

Academy of Medical Educators

Lawrence G. Smith Fund for Innovation in Medical Education

Project title:

CP WISE: A Curriculum for Empathy, Emotional Intelligence, & Stigma Reduction in Substance Use Disorder Response (*WISE: Well-being, Intelligence, Stigma-free, Empathy*)

Primary Investigator:

Molly McCann-Pineo PhD MS CPI EMT-B

Affiliated Departments:

Emergency Medicine and Occupational Medicine, Epidemiology and Prevention

Sections that the grant focuses on:

CME, IPE

Contact information:

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516-563-3628

ABSTRACT

Problem/Educational Issue: Community Paramedicine (CPM) holds significant promise for people with substance use disorders (SUD) but faces critical knowledge gaps. Existing Emergency Medical Services education inadequately addresses behavioral health knowledge, crucial interpersonal communication skills, and empathy required for effectively engaging vulnerable populations with SUDs, contributing to clinician burnout and suboptimal patient care.

Goal: This project aims to address these deficiencies by first understanding the perspectives of both CP clinicians and individuals with lived SUD experience regarding CPM for SUD, and subsequently developing and implementing a novel educational curriculum designed to foster a more holistic and empathetic approach to SUD patient care among CPs.

Approach: Our approach involves two aims: Aim 1 will conduct qualitative interviews with CP clinicians and people with lived SUD experience to explore their attitudes, beliefs, training needs, and perceived barriers/facilitators. Based on these insights, Aim 2 will develop and implement a novel educational curriculum, emphasizing behavioral health knowledge, interpersonal communication skills, empathy, and emotional intelligence, and will evaluate its feasibility and acceptability.

Predicted Outcomes: We anticipate a comprehensive understanding of stakeholder perceptions regarding CPM for SUD, leading to an evidence-informed, practical, and acceptable educational curriculum. This will result in improved CP knowledge of behavioral health, enhanced interpersonal and communication skills, and greater adaptive empathy, potentially reducing stigma and improving clinician well-being.

Anticipated Impact: This research will lay essential groundwork for more effective CPM implementation for people with SUDs, significantly improving patient care and engagement. The findings and the curriculum will provide a replicable blueprint for system-wide educational interventions across EMS agencies nationally. Dissemination includes multiple peer-reviewed publications, presentations at national and regional conferences, policy briefs advocating for mandatory training standards, and securing additional grant funding for scaling and sustainability.

PROPOSAL NARRATIVE

Rationale & Statement of the Problem

Community Paramedicine (CPM) holds significant promise as an innovative care delivery model, particularly for populations with substance use disorders (SUD), a group often facing significant barriers to traditional healthcare. Despite this potential, a critical knowledge gap exists regarding stakeholder perspectives and adequate clinician preparation and education.

This study proposes to bridge these critical gaps by first elucidating the perspectives of both Community Paramedicine clinicians and people with lived substance use experience regarding CPM in the context of SUD. Concurrently, we aim to develop a novel educational curriculum specifically designed for CPs to foster a more holistic approach to SUD care, integrating essential behavioral health knowledge, and interpersonal and emotional intelligence skills.

Specifically, we aim to:

Aim 1: Conduct and qualitatively analyze in-depth individual interviews among Community Paramedics (n=10) and individuals with current or lived experience with substance use (n=10) to characterize experiences and perceptions of bias and stigma on both sides, and knowledge and attitudes towards CPM as a care delivery model.

H1: We hypothesize that the interviews will indicate high levels of SUD stigma and apprehension of CPM as a care delivery model.

Aim 2a: To develop a novel, comprehensive behavioral health and interpersonal communication curriculum for CP who treat patients who use drugs.

We will utilize the findings from Aim 1 to inform and develop a comprehensive educational curriculum that focuses on behavioral health clinical skills, in addition to interpersonal communication building, focusing on reducing stigma, increasing empathy, and increasing emotional intelligence. We plan to use the results of Aim 1 to inform the curriculum; however, if Aim 1 cannot be completed, Aim 2a can be completed independently using literature from frameworks on stigma, occupational stress, burnout/professional wellbeing and management. The curriculum will consist of didactic learning on the physiology of addiction, current evidence-based treatment options for SUDs, and health system specific programs. Interactive workshops with individuals who have lived experiences on Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Brief Negotiated Interviewing¹ will be used to enhance clinician communication skills. Field trips to one NWH's outpatient treatment facilities will also be integrated to promote empathy, reduce stigma, and generate unique opportunities for SUD patient engagement.

Aim 2b: To evaluate the CPM educational curriculum on overall changes in behavioral health knowledge and interpersonal communication metrics, including clinician stigma, empathy, and emotional intelligence.

Results will be evaluated among those receiving the education (n=25) versus those who did not (n=25) to provide a control. We will utilize validated measures in assessing clinician

stigma and bias toward substance use, clinician empathy, and emotional intelligence. Clinician stigma and bias will be evaluated using adapted versions of the Drug Use Stigmatization Scale (DUSS)², Medical Condition Regard Scale (MCRD)³, and Explicit Bias Survey (EBS)⁴. Empathy will be evaluated using the Toronto Empathy Questionnaire (TEQ)⁵. Clinician emotional intelligence will be assessed using the Brief Emotional Intelligence Scale (BEIS-10)⁶. We will also evaluate knowledge and retention of SUD pathophysiology and behavioral health treatments at two prospective time points among the intervention group only using pre-post testing.

H1: We hypothesize that CPs who receive the education will have increased knowledge and retention of SUDs and behavioral health interventions, reduced stigma, and improved empathy and emotional intelligence compared to CPs who did not receive the curriculum.

H2: We hypothesize that CPs will retain a high level of knowledge regarding behavioral health conditions and effective interpersonal communication strategies at months 1 and 3 post-intervention.

Background and Theoretical Framework

There are limited educational interventions for EMS clinicians, in general, around SUD. Much of the current training and skills acquired are limited to medical stabilization and acute care, rather than cultivating interpersonal skills to effectively engage vulnerable populations. Formal training in SUDs or how to effectively engage members of this population is not mandatory for CP certification.⁷ Integrating this as part of standardized education is critical if they are to provide effective and impactful care and showcase CPM as a sustainable healthcare modality for people who use drugs (PWUD). Engaging providers in developing interpersonal skills, such as empathy and emotional intelligence, goes beyond the limitations of just medical training for SUDs, and can ultimately improve their overall patient care. It has been reported that interventions aimed at improving mindfulness, emotional intelligence and self-awareness are successful in healthcare and emergency medicine working populations.⁸⁻¹⁰ While they have yet to be applied among prehospital clinicians, it is anticipated to have the same benefit given similarities in underlying theoretical frameworks.¹¹⁻¹⁵ The high stress, emotionally demanding prehospital work environment, often involving encounters with stigmatized patients, creates significant risk of burnout and poor patient care.¹¹⁻¹⁵ However, cultivating skills of emotional intelligence and adaptive empathy can aid clinicians in navigating job demands and patient stigma. This, in turn, leads to improved patient care outcomes and clinician wellbeing.¹¹⁻¹⁵

Significance/Impact:

We aim to elucidate community attitudes towards CP in the setting of SUD among PWUD as well as CP clinicians, thus laying the groundwork for more effective implementation of this promising care model. Further, we will develop a novel educational curriculum specifically tailored for CPs to cultivate a more holistic approach to their practice and thereby improve their overall SUD patient care. Findings from this study will provide justification to evaluate the educational intervention on a system wide implementation and may serve as a blueprint for other EMS agencies and CPM programs nationally.

Approach

We will conduct a mixed methodological study among CPs and PWUD to first elucidate perceptions and attitudes of CPM as a healthcare modality, and second, use the findings to inform a comprehensive behavioral health and interpersonal communication educational curriculum for CPs that will be piloted among our health system's CPM program. We will achieve this by conducting individual interviews with ten CPs and ten individuals with current or lived experience with SUD to gain understanding from both perspectives on the topic at hand. Interviews will be analyzed thematically using NVivo™ software. We will then use the insight gained to guide the development and implementation of a tailored curriculum among a subset of Northwell Health's (NWH) CPM program. The curriculum will include education and training on SUDs and current evidence-based treatments, mechanisms aimed at reducing clinician stigma, enhancing empathy, and emotional intelligence, as well as integrating first-hand interactions with those with lived SUD experiences.

Participants and Setting:

Individuals with lived experience will be recruited through an existing post-Emergency Department discharge peer advocacy program at NWH, PROJECT CONNECT. This program was designed in collaboration with a community-based organization to provide external navigation for patients struggling with substance use from Nassau and Suffolk counties in Long Island, NY. Patients are provided with support and assistance for 120 days following enrollment during and Emergency Department visit. Approximately 330 individuals are enrolled in PROJECT CONNECT across all 18 NWH EDs.

CPs will be recruited from NWH's Center for Emergency Medical Services (CEMS) CPM program to participate in Aim 1 and Aim 2. CEMS is the largest hospital-based ambulance service in the New York metropolitan area and is one of the largest in the United States. The CPM program is also one of the largest in the country, with over 70 trained CPs, responding to over 1200 calls annually. On average, there are 12 newly trained and certified CPs each year.

Potential barriers:

Participant recruitment may be a barrier due to the demanding schedules of EMS clinicians, and the historical difficulties in recruiting SUD populations. This could potentially lead to smaller sample sizes or incomplete data. However, we believe our compensation plan will result in high participation rates among both parties. Further, developing and implementing a novel curriculum is time and resource intensive. The PI has dedicated time to pursue her personal research program (50% FTE) and has access to a team of research coordinators and project managers to assist with this proposal's efforts.

Outcomes and Evaluation Plan

Impact on medical education, the learner and patient care:

This project impacts medical education in several profound ways, particularly within the realm of prehospital care and beyond. First, this educational curriculum addresses critical gaps in prehospital education by providing direct knowledge on the complex behavioral health needs of vulnerable populations. The shift from a purely medical stabilization

approach to one that emphasizes a holistic, person-centered understanding of patients with SUD represents a significant advancement in educational philosophy for prehospital providers. This aligns with broader medical education goals to move towards comprehensive patient care models. Second, medical education, historically, has sometimes deprioritized interpersonal skills, particularly in EMS. This project explicitly integrates and formalizes training in crucial areas like empathy, emotional intelligence, de-escalation techniques, and self-awareness. These are not merely "nice-to-haves" but essential competencies for effective patient care, especially with stigmatized populations, aligning with contemporary trends in broader medical education that emphasize professionalism and communication. Thirdly, by equipping clinicians with adaptive empathy and a deeper understanding of behavioral health, the curriculum directly targets the pervasive issue of stigma in healthcare. This educational intervention aims to change attitudes and beliefs, which is a fundamental goal for improving care for marginalized patient groups across all medical disciplines. Fourthly, the curriculum's development (Aim 2) is directly informed by a thorough needs assessment (Aim 1) that incorporates both clinician and patient perspectives. This ensures that the educational content is highly relevant, addresses identified gaps, and is grounded in real-world experiences and needs, showcasing a robust approach to medical education design. Lastly, by teaching skills in emotional intelligence and self-awareness, the curriculum indirectly supports clinician mental health and reduces the risk of burnout. This is a critical area of focus in modern medical education, acknowledging the high-stress nature of healthcare professions and promoting sustainable practice.

Sustainability:

Sustaining the impact of this project beyond its initial funding period is crucial for realizing its long-term vision of improving prehospital care for vulnerable populations and enhancing clinician education and well-being. The primary goal for this novel educational curriculum is to be formally adopted by, firstly, NWH CEMS. We then hope to make the argument to state and national EMS regulatory bodies as a recommended or even mandatory component of CP certification and/or continuing education requirements. This embeds the training directly into the professional development pathway of prehospital clinicians. We also will pursue subsequent grant funding from federal agencies (e.g., NIH, SAMHSA), private foundations, and professional organizations to support broader implementation, longitudinal evaluation, and adaptation of the curriculum for diverse populations or settings.

Analytical plan:

Aim 1: All qualitative data will undergo thematic analysis. Transcripts will be read and analyzed both deductively (i.e., themes applied a priori - driven by preliminary findings) and inductively (i.e., new themes emerging and refined through our iterative readings of the transcripts). My research team and I will use an iterative approach, first applying open coding, leading to the development of a qualitative codebook. Interpretive work will then allow application of the codes to evaluate data from the transcripts, generate reports containing participant comments coded with the code set, via a collaborative process of interpreting the comments. This second cycle coding will enable categorization of coded data based on themes or conceptual similarities, and attribute meaning in terms of

relationships among categories and subcategories (e.g., Focused and Pattern Coding methods).¹⁶ All transcripts will use NVivo™ software for independent coding. We will run coding comparisons to check for inter-coder reliability to obtain a Kappa Coefficient. A Kappa of <90% will require discussion and consensus by the research team to resolve disagreement.¹⁷

Aim 2b: We will assess for changes in clinician stigma, empathy and emotional intelligence from baseline and at 3-months post-intervention. Total scores for each scale (i.e. DUSS, MCRD, EBS, TEQ, BEIS-10) will be produced. Median scores (with accompanying Interquartile ranges) will be produced at baseline and at 3-month follow-up time points for all measures among those receiving and not receiving the educational intervention. Mann-Whitney U tests will be used to evaluate changes in scores from baseline to both follow up time points across intervention groups. Knowledge and retention will be evaluated using pre-post testing among the intervention group only (n=25) using True-False, multiple choice and Likert based questions. McNemar's or Wilcoxon Signed-Rank tests will be used, where appropriate, to assess for differences before and after receiving the intervention curriculum.

Dissemination

Our comprehensive dissemination plan aims to effectively translate research findings into improved prehospital practice, maximizing impact for vulnerable populations and advancing EMS professional development nationwide. Key academic outputs include at least three peer-reviewed publications covering aim-specific findings and a synthetic piece on overall study impact. These will target journals in medical education, EMS/paramedicine, and health services research (e.g., *Academic Emergency Medicine Education & Training*, *Prehospital Emergency Care*, *Journal of Interprofessional Education & Practice*). We will present findings at national and regional conferences within 18 months of study start date, including major forums like National Association for Emergency Medical Service Physicians, Society for Academic Emergency Medicine American Medical Education Conference, as well as local EMS conferences (e.g., NYS EMS, FASNY). Internal reports will inform study stakeholders and collaborating EMS agencies. Additionally, we will leverage external collaborations to produce policy briefs for national EMS leadership and regulatory bodies, advocating for mandatory training standards. Future grant applications to organizations such as National Institutes of Health, and Emergency Medical Foundation, will expand and sustain this work.

Conclusion

This project aims to develop a curriculum that can serve as a national blueprint. This means establishing new best practices for training within Community Paramedicine and EMS, offering a model for other agencies to adopt and adapt, thereby standardizing and elevating the quality of education in this domain. In essence, this project doesn't just add a new course; it proposes a fundamental reorientation of a significant aspect of prehospital medical education, emphasizing humanistic care, practical communication skills, and clinician resilience, grounded in the realities identified by both providers and patients.

References

1. Shenvi CL, Wang Y, Revankar R, Phillips J, Bush M, Biese KJ, Aylward A, D'Onofrio G, Platts-Mills TF. Use of a brief negotiation interview in the emergency department to reduce high-risk alcohol use among older adults: A randomized trial. **JACEP Open**. 2022;3(1):e12651.
2. Drake CE, Codd III RT, Terry C. Assessing the validity of implicit and explicit measures of stigma toward clients with substance use disorders among mental health practitioners. **J Context Behav Sci**. 2018;8:44-54.
3. Christison GW, Haviland MG, Riggs ML. The Medical Condition Regard Scale: measuring reactions to diagnoses. **Acad Med**. 2002;77(3):257-262.
4. Dahl RA, Vakkalanka JP, Harland KK, Radke J. Investigating healthcare provider bias toward patients who use drugs using a survey-based implicit association test: Pilot study. **J Addict Med**. 2022;16(5):557-62.
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6. Davies KA, Lane AM, Devonport TJ, Scott JA. Brief Emotional Intelligence Scale (BEIS-10) [database record]. In: **APA PsycTests**. American Psychological Association; 2010. doi:10.1037/t06713-000.
7. International Board of Specialty Certifications. Community Paramedic. IBSC Certifications website. <https://www.ibscertifications.org/roles/community-paramedic>. Accessed May 15, 2024.
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13. Shanafelt TD, Dyrbye LN, West CP. Addressing physician burnout: the way forward. **JAMA**. 2017;317(9):901-902.
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15. Goleman D. **Working with Emotional Intelligence**. New York, NY: Bantam Books; 1998.
16. Saldaña J. The coding manual for qualitative researchers. sage; 2021 Jan 27.
17. Viera AJ, Garrett JM. Understanding interobserver agreement: the kappa statistic. **Fam Med**. 2005;37(5):360-363.

Timeline								
	Year 1				Year 2			
Activities	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Administrative (IRB, Meetings with EMS and Addiction Services leadership)								
Recruit and enroll 10 Community Paramedics (CP) and 10 individuals with lived SUD experience								
Aim 1: Qualitative data collection								
Aim 1: Qualitative data analysis								
Aim 2a: Development of CP curriculum								
Aim 2b: Implementation of CP curriculum								
Aim 2b: Data collection								
Aim 2b: Data Analysis								
Dissemination								

Key	
	Admin Activities
	Aim 1 Activities
	Aim 2 Activities
	Dissemination

BUDGET

Total costs described are **\$5,000**.

Item	Expense	Total
Aim 1		
Individual interviews participant compensation (n=20; 10 CPs, 10 individuals with lived experience)	\$75/person + \$3.95 activation fee	\$1,579
Aim 2		
Baseline survey participant compensation (n=50; 25 intervention group, 25 control)	\$25/person + \$3.95 activation fee	\$1,448
3-Month Follow up survey participant compensation (n=50; 25 intervention group, 25 control)	\$25/person + \$3.95 activation fee	\$1,448
Other expenses		
Publication costs	Remaining funds to be used to offset the costs of manuscript publication	\$525

Individual interviews: We will conduct individual interviews with 10 Community Paramedic clinicians and 10 individuals with lived experience. Interviews are expected to last 60 minutes. Each participant will be compensated \$75 for their time via an electronic or physical gift card, for a total of \$1,579 (20 participants x [\$75 + \$3.95 activation fee] = \$1,579).

Baseline survey compensation: Participants who participate in Aim 2 will be asked to complete a survey prior to implementing the educational curriculum (n= 25 intervention group, n=25 control group. Those that complete the survey will be compensated \$25. We anticipate 50 CPs to complete the baseline survey totaling \$1,448 (50 participants x [\$25 + 3.95] = \$1,448).

3-Month Follow up survey compensation: All participants, intervention and control groups, will be asked to complete a survey approximately 3 months after implementing the educational curriculum. They will again be compensated \$25 for completion. We anticipate 50 CPs to complete the follow up survey totaling \$1,448 (50 participants x [\$25 + 3.95] = \$1,448).

Publication costs: We are requesting that the remaining funds be used to offset the costs of manuscript publications, totaling \$525.

BIOGRAPHICAL SKETCH

NAME: McCann-Pineo, Molly

POSITION TITLE: Director of Clinical Research

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Stony Brook University, Stony Brook, NY	BS	05/2011	Biology
University of Albany, Albany, NY	MS	05/2015	Epidemiology
University of Rochester, Rochester, NY	PhD	06/2019	Epidemiology
Henry Ford Health System, Detroit, MI	Postdoctoral Fellow	09/2019- 11/2019	Health Systems and Behavioral Health
Feinstein Institutes for Medical Research, Manhasset, NY	Postdoctoral Fellow	11/2019- 2/2022	Occupational Medicine, Epidemiology and Prevention
Rescue Training International, Elmont, NY	EMT-B	08/2024	Emergency Medical Services

A. Personal Statement

I work at the intersection of epidemiology, health systems research, and clinical care for behavioral health disorders among occupational and substance-using cohorts. Specifically, my research develops interventions and services that can be implemented at the systems level, improving access to and delivery of care for individuals experiencing substance use and mental health difficulties. My academic and research training has provided me with interdisciplinary skills across public health and clinical disciplines including prehospital and emergency medicine, pharmacology, orthopedics, and occupational and environmental epidemiology. My training plan outlines opportunities for my continued development as an independent researcher by advancing my intervention implementation expertise and enhancing my substance use disorder research agenda.

My career has equipped me with the skills to conduct both experimental and observational studies, collaborate within and across academic institutions, and produce peer-reviewed publications.

B. Positions Held

6/2025 - present	Senior Director of Clinical Research, Emergency Medicine Service Line, Northwell Health, Manhasset NY
1/2025- present	Associate Editor, <i>Archives of Environmental and Occupational Medicine</i>
3/2022 - present	Director of Clinical Research, Emergency Medicine Service Line, Northwell Health, Manhasset NY
3/2022 – present	Assistant Professor, Department of Emergency Medicine, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hempstead NY
3/2022-- present	Assistant Professor, Department of Occupational Medicine, Epidemiology and Prevention, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hempstead NY
01/2022-present	Adjunct Professor, Department of Population Health, Hofstra University, Hempstead NY
11/2019 – 2/2022	Fellow, Department of Occupational Medicine, Epidemiology and Prevention, The Feinstein Institutes for Medical Research, Great Neck, NY
9/2019 – 11/2019	Fellow, Center for Health Policy and Health Services Research, Henry Ford Health System, Detroit, MI

2018 – 2019	Information Analyst, Department of Orthopedics and Rehabilitation, University of Rochester, Rochester, NY
2015 – 2019	Program Coordinator and Graduate Research Assistant, Department of Emergency Medicine, University of Rochester, Rochester, NY
2015 – 2019	Resident Research Practicum Assistant, Department of Emergency Medicine, University of Rochester, Rochester, NY
2014 – 2015	Project Coordinator and Graduate Research Assistant, Department of Occupation and Environmental Epidemiology, New York State Department of Health, Albany, NY

C. Honors

2024- Present	National Institutes of Health Loan Repayment Program (Clinical Research) Awardee, National Institute on Drug Abuse
2023	Outstanding Poster Presentation, New York City Epidemiological Forum Annual Meeting, New York, NY
2020	Feinstein Institutes for Medical Research AWSM Collaboration Award
2018	American Society of Health-System Pharmacists (ASHP) Best Practices Award in Health-System Pharmacy. Pharmacists lead an emergency department opioid task force: 50% reduction in overall use.
2016	Teaching as Research Fellow, University of Rochester Center for Excellence in Teaching and Learning, Rochester, NY
2015	Best Poster Presentation, New York American College of Emergency Physicians Annual Meeting, Lake George, NY
2015	Delta Omega Honorary Society in Public Health, Alpha Gamma Chapter, University at Albany School of Public Health

D. Contributions to Medical Education

- a) Lowy R, Bodkin R, Schult R, **McCann M**, Jones CMC, Acquisto N. Emergency Medicine Intern Education for Best Practices in Opioid Prescribing. *Western Journal of Emergency Medicine*. 2021 Dec 16;22(2):297-300. PMID: 33856315, PMCID: PMC7972386, DOI: 10.5811/westjem.2020.9.48808.
- b) Fernandez D, Gorgens S, **McCann-Pineo M**, Sperandeo M, Cassara M, Moadel T. Simulation vs RISE UP: A Comparative Study of Approaches for Teaching Emergency Medicine Trainees How to Manage Microaggressions. *Academic Medicine*. 2024 Oct 16:10-97.
- c) **McCann-Pineo M**, Keating M, McEvoy T, Schwartz M, Schwartz RM, Washko J, Wuestman E, Berkowitz J. The Female Emergency Medical Services Experience: A Mixed Methods Study. *Prehospital Emergency Care*. 2024 Jan 13:1-34.
- d) **McCann M**, Jusko T, Jones CMC, Seplaki C, Cushman J. Degree of Bystander-Patient Relationship and its association with Prehospital Care for Opioid Overdose. *Prehospital Emergency Care*. 2021 Jan-Feb;25(1):82-90. PMID: 32073921, PMCID: none, DOI: 10.1080/10903127.2020.1731029.

E. Additional Information: Research Support and Scholastic Performance

- a) Schwartz RM, Shaam P, Williams MS, **McCann-Pineo M**, Ryniker L, Debnath S, Zanos TP. Understanding Mental Health Needs and Gathering Feedback on Transcutaneous Auricular Vagus Nerve Stimulation as a Potential PTSD Treatment among 9/11 Responders Living with PTSD Symptoms 20 Years Later: A Qualitative Approach. *Int J Environ Res Public Health*. 2022 Apr 16;19(8). PMID: 35457714, PMCID: PMC9029393, DOI: 10.3390/ijerph19084847.
- b) Schwartz RM, **McCann-Pineo M**, Bellehsen M, Singh V, Malhotra P, Rasul R, Corley SS, Jan S, Parashar N, George S, Yacht AC. The impact of physicians' COVID-19 pandemic occupational experiences on mental health. *Journal of occupational and environmental medicine*. 2022 Feb;64(2):151. PMID: 35119424, PMCID: PMC8808755, DOI:10.1097/JOM.0000000000002380.
- c) Singh V, Young JQ, Malhotra P, **McCann-Pineo M**, Rasul R, Corley SS, Yacht AC, Friedman K, Barone S, Schwartz RM. Evaluating burnout during the COVID-19 pandemic among physicians in a large health system in New York. *Archives of Environmental & Occupational Health*. 2021 Dec 24:1-9. PMID: 35000576, PMCID: none, DOI: 10.1080/19338244.2021.2023084

Department of Emergency Medicine
North Shore University Hospital | Long Island Jewish Medical Center

November 6, 2025

To the Lawrence G. Smith Fund Grant Committee,

I am writing this letter in strong support of Dr. Molly McCann-Pineo and her proposed educational innovation aimed at developing an EMS curriculum to enhance behavioral health knowledge and interpersonal communication skills for prehospital clinicians.

As Department Chair, I have had the distinct pleasure of observing Dr. McCann-Pineo's dedication, intellectual rigor, and profound understanding of the critical challenges faced by prehospital care providers in today's complex healthcare landscape. Her proposed research directly addresses a significant gap in current EMS education and holds immense potential to transform patient care.

Dr. McCann-Pineo possesses a unique combination of qualifications that make her exceptionally well-suited to undertake this important study. Her strong, ongoing collaboration with the Center of Emergency Medical Services at Northwell, as well as her clinical background in EMS, has provided her with an intimate knowledge of the practical realities faced by EMS clinicians, as well as the pressing need for enhanced training in behavioral health and nuanced communication strategies.

The anticipated outcomes of this study – improved clinician emotional intelligence, more effective patient engagement, reduced stigma, and ultimately better health outcomes for individuals in crisis – are precisely what is needed in prehospital medicine. Dr. McCann-Pineo's work promises to be a blueprint for a more compassionate and effective model of care.

I wholeheartedly recommend Dr. McCann-Pineo for the opportunity to conduct this vital research. Her expertise, dedication, and clear vision make them an ideal candidate to lead this project and contribute significantly to the advancement of EMS education and patient care.

Should you require any further information or clarification, please do not hesitate to contact me.

Sincerely,



Lance B. Becker, MD, FAHA

Chair, Department of Emergency Medicine
North Shore University Hospital & Long Island Jewish Medical Center at Northwell Health

Professor and Chair, Department of Emergency Medicine
Donald & Barbara Zucker School of Medicine at Hofstra/Northwell

Dorothy and Jack Kupferberg Endowed Chair
Department of Emergency Medicine at Northwell Health

Professor, Institutes of Molecular Medicine and Bioelectronic Medicine
Feinstein Institutes for Medical Research

IRB SUBMISSION STATEMENT

The following proposal has been submitted to the IRB and is pending approval as of 11/10/2025.



Collaborators

General Information ▼

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Initial Submission Application -- General Information

Submitted by	Add Note	View Audit
McCann, Molly		
Email: mmccann1@northwell.edu	Phone:	

Submitter Phone Number	Add Note	View Audit
5165633826		

Study Title	Add Note	View Audit
CP WISE: A Curriculum for Empathy, Emotional Intelligence, & Stigma Reduction in Substance Use Disorder Response	If this is a grant, please make sure the study title matches the grant title exactly.	

Principal Investigator	Add Note	View Audit
McCann, Molly	Enter PI name here. If the PI name is not coming up, PI has not signed into IRBmanager to create his/her account. Please contact the PI and ask him/her to sign in to IRBManager one time so his/her account is activated.	
Email: mmccann1@northwell.edu	Phone:	

Please choose the status that applies to the Principal Investigator for	Add Note	View Audit
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