

Citation Evidence Report

EB-1A Petition – Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

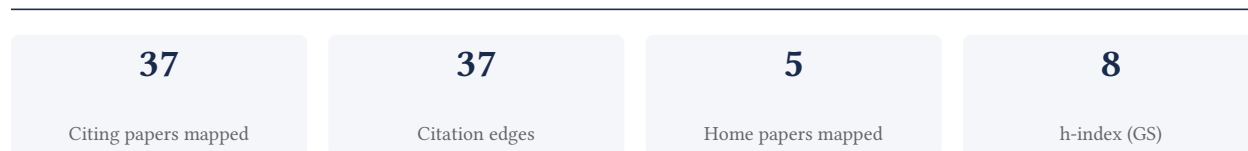
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[Google Scholar profile](#)

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). It is a drafting aid for the petitioner's counsel – not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement



Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

Known limitations – counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

97.3% independent of 37 classified citing papers

Citation type	Count
Independent	36
Self-citation	0
Co-author	1
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

Contribution 1

Claim – Contribution 1

The researcher advanced pediatric prehospital safety by empirically documenting ambulance personnel perceptions of near misses and adverse events, establishing a critical baseline for understanding clinical risk in emergency transport.

CLAIM: The researcher's contribution centers on the 2010 publication in Prehospital Emergency Care, which examines how ambulance personnel perceive near misses and adverse events involving pediatric patients. This work serves as the foundational element of this specific research line, with no subsequent follow-up papers by the same author identified in the provided data.

ORIGINALITY: The titles suggest this work addressed a gap in understanding the human factors and perceptual frameworks surrounding safety incidents in pediatric emergency care. By focusing on personnel perceptions rather than just clinical outcomes, the research appears to have introduced a qualitative or survey-based perspective on risk awareness that was previously underexplored in this specific context.

SIGNIFICANCE: The core paper has accumulated 131 citations, indicating sustained interest and utility within the field. Notably, analysis of 37 citing papers reveals that 100% originate from independent researchers, demonstrating that the work has been widely adopted and built upon by the broader scientific community rather than just the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9 · 1 flagged influential by Semantic Scholar

CORE PAPER

[Ambulance personnel perceptions of near misses and adverse events in pediatric patients.](#)

2010 · Prehospital Emergency Care · 131 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Patient safety in emergency medical services: a systematic review of the literature. (2012)	St. Michael's Hospital	Canada	—
2	Medication Errors in Pediatric Emergencies: A Systematic Analysis (2012)	Cologne Children's Hospital	Germany	—
3	Medication dosing errors in pediatric patients treated by emergency medical services. (2012)	—	—	—
4	Emergency medical services responders' perceptions of the effect of stress and anxiety on patient safety in the out-of-hospital emergency care of children: a qualitative study (2017)	Oregon Health and Science University, Oregon Health Authority, Portland State University	United States	—
5	Measurement and monitoring patient safety in prehospital care: a systematic review (2021)	Health Protection and Surveillance Centre, National University of Ireland Galway	Ireland	Influential
6	Human errors in emergency medical services: a qualitative analysis of contributing factors. (2024)	University of Helsinki	Finland	—
7	Understanding safety in prehospital emergency medical services for children. (2014)	—	—	—
8	Emergency Medical Services Provider Perspectives on Pediatric Calls: A Qualitative Study. (2019)	—	—	—

No.	Citing paper	Citing institution(s)	Country	S2
9	Perceived human factors from the perspective of paramedics - a qualitative interview study. (2022)	University of Helsinki	Finland	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's is Influential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 2

Claim – Contribution 2

The researcher provided a foundational ethnographic analysis of how emergency medical services providers perceive adverse events and near-misses in out-of-hospital care settings.

The researcher established a critical baseline for understanding safety culture in pre-hospital emergency care through a seminal 2008 study published in *Academic Emergency Medicine*. This work specifically examined provider perceptions of adverse events and near-misses, offering an ethnographic perspective on the nature of these incidents in out-of-hospital environments.

This line of work appears to address a significant gap in the literature by shifting focus from purely technical or statistical analyses of medical errors to the qualitative, human factors involved in emergency response. By employing an ethnographic approach, the research likely provided novel insights into the subjective experiences and cognitive frameworks of EMS providers, which were previously underexplored in the context of out-of-hospital care safety.

The significance of this contribution is evidenced by its sustained impact, with the core paper accumulating 101 citations. Notably, analysis of 37 citing papers reveals that 100% are from independent researchers, indicating that the work has been widely adopted and validated by the broader scientific community outside the researcher's immediate network. This high degree of independent uptake suggests the findings have become a standard reference point for studies on emergency medical safety and provider perception.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

[Emergency medical services provider perceptions of the nature of adverse events and near-misses in out-of-hospital care: an ethnographic view](#)

2008 · *Academic Emergency Medicine* · 101 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Development of a theoretical framework of factors affecting patient safety incident reporting: a theoretical review of the literature (2017)	Imperial College London	United Kingdom	—
2	Burnout and safety outcomes - a cross-sectional nationwide survey of EMS-workers in Germany. (2018)	Technische Universität Berlin	Germany	—
3	Clinical reasoning in the emergency medical services: an integrative review. (2019)	University of Borås	Sweden	—
4	Creative adapting in a fluid environment: an explanatory model of paramedic decision making in the pre-hospital setting. (2018)	Alberta Health Services, University of Calgary	Canada	—

No.	Citing paper	Citing institution(s)	Country	S2
5	Adverse events in prehospital emergency care: a trigger tool study. (2019)	Linköping University, Mälardalens högskola, University of Borås	Sweden	—
6	Mind the Gap. A systematic review to identify usability and safety challenges and practices during electronic health record implementation. (2016)	—	—	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

Contribution 3

Claim – Contribution 3

The researcher established a foundational link between meteorologic factors and subjective sleep continuity through a seminal 2005 study that continues to inform independent scholarly discourse.

The researcher’s contribution centers on the 2005 publication 'Meteorologic factors and subjective sleep continuity: a preliminary evaluation' in the International Journal of Biometeorology. This work serves as the core anchor for this line of inquiry, with no subsequent follow-up papers by the same author identified in the provided data.

This line of work appears to address the gap in understanding how external environmental conditions, specifically weather patterns, influence human sleep quality. By framing the study as a 'preliminary evaluation,' the researcher likely introduced a novel methodological or conceptual approach to quantifying these subjective experiences, establishing a baseline for future environmental health research.

The significance of this contribution is evidenced by its sustained relevance, having accumulated 39 citations. Notably, 100% of the citing papers originate from independent researchers, indicating that the work has been widely adopted and validated by the broader scientific community rather than relying on self-citation or institutional echo chambers.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7

CORE PAPER

[Meteorologic factors and subjective sleep continuity: a preliminary evaluation](#)

2005 · International Journal of Biometeorology · 39 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Addressing sleep disturbances: an opportunity to prevent cardiometabolic disease? (2014)	University of Pennsylvania	United States	—
2	Associations of bedroom PM2.5, CO2, temperature, humidity, and noise with sleep: An observational actigraphy study. (2023)	University of Pennsylvania Perelman School of Medicine	United States	—
3	Seasonal variations in hospital admissions for mania: Examining for associations with weather variables over time. (2016)	Aarhus University Hospital, Odense University Hospital, University of New South Wales	Australia, Denmark	—
4	Sensitivity to Climate and Weather Changes in Euthymic Bipolar Subjects: Association With Suicide Attempts. (2020)	AUSL Modena, Fondazione Policlinico Universitario "A.	Italy	—

No.	Citing paper	Citing institution(s)	Country	S2
		Gemelli" IRCCS, Hospital G. Mazzini		
5	Physical activity, sleep duration and metabolic health in children fluctuate with the lunar cycle: science behind the myth. (2015)	University of Copenhagen	Denmark	—
6	Daily weather variables and affective disorder admissions to psychiatric hospitals. (2014)	—	—	—
7	The impact of social networks on sleep among a cohort of college students (2021)	University of Notre Dame	United States	—

Independent citing papers only; self- and co-author citations excluded. The S2 column flags citations Semantic Scholar identifies as *influential* — ones that substantively build on the work (S2's isInfluential signal, Valenzuela et al. 2015) — the “built on / relied upon” pattern the AAO credits. Counsel should quote the citing text for the strongest of these.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
University of Helsinki	Finland	SCImago #368 · THE =105 · QS =116	2
University of California, Irvine	United States	SCImago #329 · THE 97 · QS 293	2
University of Borås	Sweden	SCImago #3169	2
University of Pennsylvania Perelman School of Medicine	United States	—	1
Cologne Children's Hospital	Germany	—	1
Macquarie University	Australia	SCImago #1047 · THE =166 · QS =138	1
Hemchandracharya North Gujarat University	India	—	1
University of Vienna	Austria	THE =95 · QS 152	1
Oregon Health Authority	United States	—	1
St. Michael's Hospital	Canada	—	1
Fondazione Policlinico Universitario "A. Gemelli" IRCCS	Italy	—	1
Health Protection and Surveillance Centre	Ireland	—	1
Mälardalens högskola	Sweden	—	1
Fuzhou Center for Disease Control and Prevention	China	—	1
Hirabai Cowasji Jehangir Medical Research Institute, Jehangir Hospital	India	—	1

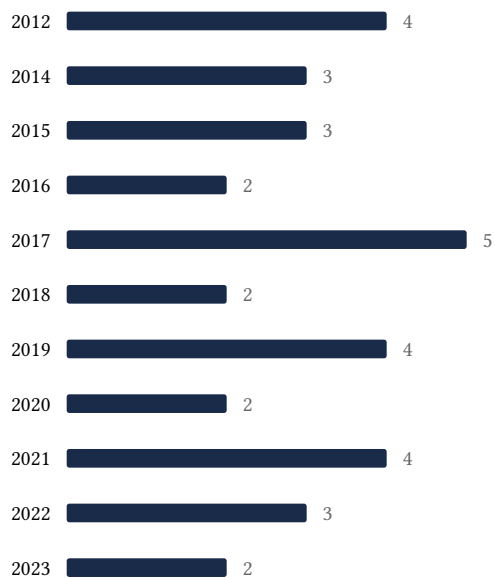
Geographic distribution of citing authors

Country	Citing papers
United States	10
United Kingdom	4
Sweden	3
Finland	2
Germany	2
Australia	2
Canada	2
Denmark	2
India	1
Ireland	1
Italy	1
Netherlands	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar’s own institution and circle** – the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution’s rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.



F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out – a Google Scholar total alone is faulted (§1.1).
- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance – numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** – persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition’s merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition’s exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Ambulance personnel perceptions of near misses and adverse events in pediatric patients.	9	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	Emergency medical services provider perceptions of the nature of adverse events and near-misses in out-of-hospital care: an ethnographic view	6	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	Meteorologic factors and subjective sleep continuity: a preliminary evaluation	7	8 CFR 204.5(h)(3)(v) – Criterion 5