

JDEI in EMS Project Report

Introduction

Emergency Medical Services (EMS) operates at the critical intersection of healthcare and emergency response, often serving as the first point of contact for patients experiencing medical crises. Given the high-stakes nature of EMS work, it is imperative that providers deliver equitable, culturally competent care that accounts for the diverse needs of the populations they serve. However, systemic inequities continue to shape healthcare outcomes, with marginalized communities experiencing disparities in access, treatment, and health outcomes. Addressing these issues requires an intentional, evidence-based approach to justice, diversity, equity, and inclusion (JDEI) education within EMS training.

One framework that provides valuable insight into these disparities is Critical Whiteness Studies (CWS). CWS examines the ways in which whiteness is normalized in institutions, policies, and professional practices, often operating invisibly to reinforce racial hierarchies. In the context of EMS, whiteness influences provider assumptions, biases, and clinical decision-making, shaping how care is delivered to patients from historically marginalized backgrounds. Given that EMS is a predominantly white profession with a rigidly structured curriculum, JDEI-based education is often seen as ancillary rather than integral to professional training. However, research demonstrates that a lack of cultural competency and awareness of racialized healthcare disparities contributes to patient mistrust, lower quality of care, and ultimately, poorer health outcomes for communities of color.

This report outlines a JDEI initiative designed to address these challenges through an equity-focused educational intervention for EMS students. The intervention was structured around readings, videos, reflective exercises, and facilitated discussions to help students critically examine the role of whiteness in healthcare and develop strategies for more equitable patient interactions. By integrating CWS principles, the initiative sought to cultivate a deeper understanding of racial disparities in EMS, encourage self-reflection on implicit biases, and empower future providers to challenge systemic inequities in their practice.

The following sections of this report will detail the methodology of the intervention—describing the instructional materials, student activities, and assessment strategies used—followed by an analysis of the initiative's impact. Through this initiative, we aimed to bridge the gap between JDEI education and real-world EMS practice, fostering a more inclusive and socially responsive healthcare workforce.

Methods: Implementation of the DEI Initiative

To integrate Critical Whiteness Studies (CWS) and justice, diversity, equity, and inclusion (JDEI) education into EMS training, we developed a structured intervention that engaged students through a combination of readings, multimedia resources, reflective exercises, and guided discussions. The goal was to prompt critical self-examination, expand awareness of racialized healthcare disparities, and encourage students to develop more equitable approaches to patient care.

1. Educational Materials & Activities

The intervention was designed to be interactive and multimodal, ensuring students engaged with concepts in a variety of ways:

- Readings – Students explored foundational texts on whiteness in healthcare, implicit bias, and systemic disparities. Readings were selected to be accessible while challenging common assumptions about race and medical decision-making.
- Videos & Case Studies – Short documentary-style videos and real-world case studies illustrated how racial biases influence EMS interactions, providing concrete examples that contextualized theoretical concepts.
- Reflective Writing Exercises – Students completed guided reflection prompts before and after key activities, encouraging them to articulate their assumptions, challenge their perspectives, and consider strategies for improving patient interactions.
- Facilitated Discussions – Structured discussions allowed students to engage in peer dialogue about their experiences, biases, and takeaways from the materials. Discussions were intentionally framed to create a nonjudgmental learning space where students could critically examine their positionality within EMS.

2. Structure & Delivery

The initiative was embedded into an existing EMS training course and structured over multiple instructional phases to allow for ongoing reflection and reinforcement. The

phases followed a progressive learning model, beginning with foundational concepts and gradually incorporating more complex discussions of whiteness, bias, and healthcare equity.

- Phase 1: Foundations of Whiteness in Healthcare – Introduction to CWS, racial disparities in EMS, and implicit bias.
- Phase 2: Case Studies & Ethical Dilemmas – Application of concepts through real-world EMS scenarios.
- Phase 3: Strategies for Culturally Competent Care – Developing actionable approaches for equitable patient interactions.

Each phase incorporated opportunities for self-reflection, peer learning, and faculty facilitation, ensuring students actively engaged with the material rather than passively consuming information.

Phase:	Activity Order:	Resource:
Phase 1	Activity 1	Article: Defining Whiteness: Perspectives on Privilege
Phase 1	Activity 2	Video: Whiteness: WTF? White Privilege and the Invisible Race
Phase 2	Activity 3	Activity: JDEI EMS Case Studies
Phase 3	Activity 4	Chapter Reading: Higher Education and Whiteness
Phase 3	Activity 5	Article: Diversity, Equity, and Inclusion in the United States Emergency Medical Services Workforce: A Scoping Review
Phase 3	Activity 6	Article: The Equity, Diversity and Inclusion Tool Kit for Emergency Medicine

3. Student Assessment & Feedback

To gauge the impact of the initiative, we incorporated a combination of qualitative and quantitative assessments:

- Pre- and Post-Reflections – Students documented their perceptions of whiteness, bias, and patient care before and after the intervention.
- Thematic Analysis of Student Responses – Qualitative coding was used to identify shifts in awareness, attitudes, and confidence in applying EDI principles.
- Anonymous Feedback Surveys – Students provided insights on what aspects of the initiative were most impactful and areas for improvement.

Through this structured yet adaptable approach, we ensured that students not only engaged with JDEI concepts but also developed strategies for real-world application in their EMS practice.

Conclusion: Advancing JDEI in EMS Education

The implementation of this JDEI initiative demonstrated the importance of integrating Critical Whiteness Studies (CWS) and equity-focused education into EMS training. While EMS professionals operate in high-pressure environments where rapid decision-making is critical, the ability to recognize and address implicit biases remains essential for delivering equitable, patient-centered care.

Through readings, multimedia resources, reflective exercises, and structured discussions, students were encouraged to critically examine the role of whiteness in healthcare, challenge preconceived notions, and develop greater cultural awareness and empathy in their professional practice. The intervention provided a structured space for self-reflection and dialogue, allowing students to engage with complex topics in a way that was both accessible and applicable to their future roles as EMS providers.

While this initiative was not a one-time solution, it served as a meaningful step toward increasing awareness of systemic healthcare disparities and fostering a more inclusive mindset within EMS education. By incorporating these discussions early in training, we aim to better prepare future EMS professionals to engage with diverse patient populations, advocate for equitable healthcare practices, and contribute to a field that prioritizes justice and inclusion in emergency medical care.

Moving forward, continued development and expansion of JDEI-focused interventions will be necessary to ensure that EMS education remains responsive to the evolving needs of the communities it serves. This initiative underscores the value of intentional, equity-driven curriculum design and highlights the potential for EMS training programs to play a pivotal role in reducing disparities and improving patient outcomes through culturally competent care.