Brittany Cleary, Edmund Northup, and Mikayla Hubner, the 2020-21 Dartmouth EMS Directors. Though D-EMS members are scattered across the country and the world, our organization is adjusting to this new normal and using it as an opportunity for growth.

This year has been significant for Dartmouth EMS. We welcomed an accomplished new-member class composed of '22s and '23s excited to serve the Dartmouth community as emergency care providers. Throughout the spring and fall of 2019 and the winter of 2020, our organization has seen some staggering numbers in terms of our involvement in keeping Dartmouth safe. Not only have we **issued 746 CPR and First Aid Certifications** to members of our community, we also **responded to 105 calls** during our **1016 hours of campus coverage** and **101 hours of standby coverage**.

To enhance our CPR courses, we introduced “smart” CPR mannequins, which display a green light when a student delivers chest compressions at the correct rate, and a choking simulator vest for students to practice abdominal thrusts. We redecorated the office and hangout room, complete with new furniture and fun posters. Finally, we are in the process of purchasing a new vehicle, so that when we return to campus we'll maintain our three minute response time.

Though our operations have been put on hold due to the COVID-19 pandemic, we are taking every opportunity to hone our medical skills and foster intra-organizational camaraderie. We plan virtual training events to help members prepare for their NREMT certification exams, and hold virtual social events as opportunities to stay connected with one another.

Whether you are a D-EMS alum interested in rekindling your connection with D-EMS, or a current Dartmouth student looking to join our community - feel free to reach out to us at Dartmouth.EMS@dartmouth.edu and follow us on instagram [@dartmouth.ems](https://www.instagram.com/dartmouth.ems). Lastly, please share this newsletter with any alums you think might enjoy it. We compiled a list of you all from word of mouth and would love to reach as many people as possible. If you were not included in the original email, please reach out to the above address so we can add you. We're excited to hear from you!

Best Wishes,

Brittany Cleary (Executive Director)
Edmund Northup (Director of Operations)
Mikayla Hubner (Director of Training)

Alumni Spotlight

Jeff Spielberg,
Dartmouth '10
Thayer '11

Tell us about yourself!

I'm a Dartmouth '10, Thayer '11. Incidentally, in high school my family moved to Hanover and I absolutely wanted to get out of town, but ended up going to Dartmouth. In my senior year of high school, I was lucky to take the Hanover EMT class, and I was the one high school student with a bunch of Dartmouth students in the class. When I was at Dartmouth, D-EMS existed as an organization but had very little going on at the time. I had an incredible time growing, building, and fighting for D-EMS as a student, and since graduation have been in very close touch with many of my friends from D-EMS. I am actually now in business with Ryan Speers, who was the director of D-EMS the year after me. We started a company called River Loop Security and we work for big companies helping them to secure their technology from cyberattacks.

What were your roles in D-EMS?

When I joined my freshman fall in 2006, there was an organization, but the extent of the work done by D-EMS was standby coverage

at the hockey games. At the time, D-EMS was also a club sport and ran out of the athletics department. There were talks about alcohol abuse and issues, and encouragement for students to make Good-Sam calls, etc. I was pretty adamant as an incoming freshman thinking I could fix the world, and wondered: why doesn't D-EMS respond to emergency calls on the Dartmouth campus? Everyone I talked to gave me a thousand reasons why that didn't happen. Even so, we started to form a plan to get people on board, thinking that if could get students to help out with Good-Sam calls, maybe there would be more willingness to call. So that was a lot of my freshman year, trying to scope out whether people thought this was a good idea, and trying to promote it. I was the Equipment Officer my sophomore year, Assistant Director my junior year, and Director my senior year. In the fall of my sophomore year we started the "campus response program," which had a structure similar to shifts today: three care providers on at a time, dispatched by safety and security. There weren't radios at the time, only a phone in the office set to forward to the primary's cell phone, which was always fun because cell phones didn't work well in Hanover. We had a bag of gear but no vehicle, and we just started doing it. Through a lot of successes and things that didn't go as well, we were able to establish the ongoing program, which we see today has clearly grown and flourished with many years of student leaders.

What were your favorite memories working with D-EMS?

I'll split things into three categories: First, the friends that I made. I was on a Zoom hangout this past weekend with a bunch of D-EMS friends who graduated between 2010 and 2013. So having that group of friends who are not just cool to hang out with, but also people who I've been in situations with, and know that I can rely on under any



circumstances. They are really valuable people to know and stay connected to. Second, the instances where we felt we made a difference on campus. I can easily think of a couple of instances where we made it to the scene three minutes before an ambulance, for a code or something, where time really made a difference. All the people who volunteered really made an impact. Third, just the hilarious and wacky calls that happen on a college campus, usually involving some sort of costume that you just have to laugh about. Those are the things that stand out to me as important. I might also add that we found it really rewarding to build relationships with folks from the Hanover Fire Department, Safety and Security, with the Dean's Office, and Dick's House. For me in my life now, some of the most important stuff in the business world is figuring out how to bring together people from different perspectives, get on the same page, and get things accomplished together.

Over the past few years, what have you been up to? How has things changed recently in light of the COVID-19 epidemic?

I spent two years in Hanover working for a start-up that spun off from the Geisel School of Medicine, and after graduation I spent about 6 years working in Boston at a company called Athenahealth, where I brought together my experience in healthcare and technology skills, to build products for critical access and help rural hospitals run more efficiently. I led the product development areas for the surgery and emergency departments, which were fun ways to continue digging into the specifics of healthcare and revenues. I learned a ton from that experience. In 2018, I did a one year MBA at NYU Stern in New York City. I finished that in 2019 and then focused full-time on the business I started with Ryan - the other D-EMS alum - and have been doing that since. The last few months have been wacky for everyone, and things are disrupted. I am lucky to have a place in New Hampshire that I used to get out of Boston for some of the worst times of COVID, and I started volunteering for Linwood Ambulance in Lincoln New

“D-EMS was really important to me and I saw how important it was
<https://news.dartmouth.edu>.”

Hampshire around March, which is a really wonderful organization. It's lucky to be well-funded, and a really wonderful group of people. Their chief is a very experienced and well-known in the New England EMS world, so I've learned a lot from the staff there and am glad to be getting back to EMS after being inactive for a few years. Most of the calls are still falls, hiker accidents, etc.

How have your life experiences post-graduation impacted your views on D-EMS as an organization?

D-EMS was really important to me and I saw how important it was to the community. In terms of things I've learned that are useful for day-to-day life, my experience with D-EMS has proven pretty useful. Outside of EMS or medical related things, I learned how to develop skills, build consensus among disparate parties, etc. I'm a huge advocate of collegiate EMS, because of what such an experience can teach students, the fun that they have with it, the relationship they build with it, and the positive impact it can have on a college campus. I hope that it continues to grow.

Alumni Spotlight

Tim Burdick
Dartmouth '89
Geisel '02



Tell us about your connection to Dartmouth EMS!

I graduated from Dartmouth in 1989 and D-EMS actually wasn't officially started until after my graduation. I was one of two people who wrote the original proposal for D-EMS in the 1980s. We were a couple of Ski Patrollers and interested in figuring out how we could do some more EMS type of activities outside of Ski Patrol, and so we came up with this idea of creating a first response team on campus. We wrote a proposal and the first draft was not approved, but subsequent versions did get adopted, and that became D-EMS.

What have you been up to this past year?

So, I am spending about half of my time working as a family physician in the Dartmouth Hitchcock system. And then I spend the other half of my time doing medical research on a variety of different topics. One of the research projects I'm working on looks at patients who have seen their primary care provider and have had a screening test, let's say for colon cancer.

If that screening test comes back positive, suggesting that they might have cancer, they're supposed to have an additional follow-up test, often with a surgeon. But sometimes, those patients fall through the cracks and don't get seen for their next procedure and then potential cancer treatment. So we're designing some tools in the electronic health record and ways to figure out who these patients are, those who had a screening test that suggests they might have cancer but have not yet had their follow-up. And so then we would have a person in the clinic give them a call or send them a message and say: "Hey, we're worried that you haven't had the right follow up done. Let's make sure that gets done." There's been a lot of work in the US healthcare system about getting these initial screening tests done. But then when patients fall off the radar sometimes, not much happens. We're trying to close that gap.

Can you share about your experience being deployed with the federal medical team in New York in response to the COVID-19 pandemic?

I'm on a DMAT, Disaster Medical Assistance Team. There's many DMAT teams across the country. These are physicians, nurses, paramedics, respiratory therapists, and pharmacists who have day jobs all over the country. But then we also have signed up as intermittent employees with the federal government. And so if there's a disaster response, we get called up by the federal government and get deployed, often to hurricanes or other disasters, usually for a 14 day period. I did a deployment a couple of years ago in Key West, Florida. After Hurricane Irma we built a portable hospital and treated people there.

On this particular deployment in New York City, I was there for stand-by first aid. There was a facility in New York that I was working at that had about 400 other first responders working there 24 hours a day. We had people from medical teams from across the country: the National Guard, New York City Fire Department, and a couple of other organizations. And they would be working and, you know, they could get injured. They could strain their shoulder or hurt their back or they'd get a laceration on their finger or something like that. And they would need medical support. We had a tent set up and people would come in and get first aid. We would also do daily temperature checks at the beginning of every shift. Every one of these volunteers would come in at the beginning of their shift and we would do a forehead temperature scan to make sure they didn't have a fever, and that they were still healthy. Then we also did an emotional welfare check on them, because this was a critical situation and after working day after day under difficult circumstances, the stress levels got pretty high. We would give them candy and they'd sit down, and we just talked to them for a little bit and see how they were feeling, and just let them offload some of the stress.

None of the patients that we took care of were COVID patients - we were there to support the rest of the team, kind of like a team physician or an athletic trainer. We use the term "force protection." We were there to help protect the rest of the people

"D-EMS provides training and grounding that builds your sense of community service and belonging."

on the team so that they could do their job effectively. We did a little bit of preventative stuff. We noticed after about a week that we were getting a lot of hand injuries from people wearing tight nitrile medical gloves. We would keep a log of what type of injuries, and then after a while, we started noticing these patterns, kind of like a little epidemiology study. By noticing the trend over time, we were able to go back to the Operations Chief and say: "Hey, I think we need some heavier gloves. People can put on over their nitrile and try to prevent more hand injuries from happening."

Can you tell us about the temporary hospital you helped build inside the Dartmouth alumni gym?

So in many communities around the United States, there was a concern that the hospitals were going to have a big surge in number of patients. Hospitals wanted to keep hospital beds for really sick patients, who needed frequent contact with physicians, and then take to another location patients who were mostly recovered, but still needed some oxygen or IV antibiotics. Those patients that weren't ready to go home yet, but didn't need the level of care at a hospital. And so many communities created these

alternate care sites (ACS). In New York City, a famous one was the Javits Convention Center, where they put like 1000 hospital beds. For us, the Upper Valley community came together and created a task force to try to figure out what bed capacity would be needed. They partnered with Dartmouth Hitchcock Medical Center (DHMC) for medical expertise, and with Dartmouth College for the physical facility. It was sort of a unified command system. I was overseeing the medical response. It was interesting. I never thought in any of my wildest dreams that I would ever be setting up a hospital in the West gym on campus.

What sorts of changes did you have to reconcile, considering that the Alumni Gym is a much different space than DHMC?

One of the biggest changes certainly was that most hospitals now have one patient per room, or sometimes two patients in a room. But, there would have been a lot of people in the gym. Fortunately, the West gym has some curtains, so you can divide it like into two basketball courts. And then we were able to put up a couple of other little curtains. But really you're looking at having 80 people lying on cots all in one big space. Not very much privacy at all. So we would put patients there that were pretty stable and wouldn't need a lot of medical care, that we thought would only be there for two or three days before they would recover enough to go home. It would be a really difficult place for somebody to be in for four, five, or six days, given the physical layout.

The other big difference is that you don't have access to an x-ray machine laboratory, pharmacy, and all of the other equipment that you would see in a hospital. We were able to bring in a limited amount of oxygen - enough to deliver about four liters per minute by nasal cannula to about 50 patients. We also had a plan to put large oxygen tanks outside the building, to provide oxygen to a few more patients, and also just as backup.

So that was the basic layout and we would have one or two physicians overseeing the whole thing. Most of the medical care would

be delivered by community volunteer nurses, paramedics, and EMT basics, who would take vital signs on all the patients every eight hours. Then if the team had a problem they could talk to the nurse, and if the nurse had a concern about a patient they could take it to the physician.

After working on the COVID-19 response, both in New York City and Hanover, how has this experience changed or reinforced any beliefs you had regarding the importance of student organizations (like D-EMS)?

Particularly the alternative care site that we set up in the Upper Valley completely shows the important role of a large group of people in the community who are trained in medical skills. It's critical to have a group of people that can respond to a medical crisis, whether a mass casualty accident on a highway or a pandemic; that are trained and comfortable responding to those types of situations; and that you can reach out quickly and say, "Hey, we need 15 or 20 people for the next two days who can take vital signs and listen to lung sounds and talk to people and provide oxygen and do that type of care." I think D-EMS does a service to the Upper Valley and Dartmouth College communities, both by being that resource on the day-to-day shifts, but also by being part of the College and the region's emergency response plan for larger events. D-EMS students are also providing that resource to the off-campus community, particularly right now that we're spread all over the world.

Is there anything that you'd like to say to current D-EMS members?

Whether you go on to do medicine or become an English teacher or work in business, it doesn't really matter. D-EMS provides training and a grounding that builds your sense of community service and belonging, in a way that will provide rewards that you never really intended and aren't necessarily even connected to the medicine itself but it will create lifelong opportunities for you to be part of the community.

Standby Spotlight



Right Botton - Seysha Mehta
Hometown: Cleveland, OH
Class: Junior (2021)
Rank: EMT-certified Tertiary

Right Top - Colby Conner
Hometown: Olathe, Kansas
Class: Senior (2020)
Rank: Secondary

Tell us about yourself

Seysha: My name is Seysha Mehta. I am from Cleveland, Ohio. I am a biology and psychology double major, and a spanish minor. Besides Dartmouth EMS, I am also an RWIT tutor, DREAM mentor and I also do some research in a neurobiology lab. In my free time, I also play soccer and like to play music such as piano and guitar.

Colby: My name is Colby Conner. I am originally from California but live in Kansas now. I am majoring in anthropology modified with neuroscience with a minor in Biology. Outside of D-EMS, I am involved

in Student Assembly, Class of 2020 Council, Nathan Smith Society, and Dartmouth Cancer Scholars. In the past, I have also been involved with Camp Kesem. In my free time, I play tennis on campus as well as play some music.

Tell me about your background. How has it influenced your interest in emergency medicine?

Seysha: I grew up in a medical household as both my parents are physicians. I always knew I wanted to do something with medicine. In high school, I was given the opportunity to get my wilderness first

responder certification through a program at school, so that was my first experience with emergency medicine. I loved it so much that when I came to Dartmouth and heard about Dartmouth EMS, I wanted to continue working in emergency medicine.

Colby: Being in D-EMS has exposed me to the patient-side of medicine rather than just shadowing a doctor with a patient. It has allowed me to listen, pay attention, and think of all the factors that may be affecting the state of the patient. I also think emergency medicine is one of the most interesting aspects of medicine since everything that happened is right before you as a first responder to the scene. It is important for the safety of the patient that we get all the information needed.

What's your favorite standby memory?

Seysha: Homecoming was super fun because we got to interact with the firefighters, see the bonfire get set up, and view [the bonfire] from beginning to end. Being on a standby served a dual purpose: it was great to be a part of tradition but also provide safety to community members. We ended up getting 2-3 calls, nothing too serious, but some of them were because ambers fell from fire and burnt some people so we had to treat them. It was just awesome to have various members of the Dartmouth community there, including students and alumni.

Colby: I was on Homecoming standby my junior fall. It was cool to see a lot of the new members of the class walking around and having fun. Being on standby for 3-4 hours, I also got to hang out with the primaries as well as some of the police officers. Another cool standby experience I had was during the Winter Carnival Polar Bear Plunge. We kept our eyes out to make sure no one was in danger, like that they were not shivering. I had a patient who we helped to put their clothes back on since they were too cold to really function. They were wet and exposed to the cold air so we helped them. I got to be part of people's experiences, had some nice chats, and took some pictures.



What would you like to accomplish in your last year in D-EMS?

Seysha: Finally getting my EMT license and becoming a secondary so I can be more hands-on during calls. I hope to contribute more towards shifts and move up the ranks and do more medical hands-on things during my senior year.

How would you say D-EMS has affected your college experience/life?

Seysha: One, it definitely confirmed that medicine is something I want to pursue. Second, it is an awesome community—everyone is so smart and capable. It offers an awesome environment that I am fortunate to be involved in. So D-EMS has impacted my life both on campus and influenced my decision on what I want to do after. I hope to take a gap year before I go to medical school during which I want to work as an EMT, also [a decision] influenced by D-EMS.

Colby: D-EMS has had a positive influence on my college experience. I am interested in biomedical sciences since I did a lot of cancer research in undergrad so I am currently deciding what programs to choose. After that I am interested in going to medical school. I hope to take a lot of the experiences that I have had on the patient side of EMS, and apply those to how I would treat future patients. Being able to communicate effectively and paying attention to enable better care is something that I will take away from D-EMS.

Student Spotlight

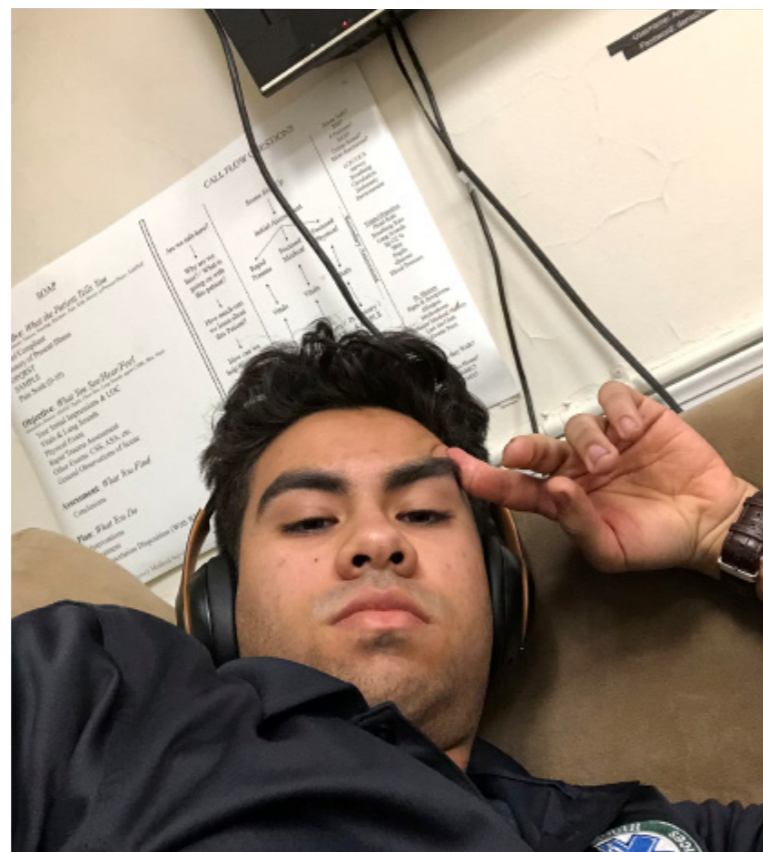
Roberto Rodriguez
Dartmouth '23

Tell us about yourself!

I'm from San Juan, Puerto Rico, and I'm planning on majoring in Biomedical Engineering with a minor in either neuroscience or anthropology. Beyond Dartmouth EMS, I teach Spanish drill, and I'm a part of the triathlon team. In my free time, I like to read books, hang out with my friends, or just browse Instagram on the internet.

Tell us about your background. How has it influenced your interest in emergency medicine?

In high school, I shadowed a doctor at a local hospital in PR. In PR, we have only one dedicated emergency trauma center, and the doctor I shadowed was actually the head of that center. While shadowing, I got to see a bunch of major traumatic injuries and other non-chronic conditions that you would have in the Emergency Room.



It was a completely new environment for me, and I thought that it was not only really interesting but also kind of fun. I loved the idea of being able to help these people when they may be experiencing their worst moments, and I hope to be able to do that as a part of D-EMS.

What are your aspirations for after school?

After college, I want to go to medical school and become a doctor. Further down the line, I think I want to start some sort of business,

“D-EMS has helped me appreciate how great it is to help people when they are at their worst.”

maybe in biotechnology. I also want to be able to use what I have learned and worked for to give back to my community in PR.

When did you first hear about Dartmouth EMS? Who has been one of the most significant D-EMS members (current or alum) in shaping either your D-EMS and/or college experience? Tell me a story.

I don't exactly remember when I first heard about Dartmouth EMS; I think it may have been during orientation week. Eitherway, once I heard about D-EMS, I knew that it was something I had to do. I would say the most important members of D-EMS for my undergrad experience have been John Bute and Kyle Rosen, both of whom are seniors. John Bute is my pre-health advisor and he's always been there to give me advice, whether I have an annoying question about D-EMS or my pre health track or anything about Dartmouth. Kyle was the primary on my second ever shift. He was always nice, and he would talk to me about his interests, including anthropology. He is one of the reasons that I'm considering minoring in anthropology right now. I look up to both of these people as my mentors, and I'll miss them next year.

Favorite EMT equipment item and why?

The AED. I spent a lot of time throughout the winter term around them because I was an AED checker. I like how they give instructions about operation and are so simple to use for such a powerful life saving device.

Do you have any memorable/valuable shift experiences? Funniest joke/quote on shift?

When Kyle, Kelly, and I were on a shift. This was my first shift so I was a bit nervous. Later in the night, we went to the Hop late night and were eating some chicken quesadillas. The good stuff. We got a call and had to rush out, and as a result, I accidentally spilled some sauce on the car seats. I got super worried that it was going to stain the car and that they would be really mad at me, but later I realized that the sauce wouldn't stain the seats, so I dodged a bullet there and just

quickly cleaned it up.

Has there been a personal moment in medicine where you felt proud of yourself or someone else for a life-changing action? What happened?

So, I was having dinner one night in my house with my family around 2 or 3 years ago. It was during the holidays, so my sister (who was in college) and my grandparents were all there. Suddenly, my grandpa started choking badly on some meat that we were eating. My dad tried to perform abdominal thrusts, but it didn't work. We were all freaking out. Then my mom did some abdominal thrusts. My grandpa actually lost consciousness and fell on the floor, but my mom was able to stick her hand into his mouth and took out the piece of meat. Then she began doing CPR. My grandpa regained consciousness and we took him to the hospital. He ended up being fine. That was such a wild and hectic moment and it just reminded me how cool my mom is.

What is the quirkiest thing about D-EMS?

I think the social committee is pretty quirky in the way that we organize social events. Like over the spring, even with everything that's going on, we still tried to have social events over Zoom. It was nice to be able to see other people and catch up.

If you were in charge of sound for a 'We are D-EMS' motivational/introduction video, what theme song would you play and why?

Slide by Frank Ocean. I feel like it fits with the D-EMS vibe and it's a hype song.

How would you say D-EMS has affected your college experience/life?

D-EMS has helped me appreciate how great it is to help people when they are at their worst. It has given me a community where I feel welcome, and I've met so many cool people.



Training Spotlight

A huge component of EMS is maintaining everything that we have learned in the field as EMTs and undergraduate healthcare providers. We do this through a training series that runs through the course of the term; each training usually fills the auditorium and is celebrated afterwards with dinner and socializing with fellow EMS members. We cover everything from mass casualty incidents to psychological emergencies, usually beginning with a lecture and then running mock calls. Here we sat down with Seysha Mehtha '21, Bradley Fox '21, Nik Morgan '23, Jacob Zarkower '22, and Kyle Rosen '20, members of the Dartmouth EMS executive board who have had the experience of not only attending these trainings, but on occasion, also planning and leading them.

Question: What is your favorite training memory?

Seysha: One of my favorite memories at training was when we divided into groups and practiced manual methods such as pulling mechanical traction, etc. It was great to have a hands on experience to refresh our knowledge and have the ability to work in smaller groups to also bond. Some of the stations were even timed, and we practiced to get each skill done as fast as we could while being safe!

Bradley: At my very first call during my very

first training of Freshman Fall, I volunteered as Primary for what was dispatched to be a "surprise." Then I turned into the room and BOOM - I had to treat a pregnant Katie Toal in labor. All of a sudden, I really didn't know what I was doing. But D-EMS leadership - as they always have - helped me through the call, and made treatment seem not only challenging, but fun. I cannot thank D-EMS enough for contributing so maximally to the experiences of its members and for inspiring me to get more involved. Huge shoutout to a few (of the many, many, many) '20s in D-EMS who I am so grateful for having the pleasure of serving with: Cam, Colby, Kensey, Maya, Mike, Mustafa, Namrata, and of course the amazing Kyle Rosen!

Nik: I think my favorite training memory is the training we did in the fall on neurological emergencies. We were doing an emergency where a student fell out of a tree and we tried to make it as realistic as possible so we had the scenario near BEMA and used makeup for bruising and I got to play the distraught friend to try and add more realism to the situation. Not only was it fun but was very immersive and helpful to our EMTs!

Jacob: The trauma training, from this past winter, was one of my favorites. Members were welcomed with country music blaring from my speaker and left having practiced immobilizing an ankle sprain and having performed a spinal assessment. I enjoyed working with members on mock calls that facilitated the skills they had practiced. All in all, this training was both enjoyable and informative!

Kyle: One of the coolest training opportunities we had this term was being able to have two D-EMS alumni (Robert Cousins '09 and Nick Valentini '13) join us to talk about their experiences from the perspective of ALS and the ED!



Student Spotlight

Bradley Fox
Dartmouth '21

Tell us about yourself!

I am a math and biology double major from Danbury, CT. When I'm not in class or on shift, I like to run; I co-captained the Dartmouth running team last year, and I'm hoping to run a marathon before the fall.

How did you become interested in emergency medicine?

I first got involved with emergency medicine through D-EMS, and I quickly increased my involvement by taking an EMT class my freshman winter. I joined D-EMS with two very broad goals in mind. My first goal was to learn new things and increase my knowledge of emergency medicine to see if emergency medicine, and medicine in general, was something I was interested in. My second goal was to help other people and contribute my time and my effort to a meaningful and purposeful organization on campus. I think that I have



Right - Bradley Fox
Left - Colby Conner

achieved both those things in the past three years, and I hope to continue to achieve those things in my senior year, especially now that I am a TPS. So I didn't have a background in emergency medicine before Dartmouth, but I'm very glad that I now do through D-EMS.

What prompted you to join D-EMS?

My first interaction with D-EMS was at Leverone field house during the club fair that's held there. I took a general interest, and after attending some of the pre-application events I became excited to apply. One notable event was a training held at the BEMA. I had the fortune of practicing as a primary, having absolutely no EMT experience. The most experience I had was my First Aid Merit Badge

“The most memorable moments as a healthcare provider come when I've developed a strong relationship with the patient during a call.”

from Boy Scouts, and I came in and I tried to be a primary during this call—I think it was a femur fracture as part of a multi system trauma—I had no idea what I was doing, and I realized that being an EMT is very challenging and interesting and I wanted these types of experiences. Being an EMT is very meaningful and purposeful, and I'm so happy to be practicing next year with both D-EMS and Upper Valley Ambulance.

What are some of your most memorable experiences in D-EMS?

One really good story involves CPR instruction. I've taught CPR and First Aid classes for D-EMS since my freshman spring, and I must have taught hundreds of students at this point. Right now I can say that I could teach a class in my sleep, even without having taught a class in a few months. But my freshman spring I was not very confident and very careful in how I approached a class. I was assigned to teach a class with Lexi Crosswait, one of the '19's, during my freshman spring. Lexi asked if I wanted to lead the class, and I was comfortable doing it but I was still not yet confident in my abilities. The class went absolutely horribly for me, as a teacher. I clearly didn't know the material or how to teach the material. A lot of the students gave bad reviews, which is not something that people do normally. What struck me as really impactful was that, not only was Lexi very careful to point out very specific things that I was doing that I needed to improve on, but she was very welcoming despite me having made so many mistakes. She made it very clear the ways that I could improve how I teach, and she made it clear that she wanted me to continue teaching, to not give up, and to become a better teacher. After that, it was the end of freshman spring, and I spent a lot of time my freshman summer reviewing the content and how to teach the content. I came in my sophomore fall and taught dozens of classes, and I became more and more confident with each class. I soon became the Director of Training and taught other instructors [how to teach First Aid and CPR], including the legendary Esme who now so greatly leads the program. Overall, I'm very happy to have had someone

who really believed in me and gave me direction despite initial shortcomings.

If you were in charge of sound for a “We are D-EMS” motivational intro video, what theme song would you choose and why?

There are two songs that come to mind. The first one is “Collide,” by Howie Day. You're not going to think of this song as a D-EMS song, but trust me. So the D-EMS car has this CD that's been there since the 2000s. Joe Minichiello's great-predecessors were the ones to put this thing into the D-EMS car, which to be honest I'm not exactly sure how it came to be but I am glad it did. Track number 14 on the CD is this really cool remix of 2000s songs, one of which—and the one that stands out—is “Collide.” So, whenever I think of D-EMS and music in the same thought, that song always comes to mind because it is my favorite song from the playlist. I've played it so many times on the way to training and CPR classes. Now lyrically and rhythmically, a song that comes to mind that is completely unrelated to EMS, would be “Born to Run” by Bruce Springsteen. That one fits the cake in terms of being very lyrically and rhythmically accurate to what we do.

What was a moment in which you truly felt that value of being a care provider?

The most memorable moments as a healthcare provider come when I've developed a strong relationship with the patient during a call. One that really stands out in particular was a patient who did not trust us as providers. But through a very long conversation, actually, they came to respect and appreciate what we do. That was a time where I felt like the work I was doing really did come with benefits, and relationships that I was building with patients were going to make a lasting impact on their life and experience at Dartmouth.

Calling D-EMS Alumni!

We all join D-EMS to support the Dartmouth community, and along the way we learn more about our academic and professional trajectories. Having mentors to help guide undergraduates is a pivotal component of future success.

Please consider reaching out to us at **Dartmouth.EMS@dartmouth.edu** if you are interested in joining our informal Alumni Mentorship Network. We would love to hear from you, where you are today, and how EMS influenced your path!



Join us!

The success of Dartmouth EMS is entirely due to dedicated members who are passionate about the safety of the Dartmouth community. Every fall, we welcome a new class of members - made up mostly of enthusiastic freshmen and sophomores. Recruiting

begins at the start of every academic year and is composed of informational meetings, an application, and an interview. We highly encourage those interested to contact us at Dartmouth. EMS@dartmouth.edu or look for our emails in September!