

RESPONSE

The official voice of Paramedics Australasia

Volume 45 No. 1 Summer 2018

PAIC 2017 review



PARAMEDICS
AUSTRALASIA

Also in this issue • Q&A with Peter Jurkovsky • Mental health • Technology • SPA



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Cover: Malcolm McDonald, FPA, with an historic ambulance provided courtesy of Ambulance Victoria Museum, at PAIC 2017.

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Student Paramedics Australasia

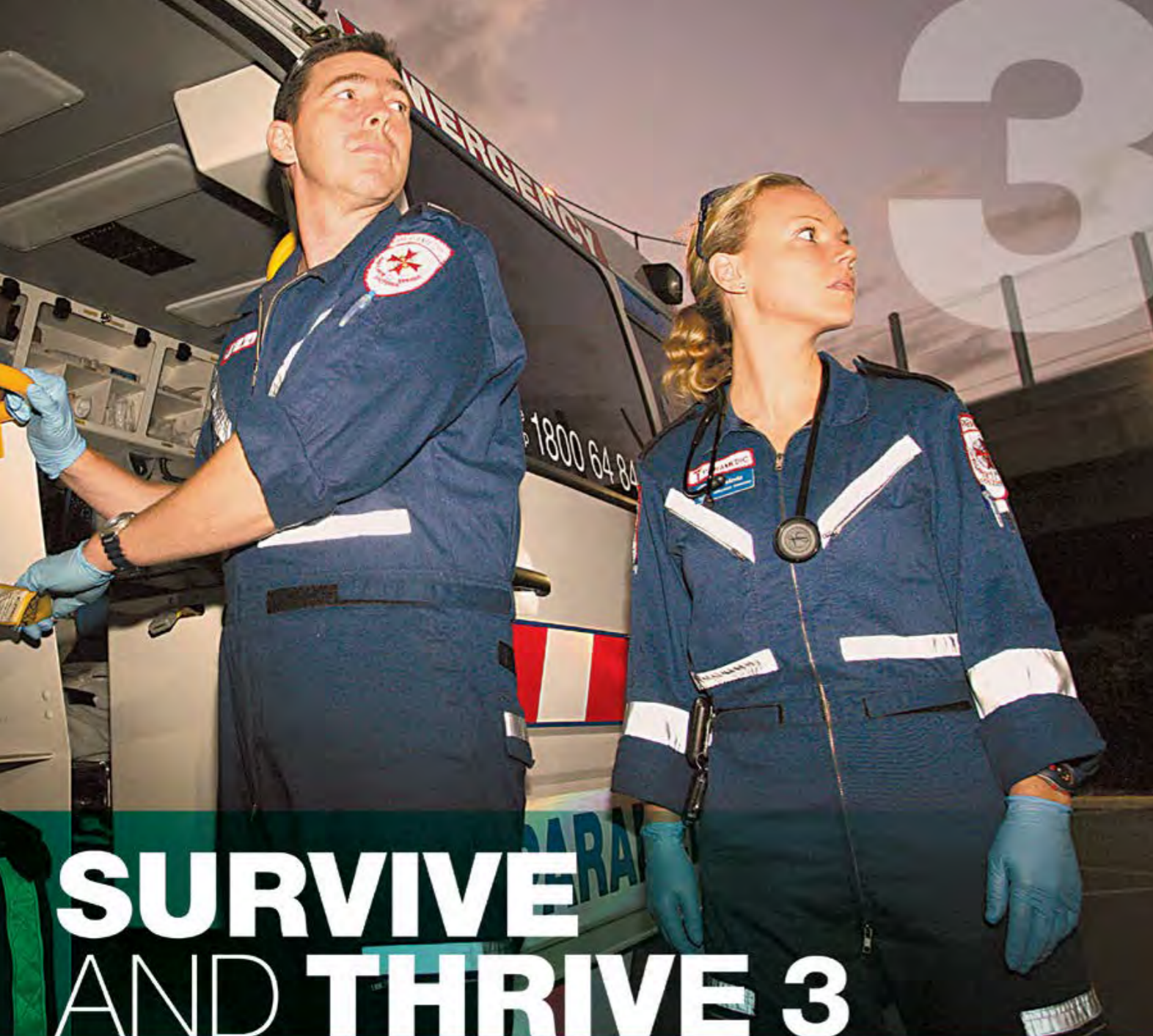
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SURVIVE AND THRIVE 3

Paramedic Resilience Symposium

A one-day challenging symposium | **Friday 4 May 2018**
Sunshine Coast University Hospital | Queensland

Save the date



with Peter Jurkovsky

I am delighted and honoured to provide my first President's Report for *RESPONSE*. As I have mentioned in this issue's Q&A article, it is a privilege and a challenge to take on the role of President of Paramedics Australasia in a period of unprecedented change, challenge and opportunity.

National registration for paramedics in Australia and New Zealand is undoubtedly our key immediate focus with the participation date for registration under the National Scheme proposed for late 2018. Progress for registration is continuing, however, a timeline has not been fully determined.

While PA has a range of strategic priorities, undoubtedly our key focus in the immediate future is paramedic registration, with a whole-of-organisation pro-active approach. We are a key stakeholder in consultation with the Paramedicine Board of Australia (PBA) and recently submitted a comprehensive response to the preliminary consultation on paramedicine registration standards. However, preparedness for national registration is multi-levelled and we recognise that the implementation of national registration impacts our members and other stakeholders in varied ways. Our member benefits and communication program targets specific paramedic requirements for the service of private paramedic, remote and rural paramedic, academic and researcher.

One aspect of registration is consistent across our membership – registration means greater accountability as the guiding objective of the scheme is public protection. And while this greater accountability may not be seen as a direct positive for operational paramedics, the flow-on effects will be. It will give rise to greater recognition of paramedic professionalism and with that, expanded opportunities in the role.

In this issue of *RESPONSE*, our regular legal contributor, Ruth Townsend, articulates this in commenting that:

Once paramedics are regulated under the National Law, their obligation to act with professionalism – which in essence is to put the patients' interests first – will be codified, that is, it will be made legally consistent, transparent, explicit, binding and enforceable in a way that it has not been before. It is therefore essential that paramedics develop an understanding of what it is to be a professional paramedic and to act with professionalism to ensure that they act with the required standard of conduct and competency as set by their peers.

Gavin Smith (a PA Fellow) contributed a thought-provoking editorial for PA's *Australasian Journal of Paramedicine*, as reproduced in this issue. In his article, Gavin addresses 'the challenges of paramedic education in the new millennium: Chasing the evolution of paramedic practice', and seeks discussion around education as a key

President's message

component of the new paramedicine profession – with not only the qualification, but the content scrutinised for industry relevance and the ability to produce 'work-ready' paramedic graduates.

Rest assured that your Board and executive will represent our diverse member interests in consulting with the PBA as they undertake the complex tasks to determine what a reasonable standard of conduct for a paramedic is, and establish the core educational requirements and code of conduct.

We will continue to support and partner members for registration preparedness and 2018 is a year of heightened activity and communication. In addition to our annual conference with a significant scientific content (to be held on the Gold Coast in September) we will again partner with the Australian and New Zealand College of Paramedicine and the Council of Ambulance Authorities in *Survive and Thrive 3*, our highly successful mental health and wellbeing symposium, to be held on the Sunshine Coast in May.

I am also pleased to announce our first Rural Outback And Remote (ROAR) paramedic conference, which will be held in Alice Springs in April. This ground-breaking event will acknowledge and open opportunities for discussion and learning for paramedics working in rural, remote, outback and offshore settings. In addition, as a significant group of paramedics employed in this arm of paramedicine are privately employed, we will focus on the specific considerations of national registration for private employers and employees and how we can support and facilitate a range of member services to support registration compliance.

In addition, our hardworking Chapter committees are planning a wide-ranging calendar of CPD events throughout 2018, with over 70 individual educational sessions presented in the previous year.

A key goal for this year is to ensure we capture each CPD event by recording or livestreaming to ensure inclusion of learning for all PA members, no matter their work setting or availability. We will continue to build our eLearning content with the PA generated CPD sessions, our key conference content and appropriate external content, to ensure that members can access the CPD requirements to be prescribed by the PBA.

I am looking forward to a truly exciting year and thank each member for their continued involvement and support of our peak professional organisation, Paramedics Australasia.

Peter Jurkovsky LL.M, LL.B(Hons), DipParaSc, GradDipLegalPrac, GradCertHighEd is a paramedic, educator and lawyer. He is President and Board Director of Paramedics Australasia and Chair of the Australian National Registration Working Group.



with Denese Warmington

From the editor

The good in us



In late November 2017, this image was posted to the Queensland Ambulance Service Facebook page, along with a brief story about paramedics Graeme Cooper and Danielle Kellam going about their everyday job in caring for a palliative patient. The patient, a woman who was being transported to the palliative care unit of the local hospital, had expressed a desire to see the ocean one last time. The crew took a small diversion to the beach at Hervey Bay, granting her the freedom of this last wish.

It struck a cord with many thousands of people, perhaps providing a salve for souls worn weary from yet another year of the war, famine, violence and absurd politics that dominate our newsfeeds. Or perhaps it simply reminded us of the importance of respect and the power of the kindness of strangers.

The story has been reported worldwide making headlines in the United Kingdom, Europe, Canada and across the United States. I even received an email (via our website) in response to the story from a man based in Holland.

First he wrote: "Here in Europe I've been reading some heart warming stories about how Australian paramedics have responded to dying people's last wishes... On the assumption these stories are true (which you can never be quite sure of these days), hats off to all these people, and let's have more of this!"

After I assured him that the story was legitimate he wrote back: "I don't normally reply to such news reports – but I feel these stories about your colleagues point to something very good that's happening in the world."

And because in my opinion there are so many *bad* things happening nowadays, I want to draw attention to the good stuff, and especially thank the people who've taken the trouble to do it without even having to be told.

"So please keep up the great work in Oz – and best wishes to you all from us in Europe."

Why such an overwhelming worldwide reaction? Hope. That intangible desire for good outcomes – whether in love, for peace, for an end to poverty and hate, for good health or good fortune or, indeed, a good ending. The image served as a powerful and poignant reminder of life and death; of loss and love; of the things that we want to say but can't, or won't, or didn't get the chance – of hope for a better us. It also reminded us of what we would hope for ourselves, and our loved ones, at the end of life, in the hands of strangers just doing their job.

But what the story also allowed was an outpouring of respect for paramedics and the job they do: an amazingly warm and heart-felt collective pat on the back from communities and colleagues. A job often taken for granted, a job that can inflict its own brand of trauma on its officers, but also for a job carried out with professionalism and care and respect.

As you juggle the day-to-day of work, family and the busy and sometimes unforgiving world we live in, it's important to remember that along with the burnout and occasional vileness of the public, goodness and appreciation exist and that paramedics are considered by most to be the "sweet angels of the ambulance service" and the most trusted profession among all professions. That says something powerful and good.

And it is only fitting that as we head into a new year, my hope is that you take the time to remember to pat yourselves, and your colleagues, on your very deserving backs!

I also hope you enjoy this issue of *RESPONSE*. If there is a special topic, story or series that you would like to see covered in 2018, please email me at the address below. I wish you all a safe, healthy and wonderful year ahead.

Denese

Communications Editor, Paramedics Australasia

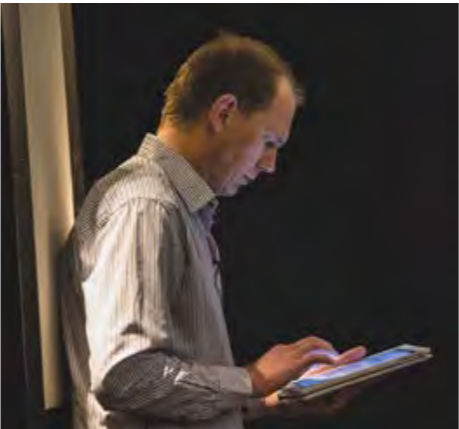
Letters to the editor

Please send your correspondence to:

EditorResponse@paramedics.org

PAIC 2017 – a pictorial review

PAIC 2017 – Professionalism in Practice – was held at Crown Conference Centre in Melbourne over 23–25 November. From the scientific program and workshops to FernoSim and the AGM and Board elections, PAIC 2017 was a resounding success. The Gala Dinner held at Ormond College in The University of Melbourne was a highlight enjoyed by all who attended. PAIC 2018 will be held at Sea World on the Gold Coast over 20–22 September...see you there!





Volunteering in Nepal

By Steve Trood

Medical Trek Nepal is a unique experience where volunteers trek to remote regions of Nepal to provide much needed medical care to local villagers.

Health clinics usually run from 10am to 5pm, or to whenever patients stop presenting. Volunteers are teamed up with a Nepalese doctor, pharmacist or nurse – this aids with translation – however, I have found that the local children want to practise their English language skills! At the end of each clinic the team packs up, this is followed by a clinical review of the day, including any interesting presentations. The next morning after breakfast the team hikes to the next village (sometimes for up to six hours) to set up another clinic and treat patients. Generally four health clinic days are conducted during each trek.

My first trek was into the Gorkha region following the 2015 earthquake. On this trek the team saw over 700 patients in the four health clinics. Our volunteer dentist extracted over 200 teeth. In 2016 I trekked to the Chitwan district, we saw over 500 patients there. In 2017, the trek was into the Lamjung region where the team saw over 730 patients.

About the author

Steve Trood is Paramedic Educator, Clinical Services, NSW Ambulance and the Australian contact for the Medical Trek Nepal team. Steve can be contacted at trektaustralia@outlook.com



More information?

Dates for the 2018 trek are available at <https://trekthimalaya.com/>

Costings are provided. Fees are utilised to hire porters, buy food and pharmaceutical supplies and for trekkers' accommodation. Many volunteers also include a trek to Everest or Annapurna base camps and visit beautiful Pokhara in central Nepal.

Treks are suitable for all medical professions, and are also a great experience for students.



Depression and anxiety can affect anyone at any time.

To find out more visit www.beyondblue.org.au, call the infoline 1300 22 4636 or email infoline@beyondblue.org.au



Peter Jurkovsky

Peter Jurkovsky was elected President of Paramedics Australasia in November 2017 and has been a Board Director from 2015. He is a paramedic, academic, business owner, lawyer and Chair of the National Registration Working Group. He talks to us about his long and varied career and his future hopes for the profession.

You have had a long and varied career – as a paramedic, business owner, academic and now lawyer. Which of these roles has been the most personally satisfying?

I’ve been very fortunate to have had multiple careers in these varied fields. After practising as a paramedic for 12 years, I was able to start a patient transport business in the mid-nineties after deregulation of the sector. The successful sale of the business allowed me to study full time for four years and obtain a law degree, a Graduate Certificate in Higher Education and a Master of Laws.

While practising as a lawyer since 2007, I moved into the university sector where I was involved in coordinating and teaching in paramedic undergraduate and postgraduate programs. I’ve also had a number of consulting roles in the ambulance and patient transport sectors since I left operational work.



Peter speaking at the 2017 Paramedics Australasia International Conference in Melbourne in November

All the roles that I’ve been involved with were interesting and challenging in their own way, but by far and away the most personally satisfying is the role of a paramedic. To see the relief on a family member’s face when you arrive and the opportunity to positively impact someone’s life in their time of most need are some of the most rewarding aspects of the role. I still miss operational work and would dearly love to still be undertaking the role if life hadn’t taken me in a different direction.

“Our key vision is to provide a respected voice in determining how changes in health service provision, legislation and clinical practice are shaped and implemented to enhance the quality of patient care.”

What would you say has been one of the biggest changes in the profession since starting out in your career?

I commenced as an operational paramedic when treatment levels were relatively low in comparison to today’s standards. While there were less in terms of active treatment options, you often had to manage a patient for longer in an acute condition as intensive care support was not always available and I even practised in an era where single response was common in rural and outlying metropolitan areas.

I think one of the biggest changes has been the advancement of treatment guidelines over the past 20 years in conjunction with paramedic university degree courses.

This has required the modern paramedic to be much more highly trained and requires much greater skills maintenance. This has in turn elevated the profession to a new level of expertise and recognition.

National registration for paramedics in Australia is expected later this year and, potentially, in New Zealand. What do you see as being the major impact that registration will have on the profession?

It’s a very exciting and interesting time. The participation date where paramedics will be registered under the ‘National Scheme’ is late 2018 and this will generate a great deal of interest in the community and the media but what does it mean for paramedics? It basically means greater accountability because the guiding objective of the scheme is public protection and while this greater accountability may not been seen a direct positive for operational paramedics, the flow on effects will be. It will give rise to greater recognition of paramedic professionalism and with that, expended opportunities in the role.

Paramedics Australasia was a key player in driving the early registration agenda. How does it feel knowing that those early aspirations are soon to be realised?

I feel very proud for the organisation and its members. I played a small part over the past two years but it would not have been possible without the foresight and expertise provided over the past 10 years by the two past PA Presidents, being Ian Patrick and Dr Peter Hartley. Their strategic planning and leadership on behalf of all paramedics ensured that the key decision makers were always aware of the most important issues when considering whether to proceed down the regulatory path of registration under the scheme and the result speaks for itself.

What do you see as being the organisation’s biggest role in supporting its members?

Our key vision is to “provide a respected voice in determining how changes in health service provision, legislation and clinical practice are shaped and implemented to enhance the quality of patient care”, therefore our role, while primarily representing and supporting our members in their personal endeavours, is to also advocate for best practice on behalf of our patients, the public at large.

We offer this support to our members through a range of dedicated services and resources to enhance their lives and their paramedic practice.

How important is it for paramedics to have a professional organisation that represents and advocates for them?

It’s certainly more important than it has ever been. While registration as a health professional in Australia and New Zealand is the most obvious need due to the compliance requirements such as CPD and professional indemnity insurance where PA offers direct services, the broader advocacy for the profession throughout the health sector and government is a vitally important factor. PA works with ambulance services and government to progress the issues that are important to paramedics and the profession generally.

What do you hope to achieve in your term as president?

First, can I say again how very proud I am to be elected to the board of management by the members and as president by my fellow directors. I am really enthused by the role and I am in a personal position to be able to devote significant time to the position as I’ve reduced other work commitments.

I need to follow in the footsteps of my predecessors and offer sound and respectful strategic leadership. We are developing our three-year strategic plan as we speak, which will shape the organisation’s future direction. I would hope to achieve successful outcomes for all those planned directions.

And finally, what are your hopes for Paramedics Australasia as an organisation moving into this new era of registration?

I would really like to see PA take the next real step in growth and recognition. We always need more members and I think the watershed movement of registration is the once in a lifetime opportunity to grow those numbers significantly because of the compelling reasons to be a member and the package of benefits that PA membership offers.

To be a strong, relevant and respected representative organisation is also vital and I would love to see PA to continue to develop that profile while modelling ourselves on bodies such as the Australian Medical Association who, in addition to supporting their members, also advocate for their patients.

A day in the life...



Name: Anna Scott

Role: Intensive Care Paramedic/Flight Medic

Location: Dunedin, New Zealand

My job is one that many envy. I have the privilege of working a mixed rotation on road ambulance and the Otago Rescue Helicopter, with an approximately 50/50 split. The variation in workload, location, types of jobs and vehicles worked in keeps me busy and certainly stops me getting bored! Dunedin is a compact city, servicing a large rural area. We are fortunate to have a tertiary hospital, well supported by the University of Otago School of Medicine. Dunedin has four ambulances staffed during the day, three at night for a population of approximately 125,000. Qualification levels vary, with each shift having a mix of intensive care paramedics (ICPs), paramedics and emergency medical technicians (EMTs). We also provide back up to rural crews, many of whom are operated by volunteers.

The Otago Rescue Helicopter provides aeromedical retrieval for the lower South Island, as well as covering retrievals from the Southern Ocean. We are staffed by St John paramedics with excellent support from Dunedin Hospital when required. The Otago Rescue Helicopter has two dedicated and staffed BK117 helicopters available with

crew and pilots 24/7. There are an additional three BK117s available should workload require it. We also operate a first response 'Tango' unit that is available to assist with local ambulance callouts. We can fly single-pilot IFR missions and have night vision goggles to assist in night flying. Three of our BK117s are equipped with Breeze hoists for winching operations.

Day 1: Ambulance, Dunedin City, 07:00–19:00

I work a four on, four off roster pattern which means I work with the same shift of people but a different crew partner depending on operational requirements. This block I work two 07:00–19:00 shifts on ambulance, followed by 48 hours on-call for the Otago Rescue Helicopter.



Air 1 Dunedin on the pad at Milford

Following vehicle checks and cleaning, our shift likes to start the day with a coffee and morning meeting at helipad down by the harbour, workload permitting. We can debrief any jobs from the previous shift and catch up with colleagues. It is a great way of keeping in touch and making sure that everyone is okay, especially given the nature of some of the calls we attend.

First ambulance leaves the meeting for a job at 07:20 and we are called away shortly after. An elderly woman has fallen while getting out of bed and her husband is unable to get her up off the floor. She is fortunately uninjured, so after a thorough check over, we assess her falls risk and refer her to the falls pathway and our rapid response nurse. Low acuity work such as falls makes up an increasing number of ambulance jobs, particularly with our ageing population in Dunedin. Having access to a falls pathway has made a noticeable difference in representation of these patients.

Our second job comes in as soon as we are finished the paperwork. A three-year-old child is having convulsions at home. Dad meets us at the door looking worried and directs us to the kitchen where mum is cradling a very flushed looking boy. The patient has now stopped seizing and is slightly sleepy. Questioning reveals the boy's older sister had febrile convulsions as a child and his parents think that their son has had one too. The patient is stripped off, assessed and found to be febrile at 39.6°C. His parents state that he has been off colour for a few days and they were due to take him to their GP that morning. We reassure the parents that today's event seems to be the same as what has happened to their daughter, ring the GP to confirm she is happy to still see him that morning and complete our paperwork.

As we are clearing from this call a cardiac arrest call is broadcast to all units. The address is just around the corner from where we have cleared so we make ourselves known to dispatch and head to the scene. On arrival we find fire crew who are co-responded to all cardiac arrest calls have arrived first. Their crew chief comes out to meet us and tells us that this patient has terminal cancer and is an expected death. With the wishes of the family they have not commenced CPR on this patient. My crew partner and I have met this patient at varying stages of her illness, which helps in talking to her family. We are escorted inside where we can complete our assessment and paperwork. The patient's GP states she will visit the house shortly to sign off her death certificate. We pass our condolences to the family and leave them to be with their wife and mother. We are sent to our nearest station to attempt a meal break. This also gives me a chance to catch up on administrative tasks such as email and teaching requirements for clinical tutoring.

Our lunch break is broken with a call to a nearby rest home for an elderly patient who is short of breath, querying pneumonia. We find the patient in her room with an oxygen mask on her face, increased work of breathing with



From front: Air 1 Dunedin, Air 2 Dunedin, Air 4 Dunedin (white), Air 3 Dunedin

indrawing, delayed capillary refill time, oxygen saturations of 88% and a temperature of 38.7°C. The nurse states that the patient has had a chest infection which has been treated by oral antibiotics but she doesn't appear to be improving. We are 10 minutes from hospital: the patient is rapidly assessed, switched to a non-rebreather mask, an IV line established and transport is commenced. Her oxygen saturations improve en route and she becomes more aware of her surroundings. The hospital is informed of our patient status and she is delivered without delay to the ED. We return to station and attempt to finish our meal break.

At 15:30 a cardiac chest pain call comes in to the rural seaside community of Karitane, approximately 30 minutes drive north of Dunedin city. The township is predominantly comprised of holiday houses, with the nearest available ambulance coming from Palmerston, 15 minutes drive away. This ambulance (Palmerston 1) is crewed by volunteers who have either advanced first aid (first responder) or basic life support (EMT) qualifications. Our patient was a 53-year-old man who was visiting the region for a car rallying event. He had a sudden onset of central chest pain radiating to the left shoulder and jaw. The patient appeared pale and grey, diaphoretic and had a 12-lead ECG performed by the crew of Palmerston 1 before our arrival, which stated the patient was having an anterior ST elevation myocardial infarction (STEMI). On our arrival the patient was rapidly handed over by the Palmerston 1 crew, IV access was established with IV fentanyl administered for analgesia and ondansetron for ongoing nausea.

The patient was transferred to our ambulance and a quick trip to town under lights and sirens was commenced. Our dispatch was keen to activate a helicopter to retrieve this patient: knowing that the flight time to scene was 10 minutes and the heli takes 5 minutes to mobilise during the day time, there was no time saving to be gained as we would have had to move the patient to a landing site. Expedient transport via a road ambulance was the best option for this patient at the time. Early activation of our pre-hospital warning system allowed the cardiac catheterisation suite to be ready to receive the patient on our arrival at Dunedin Hospital 25 minutes later. This patient's door to needle time from onset of symptoms was 1 hour, 36 minutes – not bad considering there was 55 minutes of transport and getting to scene time included.

We are cleaning and restocking our ambulance when at 17:30 a call comes in to a single vehicle car rollover near the rural town of Outram, approximately 25 minutes southwest of Dunedin. Another rural ambulance (Balclutha 1) is on their way back from a job in town so are available to first respond. Initial scene update indicates the patient is status one (critically injured) with a traumatic brain injury possibly requiring rapid sequence intubation (RSI). As I am the only RSI trained ICP on shift, we are tasked to attend this job to provide this skill. On arrival at scene the patient was still in the vehicle. Balclutha 1 were in attendance with a paramedic (intermediate life support) and an EMT on-board. The paramedic was holding the patient's airway open using a jaw thrust through the smashed driver's window. The EMT was trying to remove bystanders from the side of the car where it was leaning against an embankment. Fire arrived on scene and assumed control of safety and securing the vehicle.

Police arrived shortly thereafter, shutting the road and diverting traffic. My crew partner set up the stretcher for the patient to be extricated and started to prepare medication and equipment for a potential RSI. Access to the patient was hindered by the car being at 90 degrees on its side – I needed to get someone into the car to better assess the patient's injuries and GCS. Together with the Fire Commander and other paramedics on scene, we decided I was the best person to gain access to the patient by getting into the car. Fire assisted by providing a ladder and removing the rear windscreen.

Once inside the car I was able to rapidly determine that the patient was only being held in place by her seatbelt. Other than her TBI and airway issue, she had lacerations and an open fracture to her forearm with potential pelvic fracture and lower limb abrasions. We quickly formed a plan to remove the patient from the car using the combi carrier as an extrication device. A firefighter crawled into the footwell and assisted me to hold the patient's weight while her seatbelt was cut. We worked together to safely extricate the patient from the vehicle while the Balclutha 1 paramedic maintained her airway. It had started to rain so we quickly moved the patient to the prepared stretcher and loaded her into the ambulance.

Once inside the ambulance we removed the patient's clothing, commenced a primary and thorough secondary survey and gained some vital signs. At this stage her airway was being maintained with a jaw thrust. An NPA was inserted which was sufficient to keep her airway patent. I discussed my rationale for not RSI'ing the patient at the scene; namely airway managed with simple manoeuvres, no advanced airway currently required. My crew mates and colleagues from Balclutha agreed with my assessment.



Milford Sound

We established IV access, managed the patient's pain, splinted her pelvis and expedited transport to Dunedin Hospital. En route we made a trauma call to the ED consultant who organised a resus room and a full trauma team to meet us. The patient remained stable during transport and was safely delivered to the trauma team. Following paperwork and a clean-up we returned to station to hand over our ambulance to nightshift.

Day 2: Otago Rescue Helicopter base, 07:00–19:00, on-call overnight

My day starts with ringing our dispatcher to log on to the aircraft and vehicles we use. I arrive on base and start to check the machines with my crew mates. Our staffing mix ensures we have a minimum of two ICPs and one paramedic per shift. We either have a double crew of ICP/paramedic or ICP/doctor. The relationship the Otago Rescue Helicopter has with Dunedin Hospital Intensive Care Unit is very special. We have worked alongside the doctors and nurses of the unit for the past 23 years. Hospital registrars who are rotating or training in ICU can gain experience in pre-hospital retrieval medicine by working with us on the helicopter.

At 9:30 the first call comes in for an ICU retrieval, post-cardiac arrest to Lakes District Hospital in Queenstown. ICU are busy – they ask if we can manage without a nurse utilising one of their experienced registrars to retrieve the patient. I am tasked to travel with the registrar along with the ICP acting as crewman. We fly into Dunedin Hospital, landing on the rooftop helipad to pick up the registrar. We fly through to Queenstown and are taken to the patient in the emergency department. The patient had an airway issue and an altered GCS so the registrar elected to intubate him before transport. In this setting we work closely with the rural hospital: the doctor at Lakes asked if she could perform the intubation so I acted as her airway assistant while the ICU doctor administered the drugs and the other ICP was responsible for monitoring and recording. The patient was successfully intubated, transferred to the helicopter ventilator and taken to

the helicopter to fly back to Dunedin. The transfer was uneventful and the patient was delivered to ICU.

We return to base at 12:30 to restock and clean up and grab a bite for lunch before the next job.

At 14:30 we receive a call from Airdesk, who manage helicopter dispatch within the communication centres. We have been tasked to retrieve a possible stroke patient off a cruise ship that is due into Milford Sound at 16:00. The patient has been reported as having had a seizure. Myself and the paramedic on duty are sent on this mission. We fly across the Rock and Pillar Ranges into Central Otago. The views are spectacular and there are very few inhabited dwellings. On the way to the scene I get to play tourist, taking photos of Queenstown and into Fiordland. As we approach Milford the cloud base gets lower, necessitating the use of an alternate route. We arrive safely in Milford and transfer to a waiting boat to meet the cruise ship just offshore. Dolphins play in the bow wave of our vessel as we make our way into the Sound. The boat crew negotiate with the captain of the cruise ship to tie up alongside and move the patient to the tender. We are ushered onboard the cruise ship by the staff and taken to the medical room where we receive a thorough handover from the doctor, nurse and onboard paramedic (who attended the patient when he was seizing in his room). The patient is transferred to a scoop stretcher and carried off the cruise ship onto the tender vessel. Fortunately, he has improved significantly and is able to converse and tell us about his medical history, which includes previous epileptic seizures. Our patient is terrified of flying – he is somehow able to gather the mental fortitude to allow us to load him into the helicopter with minimal delay.

The cloud has cleared enough to allow us a direct route home and we complete the mission with no delays. The patient is handed over to ED staff at Dunedin Hospital and we return to base to refuel and restock.

It is now 20:00 and we're all getting a bit peckish so we head home, knowing the next call is just a pager beep away.



Anna's dogs: Banjo and Clancy

How can regulation under the National Law facilitate the development of professionalism in paramedics?

By Ruth Townsend

This legal series contribution is written by Ruth Townsend and draws on work she has been doing as part of her PhD studies at the Australian National University.

As everyone is now aware, paramedics are due to be registered by the Paramedicine Board of Australia in late 2018 under the authority of the *Health Practitioner Regulation National Law Act 2009* (Qld). (Although the Queensland version of the National Law Act has been adopted by all states and territories, each state and territory has their own individual version, which may include some minor variations.) The purpose of this legislation is to promote professionalism in select groups of workers, namely health care practitioners. As such I have termed this type of regulation ‘regulation by professionalism’.

This is distinct from ‘regulation by bureaucracy’ which is a form of regulation where standards are generic rather than specific to a particular group (this is the case with the regulation of paramedics in the United Kingdom) or regulation by free-markets where the emphasis of regulation is on encouraging and promoting competition and free-choice in the selection and use of services by consumers (this occurs in the health care system in the USA).

Regulation by professionalism

Regulation by professionalism is a way of controlling specialised workers (often referred to as professionals) who have high level skills and knowledge and a role that is not well understood by others outside of the discipline. In Australia this is the way we regulate health professionals. The regulatory model acknowledges that health care is complex, and not able to be easily broken down into standardised tasks or made generic. It acknowledges that good health care requires professionals to use their specialised knowledge and skill with discretion to ensure that health care is tailored to the particular needs of each patient. As such, the regulatory system is structured to allow health professionals to regulate themselves. They do this in a number of ways including developing a common set of practices and procedures and standards of conduct and competency that are particular to their unique role and specialised area of practice.

This form of regulation does not allow practitioners to set unreasonable standards of practice or work without

limits because the underlying principle of compliance with the regulation is patient safety. So although each health discipline regulated by the Act can assess its own members to determine if those members meet the required standards of peer professional practice, if that standard results in poor patient outcomes there are provisions within the law that give the Health Ministers’ Council the authority to issue a ‘please explain’ to that particular discipline. This has occurred in the past when the Ministers agreed to ask for information from the Chiropractors Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) about the evidence for chiropractic treatments that may be inappropriate and unsafe for patients.¹

The Australian model of regulation of health care professionals is special and should be adopted by other international jurisdictions looking to effectively regulate paramedics. This is because it recognises the specialist knowledge and skills and unique nature of the work of each health care occupation. It recognises that, because of the uniqueness of this knowledge, skill and purpose it is difficult for those outside the occupation to know and understand it. The regulatory system therefore provides a mechanism for each occupational group to regulate itself.

The legislation provides authority for the Paramedicine Board of Australia to determine education standards and accreditation requirements for paramedic knowledge and qualifications. The Board will be able to set paramedic competency and conduct standards through the education curriculum and through the development of a code of conduct to set out the minimum values and standards of conduct expected of registered paramedics.

The legislation does not explicitly set out the characteristics, skills and knowledge that make a health care practitioner a professional. It does, however, set out what is NOT acceptable professional behaviour and from this we can deduce what professional behaviour *is*. The definition of ‘unprofessional conduct’ is the same in all jurisdictions with the exception of New South Wales, which uses the term ‘unsatisfactory professional conduct’.

The type of conduct that would be ‘unsatisfactory’ (in New South Wales) or ‘unprofessional’ (in the other states and territories) include:

- Engaging in conduct that is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience
- A contravention of the National Law or regulations
- A contravention of conditions of registration or undertaking given to the National Board
- Failure to complete with a decision or order of a committee or tribunal in relation to the practitioner
- Accepting a benefit for referral or recommendation to a health service provider as an inducement or reward
- Accepting a benefit for recommendation of a health product as an inducement or reward
- Offering a benefit for a referral or recommendation as an inducement or reward
- Failing to disclose a pecuniary interest when making a referral or recommendation to use a health service or product
- Engaging in over servicing
- Allowing a non-registered assistant to attend or treat a patient in matters requiring professional discretion or skill
- Other improper or unethical conduct relating to the practice of the practitioner’s profession.

In short, the legislation establishes that a paramedic regulated under the Act must be competent in their work according to standards set and assessed by their peers, they must be law abiding, they must keep their promises, they must put the patients’ and public health services’ interests ahead of their own, they must not take bribes or be corrupted, they must not avoid or abdicate their professional responsibilities to a non-professional and they must act ethically.

The detail about what a ‘reasonable standard of conduct’ for a paramedic is yet to be determined. The Paramedicine Board will do so once they establish the core educational requirements – both clinical and non-clinical – that are required to be attained to be registered as a paramedic. The Paramedicine Board will also establish a Code of Conduct that should set out the values and standards of behaviour and care expected of a registered paramedic. These two pieces of work will go a long way to establishing the ‘reasonable’ standard of conduct. We also know from data from the United Kingdom about the types of behaviour that paramedics have engaged in that have been identified as falling below the required standard (see the article by Ruth Townsend and Michael Eburn, ‘Professional Discipline for Registered Health Professionals: Lessons for Australian Paramedics’ published in *RESPONSE* 2014; Vol 41 No 3, 41–43).

We know in the Australian regulatory context that nurses, doctors and others regulated under the National Law have

been sanctioned by their respective boards for engaging in a range of conduct that is similar to that poor behaviour undertaken by paramedics in the United Kingdom. Behaviour that has been deemed to be unprofessional conduct and/or professional misconduct includes inadequate or inappropriate testing or investigations or treatment, inadequate, inaccurate, misleading documentation/ health records; missed, incorrect or delayed diagnosis or referral, communication in a disrespectful manner, inappropriate prescribing; inaccurate prescribing; failure to cooperate with the investigation, breach of undertaking, inappropriate sexual comments and inappropriate sexual conduct; unacceptable breach of confidentiality; inappropriate collection, use or disclosure of patient information, failure to provide adequate or accurate information, failure to assess patient’s capacity to consent, inappropriate sexual or aggressive behaviour, assault, failure to disclose or properly manage a conflict of interest and having a health impairment that put the public at risk.² These behaviours have one element in common and that is that they have all resulted from a failure of the health practitioner to put their patients’ interests first, which is really at the heart of professionalism. It is critical that paramedics understand that the primary purpose of the National Law is to protect patients. Putting patients first is a good way to comply with this purpose.

Once paramedics are regulated under the National Law, their obligation to act with professionalism – which in essence is to put the patients’ interests first – will be codified, that is, it will be made legally consistent, transparent, explicit, binding and enforceable in a way that it has not been before. It is therefore essential that paramedics develop an understanding of what it is to be a professional paramedic and to act with professionalism to ensure that they act with the required standard of conduct and competency as set by their peers.

About the author

Ruth Townsend BN, LLB, LLM, DipParaSc, is a lecturer in Law and Sociology at Charles Sturt University. She is an editor and author of *Applied Paramedic Law and Ethics* and maintains a blog on health, law, ethics and human rights at <https://healthlawethics.wordpress.com>



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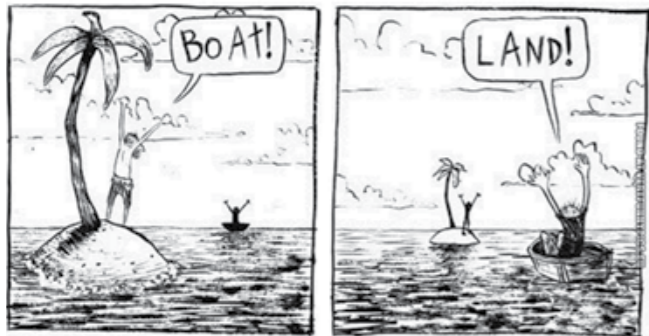
How understanding your subconscious mind can improve your perspective

By Sean Thompson

This article by Sean Thompson is based on his presentation at the Survive and Thrive 2 – Paramedic Resilience Symposium held in Melbourne in 2017. It is important to note that Sean does not purport to have qualified expertise in the matters described in this article; the advice given is general and is not intended as a substitute for specific and professional psychological support.

“The mind is its own place, and in itself can make a heaven of hell, a hell of heaven” wrote John Milton in his epic poem *Paradise Lost* in 1667.¹ Or to put it more simply, you can have hell inside your mind even though you know there are good things all around you. It is also possible to have heaven in your mind, even though there may be hell all around you.

Holocaust survivor Dr Viktor Frankl wrote that: “to choose one’s attitude in any given set of circumstances, to choose one’s own way”² is essential to human freedom. We have the ability to choose our attitudes. There is always an alternative but we need to adjust the perspective with which we view our situation.



The line in Milton’s poem was spoken by Satan and to an extent we each have the ability to decide whether we allow destructive voices to define us or if we learn to be defined by something more positive.

A caveat here: what we will talk about may be useful strategies but they may also be in the too hard basket for some, especially those with a diagnosed mental illness. In this case with these strategies, “try harder” won’t help. I recommend you instead be very gentle with yourself. Guilt and believing you have failed are terrible motivators. Remember it is very much OKAY to get professional help. Milton acknowledges that **we all have feelings**. However Frankl would have us ask ourselves: “Are our feelings an objective and accurate reflection of reality?”

Sometimes our unconscious decisions come from past experiences or people touching a ‘button’ or a ‘bruise’. **We all have buttons** that can be pressed and which can make us lash out or clam up and those closest to us will know exactly what can set us off! Have you ever asked yourself: “Why are my buttons so easily pressed?” “Why do I put my buttons out there for people to press in the first place?”

We all have bruises. Just by being human we are exposed to pain and trauma and for paramedics the chance of getting bruised is that much greater. So how can we protect our bruises and give them time to heal?

Let me introduce you to a concept that has changed my life. It is called ‘The Unbearable Feeling’. The Unbearable Feeling is a concept coined by New Zealand counsellor David Riddell.³ The Unbearable Feeling is a feeling or emotion so strong and so painful that you avoid it at all cost. It is so deep that you may not even be aware of this feeling which underpins and influences your very existence. We build our lives around trying to run from it, trying to avoid it and trying to deny it. We need to dig beneath the surface of our subconscious to find out what our own Unbearable Feeling might actually be.

Unpicking personality

There are many personality types, and while we should try not to label others or ourselves, it can still be powerful to step back and consider our own personality and reflect on the subconscious processes that drive us.

Let’s take a look at four personality types:

The chronic rescuer

Rescuers rescue to meet the needs of others and in doing so they often neglect their own needs. They are often inwardly insecure and are prone to getting burned out. Their Unbearable Feeling is the fear of being seen to be **cruel** or **unkind** and they will avoid experiencing these feelings at all costs.³

The bully

Bullies need to control or be seen to be in control but inwardly they often feel very out of control. Their façade of control gives them a sense of security but they are dangerously prone to losing control. We see this with people who are abusive or jump to a violent response. The Unbearable Feeling of the bully is, ironically, **being bullied** themselves. They also fear **losing control**. Bullies share a lot of similarities with those who are overly controlling.³

The avoidant person

Those who are avoidant prefer to avoid a situation rather than risk failing but the problem with this is that they deprive themselves of the opportunity to learn or succeed. Often the avoidant person will have high expectations but will consciously or subconsciously project their expectations onto others rather than themselves. They are prone to burnout, depression, anxiety, getting frustrated and quitting. The Unbearable Feeling of the avoidant person is the fear of **feeling dumb**, being **incompetent**, or being the **weak link**. The subconscious traits of the avoidant person are also similar to those who are passive-aggressive.³

The perfectionist

Perfectionists believe that there is an ideal or right way of doing something. Their subconscious thought process is very similar to the **procrastinator** but outwardly they manifest in different ways. Perfectionists are often over-prepared, pedantic or avoidant. They may be closed to new ways of doing things and may struggle with lateral thinking. The Unbearable Feelings of both the perfectionist and the procrastinator are frequently the fear of being **caught out**, being **ill-equipped**, or being **unprepared**.³

So how do we dig beneath the surface to more deeply understand the way we tick? It can help to sit down and give yourself at least an hour, or perhaps half a day to do some deep self-reflection. You can do this on your own or with your partner, close friend or a counsellor. It also helps to write things down. There are certain questions that you can also ask yourself to start the unearthing process. The following might help you get started:

- Do I tend to make decisions based on my emotions or feelings, or am I consistently rational?
- When I am under pressure, do my feelings accurately reflect the reality of the situation?
- Could my feelings be lying to me?
- If someone really wanted to hurt me, what would they need to say?
- What emotions do I prefer to avoid?
- What character traits do I believe are important above all others?

- What are the opposite of these character traits and how do I feel when I see these traits in myself or in others?
- How do my emotions and character traits help or hinder my situation?

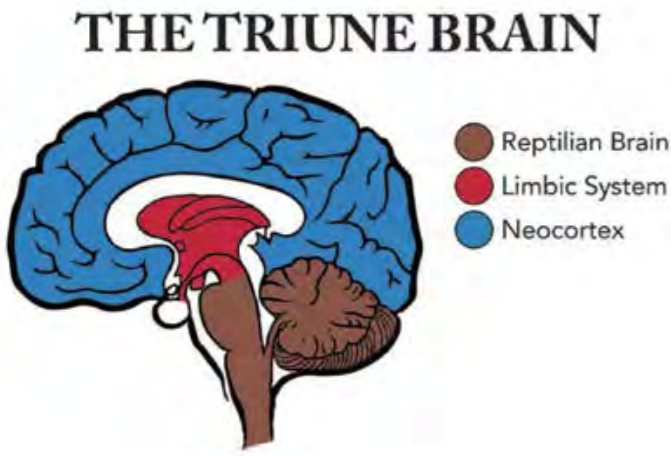
Another useful activity is to rank the fears on the following list, from most uncomfortable to least uncomfortable:

- Losing face
- Feeling disrespected
- Being unprepared
- Failure
- Confrontation
- Forgetting something
- Betrayal
- Disappointing others
- Feeling guilty
- Being caught out
- Getting something wrong
- Being cruel or unkind
- Losing control
- Futility
- Missing out
- Feeling dumb
- Saying ‘no’
- Having someone say ‘no’ to me
- Being rejected
- Unfairness
- Humiliation or embarrassment
- Being obligated
- Being bored
- Powerlessness
- Being in debt
- Being a burden.

Take the top five on your list and ask yourself:

- In what ways do these fears help or hinder my decision making?
- In what ways do these fears help or hinder my relationships?

As clinicians it helps to remember basic brain functioning. In the simplest terms there are three essential parts of the ‘triune’ brain that are involved in decision making: The ‘reptilian brain’, the limbic system and the neocortex. The reptilian brain refers to the lower structures around the brainstem and cerebellum which are responsible for human survival. This includes essential functions such as heart beat and respiration as well as instincts and sympathetic responses. The limbic system is responsible for emotions, memories and arousal while the neocortex is the rational or thinking brain.



When we are under extreme stress we instinctually revert to the reptilian functions of survival. The stress experience is closely linked to the emotional experience which is dictated to us through our limbic system and rational decisions are often outwitted or outweighed by the limbic response. David Riddell describes a ‘lag’ that allows our learned emotion-based limbic response to dominate our behaviour.³ Cognitive behavioural therapy (CBT) and other similar therapies involve practicing more considered and controlled responses when you are unstressed so that these will become your ‘go-to’ instinctual strategies when you are stressed. Rather than stress purely activating your reptilian brain with its strong limbic response, you will instead have a practiced strategy to remain in your rational thinking neocortical brain.

For example, if embarrassment is high on your list of emotions you prefer to avoid, with practice you will be able to say to yourself: “I’m feeling embarrassed and it feels very uncomfortable”. Identifying your vulnerability and the feeling that goes with it will help you to have a rational response. For example: “this embarrassment won’t last long” or “everyone gets embarrassed – this is just my turn”. You have just turned a reactive reptilian and emotional limbic response into a rational and reflective neocortical response. You have identified your Unbearable Feeling, acknowledged it, and not let it define you.

Becoming more aware of the things that drive our subconscious can be tough. It can expose vulnerabilities that are based in past trauma and pain so working with a psychologist or trained counsellor will be helpful. If you are just not ready, be gentle and don’t push yourself. Remember that freedom can eventually come when, as John Milton inferred, you ultimately experience that heaven inside your mind, regardless of whatever else may be going on around you.

It’s like making a conscious decision to walk a new path in the snow where a well-worn path already exists. You will need to walk that new path a number of times before it gets easier. Ultimately the new path will become your natural path and your new destination will be better than your old one.



About the author

Sean Thompson is a degree lecturer on the BHSc Paramedic program at Whitireia in Wellington, New Zealand. He is an Intensive Care Paramedic with Wellington Free Ambulance and is Chair of the Paramedics Australasia New Zealand Chapter.



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In the future your ambulance could be driverless

By Keegan Shepard

The revolution in driverless vehicles will make many jobs obsolete. In the USA alone, it is estimated that driverless vehicles will wipe out 4.1 million jobs. Truck drivers, delivery drivers, taxi drivers and Uber drivers will be out of work, and sooner than you might think. But automation can be a force for good, doing jobs more cheaply, safely and efficiently. In fact, there’s one service that’s crying out for more automation: the ambulance service.

Demand for ambulance services is growing rapidly in developed countries due to a combination of a growing and ageing population, an increase of chronic diseases, and a scarcity of primary care clinics and providers. This leaves the emergency services overburdened, with a dismal outlook for the future.

With driverless vehicles already on the road, some governments are looking into the possibility of driverless ambulances. Driverless ambulances and other technology could take some of the strain off the emergency services,

freeing paramedics to deal with high-risk patients where each minute waiting for treatment significantly reduces a patient’s chance of surviving. This would include cardiac arrest patients, where brain damage typically starts within four to six minutes.

Initially, health services could introduce a fleet of driverless ambulances alongside their current manned models to deal with low-risk patients – essentially starting out as ‘medical taxis’. Low-risk patients would be picked up by a driverless ambulance and transported to the nearest hospital or clinic for treatment. With the introduction of these ambulances, the need for paramedics to respond to every call – regardless of severity – would be greatly reduced.

However, not everyone is in favour of automated ambulances. One survey of just over 1000 people in the USA found that around half said they would be comfortable riding in one.



Supported by drones

As well as delivering Amazon packages, spying on neighbours and conducting military strikes, drones could also be used by health services to take the pressure off the ambulance service.

They would be especially useful for delivering medical equipment to remote locations. In fact, a start-up called Zipline is already successfully delivering blood and medicine across Rwanda. But these services could also be used in developed countries. For example, if a doctor in a remote rural location has to treat a patient with a rare condition, but she lacks the necessary medical supplies at her GP clinic or local hospital, a drone could deliver the supplies.

Alternatively, drones could be used to deliver vital medical equipment to a drop point prior to the manned ambulance's arrival. This would allow the patient to be treated as soon as the paramedics arrive.

Drones could also be used to transport specialised equipment, medication or even blood products between hospitals. This would reduce the need for ambulances to drive further distances to find somewhere that can treat their patient.



Predicting emergencies

For several years, police forces around the world have been using sophisticated algorithms to predict areas where crime is most likely to occur. This allows police departments to deploy officers to areas of 'high demand'.

While these minority report-style systems have proven to be controversial, a similar system that predicts illness hotspots is less likely to raise eyebrows.

A similar system could be used by ambulance services. It would collect previous trip data from the ambulances (both manned and unmanned). The software would take into consideration the time of year, weather, public events (such as concerts and protests), populations (such as elderly or

deprived) and past emergencies that ambulances have responded to.

This would enable the driverless ambulances to locate themselves within high-risk areas when they are not in use, allowing them to respond much faster to calls.

As these systems log more and more information, they will become increasingly more accurate at predicting medical emergencies, in the same way that data mining tools, used by social media and advertising companies, get better at figuring out what food, clothes, movies and so on you like best, and what you might like in the future.

These new methods may seem far off, but depending on how fast healthcare systems invest and adopt these technologies, they could be changing the way we receive medical treatment within decades. In the face of ever rising demand, technology is likely to be the saviour of ambulance services, making it faster, more effective and safer. However, it may take a while before the public are comfortable with the idea.

About the author

Keegan Shepard is a PhD Candidate, Edge Hill University, United Kingdom.



THE CONVERSATION

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What do you think?

Could ambulance services be driverless in Australia? Email your opinion or comments to EditorResponse@paramedics.org

Meet the 2018 SPA Executive Committee



Dylan Williams
(Convenor)

I have completed my Bachelor of Nursing/Bachelor of Paramedicine degree at the Australian Catholic University, Ballarat and am starting my graduate year with Ambulance

Victoria. This will be my third year on the SPA committee.

This year I will be responsible for the Convenor portfolio, stepping up from last year's position of Programs Development. I look forward to leading the SPA committee to ensure the success of our endeavours. The Convenor portfolio will see me working closely with co-chairs Luke and Amelia, and secretary Penny, to lead the 2018 SPA Committee and uphold our commitment to 'supporting our future paramedics'.

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[@Dyl_Williams90](https://twitter.com/Dyl_Williams90)



Luke Grindrod
(Co-Chair – Programs)

Hi, my name is Luke Grindrod. I am about to start my third and final year at Flinders University studying a Bachelor of Paramedic Science. I live in the Adelaide Hills with my fiancé Rikki

and our daughter Bella.

During my time at Flinders I have been a part of our local committee, FUSPA. This has been a great opportunity and has given me some experience providing professional development opportunities for our members in South Australia.

This year I have been lucky enough to be given the role of Programs Development Co-Chair. This role will see me help out Dylan and Amelia with the day-to-day running of the SPA committee, as well as developing and overseeing the annual student conference. I am looking forward to working with the rest of the SPA team and cannot wait to start putting together a great conference!

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Amelia Perris
(Co-chair – State Support)

My name is Amelia Perris and I am a recent graduate of ACU North Sydney. I will be spending my third year on SPA within the co-chair state reps side, as I did last year, and I'm looking forward

to working with a new team with fresh ideas and goals. Through 2017 I made many professional connections and I intend using them to best benefit our members, as well as passing on my own experiences of student life and balancing studies, work and social life. Meeting members at events such as Gold Coast Trauma, CPD by the Sea, SPAIC and PAIC has given me more ideas for how we can further help our members through initiatives, programs and professional connections. 2018 will bring many exciting things for SPA and its members as we strive to support our future paramedics.

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Carolyn (Penny) Pearson
(Secretary)

I am in my fourth and final year of Bachelor of Nursing/Bachelor of Paramedicine at ACU in Canberra. I have been on my local student paramedic society for the past

three years. I look forward to my first year on the SPA committee, taking on the role of secretary and administration. In this role I will support the convenor, Dylan, and the co-chairs, Amelia and Luke, to achieve their aspirations for 2018. I have had an amazing student experience filled with outstanding opportunities and I look forward to creating similar opportunities for students to prepare them for their future paramedic careers. I am passionate about expanding the role of paramedics in our community and continuing research.

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Michael Adler
(Online Editor)

G'day! My name is Michael Adler and I am undertaking my third and final year of Paramedic Science at Flinders University in South Australia where I am the Vice-President of FUSPA.

Being my first year on the SPA committee, I am thrilled to be appointed the position of Online Editor (Web & Social Media) for 2018. Having run PR within FUSPA last year, I aim to take what I have learnt and expand on SPA's online presence within our website, Facebook, Twitter and other online platforms. I am interested in working with all paramedic societies and expanding the reach SPA has online to other parts of Australia/New Zealand and beyond. I can't wait to work with such a passionate team and provide various networking and clinical opportunities across the Australasian region.

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Daniel Phillips
 (Publications)

Currently in my final year of a Bachelor in Clinical Practice (Paramedic) at Charles Sturt University in Bathurst, I'm excited to have been appointed to the SPA committee for 2018.

Originally from the Hunter Valley before moving to Bathurst, I have a keen interest in regional and remote paramedicine and have been an active member of CSUSPA since my first year. As paramedic students we have diverse backgrounds, different life experiences and a unique way of looking at things. I wish to encourage that in my role this year by shining a spotlight on the impressive work students do. I'm looking forward to some incredible things from our future professionals in 2018!

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Lauren Turnbull
 (Vic Rep)

Returning for my third year on the SPA Executive Committee I will be moving into the Victorian Coordinator role and am so excited to be more involved with SPA operations 'on the ground'.

I am in the final year of the BHSc degree at Victoria University and look forward to assisting in providing another brilliant year for paramedic students in clinical, professional and networking opportunities. Outside of SPA, I manage social media platforms professionally and own a first-aid training company. I love to keep active and have a particular interest in global EMS platforms. I'm looking forward to working alongside the Victorian students and the SPA committee to make 2018 our best year yet.

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Lewis Jones
 (NSW Rep)

My name is Lewis Jones. I'm currently studying at Western Sydney University going into my third year while being the President of the WSSPA committee, after previously being the second year delegate for the same committee.

While on the WSSPA committee I ran several social events and multiple CPD nights. In what little spare time I have you'll find me singing to almost every song known to man, while walking my beautiful dog Pepper. I've previously studied certificate 3 and 4 in fitness and currently work in aviation. I'm incredibly excited for my first year on the SPA committee and working with a great team.

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Brittany Shaw
 (Qld Rep)

My name is Brittany Shaw and I am 23 years old. I am currently studying at Central Queensland University through their distance education program (which is just an excuse for studying in

my PJs permanently) and have been studying paramedicine in some form since 2013. As well as being the SPA Queensland Rep I have also been offered a position as the CQU Events coordinator for 2018. I am incredibly excited to join the SPA executive team for 2018 and I can't wait to see what Queensland can accomplish over the next 12 months!

brittany.shaw@studentparamedic.org
@brittshaw94



Joshua Johnson
 (WA Rep)

Hi, my name is Joshua Johnson and I am very excited to become part of the SPA committee for the first time in 2018. I will be stepping into the role of Australasian Coordinator for Western

Australia and I am enthusiastic to utilise the opportunity to work closely with my local chapter, WASP, to further improve student engagement, support and development.

In 2018 I will begin my second year of study in a Bachelor of Science (Paramedical Science) at Edith Cowan University in Joondalup. I have been a volunteer country ambulance officer since mid-2016 and have a strong passion for community engagement, a trait I am eager to

employ in my new position. I hope 2018 proves to be a strong year for SPA and I greatly look forward to taking on any challenges the year may bring.

joshua.johnson@studentparamedic.org



Daria (Dasha) Budarina
 (SA Rep)

My name is Dasha Budarina, originally born in Russia and raised in Argentina before moving to Australia six years ago. I am entering my final year of a Bachelor of Paramedic Science at

Flinders University in Adelaide. This year will be my first year on the SPA committee and I am honoured and excited to be taking on the role of South Australian Coordinator. I am looking forward to working closely with FUSPA in order to provide our members with some exciting opportunities in developing their clinical knowledge and skills as well as networking opportunities that last a lifetime. In my free time, I volunteer for SA Ambulance Service in rural and remote areas and enjoy going to the gym as well as spending time with friends and family.

daria.budarina@studentparamedic.org
@budarinadasha



Emma Hill
 (Tas Rep)

I am currently attending the University of Tasmania (Hobart campus) and 2018 will be the beginning of my final year studying paramedicine. I started out my university endeavours in a

different degree, and found myself hating how boring it was. After talking to a lot of other students on campus I found myself encouraged by the idea of studying paramedicine and so I applied and was accepted to begin this new pathway of study. I have found that the dynamic aspect of the paramedic career excites me for what is hopefully a long and rewarding career in the field.

I have been selected as the Tasmanian representative for 2018 and cannot wait to work with the other team members and committee throughout the year.

emma.hill@studentparamedic.org



Rachael Rose
 (Conference Committee)

Having thoroughly enjoyed my first year on the SPA committee as Publications Officer I am moving to a role on the conference committee. SPAIC17 was an absolute highlight

of last year and I am very excited about being able to contribute to the organisation of SPA's next conference to be held in Adelaide in late winter or early spring.

The bar has been set extremely high, however, my goal for 2018 is to work with the amazing SPA team to make SPAIC18 the most interesting, exciting and well organised conference yet. This year I will be entering my second year of studies at QUT towards my goal of becoming a paramedic, as well as working and volunteering for St John Ambulance in the roles of event medic and advanced responder for various events.

rachael.rose@studentparamedic.org



Erin Wellington-Hyde
 (Conference Committee)

I am currently undertaking my final year of paramedics at Flinders University in South Australia. This is my first year on the SPA committee and I am taking on the role of conference

committee. In the past I have enjoyed the annual SPA conference immensely, not only gaining invaluable learning experiences and knowledge but also having a lot of fun with new mates. I am excited to be involved in the team to help facilitate this for others, and I look forward to continuing to build upon the amazing hard work of previous committees. I have a passion for professional development, and advocating for my fellow students, something that I will be able to share. I am very excited for the year ahead, to work within the team to bring students together from across different universities and ensure 2018 brings the best SPA has to offer!

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@EWellingtonHyde



Sarah Niedbala
 (Conference Committee)

I am a first year student of the Bachelor of Paramedicine at Victoria University in St Albans. I have an international upbringing and I hope to use that to my advantage when

communicating with fellow committee members, students and guests that I encounter in 2018.

I am very lucky to be selected as a member of the 2018 SPA Conference Committee and glad to help out. I am delighted to be working in collaboration with fellow committee members and I hope to provide and deliver a successful 2018 conference. I am looking forward to the conference and other events in 2018!

sarah.niedbala@studentparamedic.org

FUSPA annual ball

On 24 November, FUSPA hosted their annual ball at a packed venue in the Hilton Hotel. Not only was this a fantastic event to end a great year with, it gave students the chance to farewell the graduating class of 2017. This was also a celebration of all the hard work the FUSPA committee has put into organising events.

Over the course of the year FUSPA ran numerous successful events such as the Clinical Skills Camp, CFS day and Mental Health Day. These have allowed members not only to learn some valuable skills, but also to get to know other students. These events are of particular interest to our first year students as it gives them a taste of what's to come in the course of their degree.

SPAIC 2017 was held in Melbourne and, despite the travel, FUSPA had a massive turn out. We had around 40 members make the trip to attend the lectures and the workshops, and to cheer on our Ferno Sim team. FUSPA, in conjunction with Flinders University, are lucky enough to host this event in 2018 and we look forward to presenting some informing and engaging material.

A very big thank you and good luck to the outgoing 2017 FUSPA committee members, President Lachlan Graham and Vice-President Zebedee Schulz. Along with the other committee members, they have worked tirelessly over the year to make sure FUSPA events run smoothly.

For 2018, we welcome in Stafford Wulff as President, Michael Adler as Vice-President and Rochelle Weeding as Treasurer – along with continuing committee members, James Evenden, Luke Grindrod, Lili Gambians and Mackenzie Neumann. FUSPA will continue to deliver educational, engaging and entertaining events for our members.



2017 Graduating Class



Stafford Wulff, Lachlan Graham, Zebedee Schulz



Mackenzie Neumann, Rochelle Weeding, James Evenden, Zebedee Schulz, Lachlan Graham, Stafford Wulff, Lili Gambianis



Nick Wilson, Georgia Dooley, Kate Bohmer

Skill sharing among students

By Mally McConkey, SPA Tasmanian Coordinator, USSPA Secretary

Supported by the PA Tasmania Chapter, five USSPA students had the opportunity to attend SPA conferences in 2017. Attending workshops, watching lectures and meeting other attendees provided lots of opportunity for engagement and learning. Living on an island off an island can make other paramedic organisations and universities feel pretty far away, but these students made the most of the opportunity to engage with fellow students and presenters.

Kate Reid-Clark and Nick Grant both attended SPA's Gold Coast Trauma event. Once back in Tassie they organised a skill sharing session with UTAS students. They started out by demonstrating how to cut off clothes as quickly and efficiently as possible and where to auscultate after insertion of an LMA (stomach first then lungs!). Then using the trauma scenario used in the workshops (patient vs. tram), they combined students with different skill sets in running a traumatic cardiac arrest. This challenged all the attendees (we hadn't completed our trauma unit at that point) and engaged students across both first and second year to work together with an unfamiliar crew.

Nick Wilson, Kate Bohmer and Georgia Dooley attended SPAIC 2017 in Melbourne. For the second-year cohort, they recounted key lessons from the de-escalation and the wilderness medicine workshops.



They summarised Liam Langford's team dynamics during resuscitation and Ziad Nehme's high performance CPR presentations. Finally, they outlined some of the new acronyms they learnt at the conference, particularly RSVP3 for chest pain presented by Marc Colbek.

These exercises proved engaging and allowed those students who could not attend the conferences to gain some practical learning experiences outside of the curriculum. Thanks to the PA Tasmania Chapter for supporting these students to attend.



Code Black MassCas scenarios in Ballarat

By Elliott Matotek, President, Paraquinas: Ballarat Student Paramedic Society

Sirens, screams and shooting are all that could be heard at Australian Catholic University's Ballarat campus on the 28 November. Exercise 'Code Black', a multi-modal attack involving an active shooter, hostages and a motor vehicle attack was being played out on campus. Final year Bachelor of Nursing/Bachelor of Paramedicine students, Victoria Police, Ballarat CFA, Ballarat SES and ambulance paramedics were all taking part in a multi-agency real world scenario to hone and learn new skills.

The scenario involved a driver of a car running down students before crashing the vehicle into a building, the driver then jumped out of the vehicle and started shooting while taking hostages and leaving dozens of victims injured or dead in his wake. The Code Black exercise was aimed at putting 65 final year students through their paces and put their four years of study to the test.



Students took part in every part of the scenario from health commander to triaging, while coordinating with an emergency management team consisting of VICPOL, CFA, SES and two Victorian medical assistance teams with the aim of bringing order out of chaos.

Once VICPOL Tactical Operations 'neutralised' the target, emergency crews could descend on campus in order to save as many of the injured as possible. Roughly 75 students in other year levels volunteered and played the part of the 'casualties'. St John Ambulance volunteers further added to the realism by moulaging the victims with realistic wounds. Casualties were provided with triage sieve and sought vital signs in order to be triaged by the paramedic students. Casualties ranged from Priority 1, 2 and 3, uninjured or deceased; students had to identify the triage priorities of the victims and with the help of SES crews transport them to the casualty clearing station.

Running in its third year, this event was organised and coordinated by Associate Professor of Paramedicine, Dr Helen Webb who with the help of her team put their many years of experience together to help prepare the next generation of paramedics.



The WASP 2017 review

The Western Australian Student Paramedics (WASP) committee started the year with great momentum and that focus was channelled into orientation day with some excellent prizes made available for both new and renewing members. This coincided with the first continuing professional development seminar on paramedic registration, which had great participation from members. It was utilised as an opportunity to answer any questions from new members about our planned CPDs for the year and to let the cohort know what they could expect from WASP.

Our first event of the year was the Social Meet-up, held at Joondalup Climbing Centre. This occasion allowed new members a chance to get to know one another, and it was also a great chance for returning members to talk about their experiences with WASP and our previous events.

Unfortunately, due to a delay in our funding, many of the events that were planned for first semester were either postponed or cancelled. This led to a focus on social events rather than CPDs in first semester. However, in the second semester we were able to host our most exciting event of the year: a hands-on CPD that covered training in confined spaces, CPR in transit and vehicle extrication.



The team from Safety Direct Solutions put together an excellent event that allowed students to perform a range of clinical scenarios and activities that enabled the development of new skills and the harnessing of old.

"Competing in the Ferno Australia Paramedic Simulation Challenge proved to be a difficult and memorable experience," shares Reece Carvallo. "My team members Hannah Revell, Mitchel Taylor and I were placed in a situation, which was not within our comfort zone. Performing patient assessment and treatment in front of a crowd of our peers ensured a high-pressure situation. With the limited time we had to perform our tasks, the scenario felt like it only lasted a few minutes. I can still remember the large roar from the crowd the moment we exited the lifts



and entered the staging area; it felt as if my senses were temporarily numbed. I believe the challenge drew on our ability to work as a team, and we learnt that teamwork is crucial in mass casualty scenarios."

Reece continues, "The Student Paramedics Australasia Conference 2017 was unforgettable because I got to network with some of the brightest minds in our profession. I was amazed at some of the research my soon-to-be fellow paramedics are performing. The best thing I took away from the conference was meeting like-minded people who share a similar passion for the profession, for education and for keeping up-to-date with the literature."

The WASP Annual General Meeting was held on Sunday 10 December. During this meeting Jennifer Connors was voted in as the Social Media Manager for 2018, and Taryn Stewart was voted in to fill the role of First Year Representative. We had a great turn out with WASP members being able to give input into what they would like for 2018. The SPA WA Representative for 2018, Josh Johnson, was also present, which opened the conversation around the 2017 committee, plans for 2018, and how the two committees can work strongly together to focus on making 2018 the best year yet.





WELCOME TO SPA

Joining Student Paramedics Australasia provides a wealth of benefits including access to PA's e-learning portal and Australasian Journal of Paramedicine, subscription to Response magazine, member rates to conferences and CPD events, discounts through corporate partners, PA membership and more. What are you waiting for?

The following editorial and abstracts have been taken from the latest issue of the Australasian Journal of Paramedicine. Vol 14, No 4 (2017). Available at <https://ajp.paramedics.org>

The challenges of paramedic education in the new millennium: Chasing the evolution of paramedic practice

By Gavin Smith

Across university campuses nationally, the final semester of the final year of study for hundreds of aspiring paramedics is coming to a close. With lectures completed and exams just around the corner, students are already engaged in jumping through the many hoops required to ensure their best possible chance of selection as a graduate paramedic with any one of Australia's ambulance services, and indeed international employers such as London Ambulance Service.

Some two decades ago, the education of paramedics moved from a vocational model to a higher education model, with aspirations of improvement in learning and efficiency across the sector. The practice of paramedicine has advanced rapidly (and in complexity) since that time, but questions remain as to whether paramedic education has kept pace with this evolution.

Where once paramedic education was focussed on training in essential skills coupled with a basic knowledge of pathophysiology, and subsequent application to a prescriptive set of clinical practice guidelines or protocols, the level of sophistication and expectation has grown exponentially by stakeholders (governments, the health sector and the community).

Where once students practised the art of tying knots and forming slings from triangular bandages, they now learn the intricacies of pre-hospital thrombolysis and 12-lead electrocardiogram interpretation. This is a significant movement from that of training to that of education, and this paradigm shift must be accompanied by specific strategies to enable both learning and understanding.^{1,2}

These expectations also create inherent challenges for education providers, balancing the importance of incorporating new knowledge and skills into their curricula while ensuring students are capable of absorbing and understanding each aspect of learning within the same timeframe afforded them two decades ago.

Thus education providers have moved beyond delivering content through traditional means (face-to-face lectures), instead utilising technologies and delivery methods designed to provide access to information, and

assessment of same, outside of the traditional paradigm.^{3,4} This has resulted in students having unprecedented access to online resources, simulation facilities and interactive computer programs that may be accessed at convenient times outside of traditional hours of learning. Although studies have identified specific benefit in simulation learning and other types of alternate learning, significant and necessary paramedic-specific research is yet to be conducted.⁵

As national registration for paramedics draws closer, discussion continues about defining the new profession and the constitution of its membership. Education forms a key component of this discussion, with not only the qualification (undergraduate degree) but also its content scrutinised for industry relevance and the ability to produce 'work-ready' paramedic graduates.^{6,7}

Much has already been said about the competitive nature of clinical placement as a source of learning, and universities continue to work to identify novel means of providing students with essential clinical practicum experiences such as through high fidelity simulation and international study tour clinical placement opportunities.⁵ The measure of effectiveness of these learning tools is yet to be clearly defined through research, although efforts are being made in this area.

It is possible that as the profession redefines itself, it may be necessary to look at other health professions, such as medicine, in order to identify how best to compress an ever-changing body of knowledge into a 3-year teaching program.

This in itself will require significant cooperation between service providers and universities to identify expectations and deliverables regarding graduate capabilities and specific knowledge of local service provider clinical practice guidelines content. In particular, skills maintenance will be a feature and challenge in providing future 'work-ready' graduates, with research already identifying learning decay as an issue between graduation and subsequent employment.⁸

This year, the annual Paramedics Australasia International Conference will be held in Melbourne in November [sic], and will showcase the research capacity of paramedics from Australia and New Zealand, providing an annual insight into the continuing evolution of the paramedicine field. This important conference will provide an opportunity for paramedics and students to explore and understand the factors that are influencing their role in the provision of emergency health care.

The *Australasian Journal of Paramedicine* will continue to support and promote the knowledge and research shaping paramedic practice in order to ensure that paramedics in our region have access to the latest in developments affecting their practice. In this issue, as in a number of recent issues, we will continue to explore the questions that universities are asking of themselves and their students through the eyes of graduate and undergraduate research papers.

About the author

Gavin Smith BParaStudies, GradDipEmergHlth, MEH, PhD is Associate Professor, Victoria University Centre for Chronic Disease Prevention and Management, College of Health and Biomedicine [Paramedicine], Melbourne, Victoria and Associate Editor, the *Australasian Journal of Paramedicine*.

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Selected abstracts

Paramedic identification and management of victims of intimate partner violence: A literature review

Breanna Mackey

Introduction

Intimate partner violence (IPV) occurs between adults of the same or opposite sex in a current, or past, intimate relationship. The aim of this paper is to review the literature regarding paramedic confidence, capacity and accuracy when identifying adult victims of IPV and subsequent management of the scene when IPV is suspected or identified.

Methods

A review of the literature using Ovid MEDLINE was conducted; five articles met the inclusion and exclusion criteria.

Results

Results show a consistency in findings across research areas in Australia, Canada and the United States and are clear in four separate areas: paramedics demonstrate a high degree of accuracy in identifying IPV victims; professional training effectively increases paramedic knowledge of IPV; greater than 50% of the paramedic population surveyed felt underprepared to deal with an IPV scene; and the majority of surveyed paramedics attend between one and 10 IPV scenes per year.

Conclusion

This review indicates that paramedics have the capacity to accurately identify IPV victims, and that paramedics recognise a deficit in their professional IPV training. Further research is required, using a robust sample size, to construct appropriate training packages and guide improvement to paramedic clinical practice guidelines.

Student paramedic anticipation, confidence and fears: Do undergraduate courses prepare student paramedics for the mental health challenges of the profession?

Russell Jones, Lisa Holmes, Richard Brightwell, Lynne Cohen

Introduction

This study explores the preparedness of undergraduate student paramedics for the mental health challenges of the paramedic profession from the perspective of course coordinators and their students.

Methods

Two surveys were developed and administered to course coordinators and students of the 16 undergraduate degree paramedicine courses across Australia and New Zealand. Sixteen course coordinators and 302 students responded.

Results

Results illustrate there was widespread recognition for the need to include preparation for the mental health challenges of the profession within undergraduate courses. Furthermore, most course coordinators and students had a preference for this topic to be taught using multiple teaching modes with particular preference for teaching the topic via discussion and activity based education. Teaching the topic as a standalone unit was supported by more than a third of course coordinators (43%) and a third of students (32%).

Conclusion

Six themes were identified as positive by anticipants: caring for people, high acuity work, diversity of work and patients, making a difference to patients and their families, using clinical skills and knowledge and engaging with the community. Students were most confident about communicating with patients and using clinical skills and knowledge. Students were least confident about clinical decision making and the most commonly cited fear was making a clinical mistake. A significant proportion of students (16%) feared for their personal mental wellbeing and 14% reported they were least confident about personal mental health within the profession.

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Russell Jones, Lisa Holmes, Richard Brightwell, Lynne Cohen

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Teaching students to think like a paramedic: Improving professional judgement through assessment conversations
James Thompson, Don Houston, Kathryn Dansie

Read the full articles at <https://ajp.paramedics.org>

The Paramedic Research Project at ECU

By Dr Brennan Mills, Unit Coordinator and Lecturer, School of Medical and Health Sciences, Edith Cowan University

Second-year paramedic students at Edith Cowan University undertake a year-long research methods unit entitled 'Paramedic Research Project'. Over the course of the year, groups of six students design, develop and undertake a research project in the paramedicine/health education space under the guidance of content and research experts from within ECU's School of Medical and Health Sciences. At the end of the year, student groups produce a research poster suitable for display at scientific conferences, as well as a research article suitable for submission to a peer-reviewed scientific journal publication. This new unit allows high achieving students the opportunity to disseminate the research they undertake as part of their studies among the greater scientific community.

Research undertaken by students in 2016 was presented at the Paramedics Australasia International Conference (PAIC) in November, and it is expected that many of the 2017 students will similarly produce suitable work for presentation at PAIC and other national and international conferences. Research projects range from gauging the public's knowledge of when it is and is not appropriate to call for an emergency ambulance, to investigating how fatigue effects alertness throughout a paramedic's night shift, to how long health clinicians can perform CPR before compressions are no longer effective.

Best Overall Poster Paramedic Research Day

The winning group of Kelly Mackinnon, Jessica Keeble-Jenkins, Matthew Bell, Timothy Everett and Ellen Major – supervised by Lisa Holmes (lecturer in paramedical science and Chair of PA's Mental Health and Wellbeing Special Interest Group) – undertook research into the utilisation of paramedic support services in Australia and New Zealand, and are currently writing an article that will be submitted for consideration to the *Australasian Journal of Paramedicine*.



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Introducing Paramedics Australasia Board for 2017–18



Peter Jurkovsky MPA
President

Peter is a paramedic, educator and lawyer. He was elected as President of Paramedics Australasia in November 2017. Peter has a lifetime of professional experience in paramedic operations, management and education. Peter was co-opted to the Board as a skills-based Director in December 2015 in recognition of his legal skills and knowledge relating to paramedic regulation under the National Law and now chairs the National Registration Working Group where he will continue to lead the Board's strategy on paramedic registration.



Simone Haigh MPA
Vice-President

Simone was elected as Vice-President of Paramedics Australasia in November 2017. She is an intensive care paramedic with Ambulance Tasmania where she has been employed for over 10 years. She is also a clinical teacher at the University of Tasmania. Simone was chair of the PA Tasmania Chapter for four years and was elected as a Board member in September 2015.



Paul Thaw
Treasurer

Paul was appointed to the position of Honorary Treasurer following a public recruitment process in early 2016. Paul brings over 15 years experience as a finance executive to his directorship including roles as a chief financial officer, company secretary and board director.



Neil Noble MPA

Neil is a critical care paramedic. He is also a committee member of the Queensland Chapter (portfolio: marketing and corporate communications) and Chair of the Paramedics Australasia Social Media Committee. As lead paramedic for Australia's leading EMS brand, Team Australia EMS, Neil has an excellent understanding of global EMS operations and is the Australian editor for International Technical Rescue.



Sharon Duthie MPA

Sharon Duthie is an intensive care paramedic with St John Ambulance New Zealand, where she has been employed for the past 14 years. Sharon holds a Bachelor of Health Science (Paramedic), postgraduate Diploma in Health Science (Paramedic) and a graduate certificate in Emergency Management from Auckland University of Technology. Sharon was instrumental in establishing PA's New Zealand Chapter and was elected as its inaugural chair, a position she held until January 2015. Sharon is currently assisting the Rural and Remote Special Interest Group with building its presence and instigating its inaugural symposium in 2018.



Philip Bachelor

Philip is a Community Representative Director. As a strategic not-for-profit executive with diverse experience on several professional and community boards, he contributes towards a broader governance and management perspective. Philip is a social researcher, author, adjunct lecturer and charitable foundation director.



Brad Mitchell MPA

Brad's passion and enthusiasm for the future of paramedicine saw him elected to the Board at the 2015 AGM. His portfolio includes the Network of Australasian Paramedic Academics as well as overseeing the current CPD certification process. Brad is a lecturer in the Paramedic Science degree at Flinders University, and maintains his clinical qualification by working part-time as a paramedic with SA Ambulance Service. He is also a member of the SA Health Young Professionals Group Steering Committee.



Stephen Cornelissen

From a stellar group of 12 nominees at the 2016 AGM, Adjunct Professor Stephen Cornelissen was elected as a Community Representative Director for a three-year period. Stephen is currently the Group Chief Executive Officer for Mercy Health and brings a wealth of experience and expertise for the benefit of the PA Board and membership.



Daniel Townson MPA

Daniel was elected to the Board at the 2016 AGM. He graduated from Queensland University of Technology in 2010 and has worked with the Queensland Ambulance Service for the past seven years and due to complete his Masters of Business Administration in 2017. Initially working in rural and remote parts of North Queensland, often as a single paramedic responder, he has spent three of the past four years working in Metropolitan South – Brisbane, currently an operations supervisor for the Sunshine Coast.



Michael Eburn

Michael Eburn was co-opted to the Board in November 2017 for a 12-month period because of his strong skillset in law and paramedic registration. Michael is a barrister and Associate Professor at the Australian National University College of Law in Canberra. He has served as a probationary and then honorary ambulance officer with NSW Ambulance. He has also served as a legal officer with NSW Health.



Nathan Haynes MPA

Nathan was elected to the Board at the November 2017 AGM. He is also the Western Australia Chapter Chair, a paramedic and emergency registered nurse. Nathan has held several roles within Paramedics Australasia including media and event coordinator, chapter chair and committee member to the National Registration Working Group.

For full profiles of all our Board members, visit <https://www.paramedics.org/board/>

Chapter news

ACT

2017 was a big year for the ACT chapter. We held a number of CPD events ranging from the everyday management of maternity, cardiac, and trauma patients though to the relatively rare care of patients in the tactical environment. Matt Pepper and Ben Grellman from the Australian Tactical Medicine Association drew a large crowd in late November with our colleagues in policing and defence also attending an informative evening on an evolving field.

The ACT Committee would particularly like to extend our appreciation to paramedics that presented their own cases throughout 2017. We would strongly encourage members to engage in reflective practice and share some lessons learnt by presenting at a case series evening in the coming year.

Looking ahead to 2018 and impending professional registration, our goal is to develop our members' capability and support their wellbeing. We will again offer several scholarships to attend events interstate such as Survive and Thrive (to be held in May) as well as PAIC and other conferences throughout the year. If you'd prefer not to travel, we have an exciting line up of professional development opportunities to attend a bit closer to home. In the first half of this year we will host palliative care experts at CPD events and short courses. In addition, a small number of professional development placements will be on offer with the palliative care team. Keep an eye out on www.paramedics.org/events to sign up and see what else we have on offer in 2018.

Matt Mihaly

Secretary, ACT Chapter



Matt Pepper from the Australian Tactical Medicine Association presenting at a CPD event in November

NSW

At the NSW Chapter ACM held on 15 December 2017 the new committee was voted in. The 2018 committee consists of:

- Chair – Buck Reed
- Secretary/Treasurer – Craig Hutchins
- General Committee – Craig Campbell, Phillip Ebbs, John Fahey, Helen Hoare, Carpet Hughes Lewis Jones, Joe Karlek, Peter Mangles and Craig Nolan.

The NSW Chapter Committee thank retiring members – Amelia Perris, Siobhan Graham, Liane Croft and James Pearce – for their assistance and wished them the best. Clinical Governance Day at the NSW Ambulance HEMS Base at Albion Park Airport is held on the third Wednesday of the month (when happening) from 9am to 3pm. It usually comprises two clinical presentations, a review of current research and a mortality/morbidity review (there is no requirement to stay for the whole day).

The event is open to anyone interested in out-of-hospital care. Some of the previous presentations are available on the www.emergencyeducation.net

Anyone interested in attending an event should contact Craig Hutchins on cbhutchy@bigpond.net.au. All those interested will be notified by email of event dates.

Craig Hutchins

Secretary, NSW Chapter

NEW ZEALAND

Tēnā koutou katoa. Nau mai, haere mai. Hi everyone and welcome to the New Zealand update.

It was great to see more than 30 New Zealanders at PAIC2017. We put on a strong showing and would like to congratulate our New Zealand members who presented research at the conference:

- Ari Peach (AUT University, St John): Best of the Best presentation finalist
- Alan Wilson (Whitireia, Wellington Free Ambulance): Best poster winner
- Ken MacIver (Whitireia, Wellington Free Ambulance): Oral presentation
- Howard Wills (Whitireia, St John): Poster presentation
- Sean Thompson (Whitireia, Wellington Free Ambulance): Keynote presenter.

Also congratulations to those who attended with the assistance of the 2017-18 PANZ member scholarships: Inayah Harun, Sarah Thompsett, Howard Wills and Ken MacIver.

We would also like to acknowledge St John New Zealand for their generous support of 20 staff to attend the conference.

As well as PAIC 2017, we awarded scholarships to Louise Schroeder and Jeanette Ataera for assistance towards BHSc Paramedic degree study and Orla Fowden for attendance at TrauMed 2017. It is great to give back to members and support research and ongoing learning.

By the time you receive this we hope to have a clearer idea of registration in New Zealand. A new Labour-led coalition government was established in October and the incoming Minister of Health David Clark has previously been very supportive, as have the collation partners NZ First and Greens.

Paramedics Australasia have been invited to take part in the long awaited review of NZS8156:2008. This is the national Ambulance Standard which sets out appropriate services for ambulance and paramedic services in New

Zealand. Craig Barraclough will represent us on this committee. Craig sits on the New Zealand Paramedic Registration Working Group. He has worked with both of New Zealand ambulance services and is currently employed by the Ministry of Defence.

Paramedics Australasia is currently investigating low cost, high quality professional indemnity insurance as an additional benefit for New Zealanders. Watch this space!

Our annual chapter meeting is scheduled for February 2018 so keep an eye on your emails and social media for details. We would love members to get involved in their professional body at this exciting time as we prepare for professional registration.

Kia pai tō koutou rā – have a great day.

Sean Thompson

Chair, NZ Chapter

Study Paramedic Practitioner courses at ECU.

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Paramedics Australasia

Taking care of those who care for others

What is Paramedics Australasia?

Paramedics Australasia is the peak professional body that represents you – the paramedic practitioner.

What we do

We believe in the value of paramedicine and the profound impact paramedics have on people's lives. We support your profession and represent your interests. We strive to be your voice in determining how advances in health service provision, legislation and clinical practice are shaped and implemented to enhance the quality of patient care.

Paramedics Australasia led the 10-year campaign advocating for a national registration for paramedics. The National Registration Scheme is due for implementation in 2018, and we continue to be a key adviser to government to ensure our members' views are included in the development of this new scheme.

Why join us?

While you work for the best interest of others, we make sure your best interests are taken care of. With over 4000 members across Australasia, we are the only organisation that understands the unique needs of paramedics and those that work in or support the paramedicine field.

When you join the Paramedics Australasia community you will be

represented, heard, supported and valued.

Some of the ways Paramedics Australasia supports its members is by:

- Providing opportunities for professional development and continuing education
- Providing access to professional, health and welfare services
- Supporting a range of special interest groups and committees to progress the field of paramedicine
- Ensuring education and guidance for compliance with the future national registration program for paramedics
- Promoting and advancing the profession and driving professional standards.

“We believe in the value of paramedicine and the profound impact paramedics have on people's lives.”

Member benefits

As a member you will receive:

- Access to our member-only eLearning platform with CPD activities, conference videos, online journal club and more

- A quarterly general interest, training and education bulletin, *Response*
- A monthly electronic newsletter to help keep you informed, *Rapid Response*
- Access to our peer-reviewed journal, the *Australasian Journal of Paramedicine*
- Updates on what's happening in your profession via Facebook and Twitter
- Access to scientific conferences, symposia and other professional workshops.

You can also become involved in:

- Evidence-based research and special interest groups (including a range of grants to individual members)
- Health care policy committees, regulatory bodies, clinical groups and other health care stakeholder activities
- Professional networking and international links.

Let us look after you...

To find out how you can become part of your professional community, visit www.paramedics.org

Did you know that as a member of Paramedics Australasia you can receive the following discounts and savings through our Member Rewards Program?



We have partnered exclusively with Guild Insurance to provide our members with insurance products specifically developed to meet the needs of paramedics. The product combines professional indemnity and public liability insurance under the one policy wording.

Enjoy a 20 percent discount off standard rates with Guild Insurance. Call Guild on **1800 810 213** or visit guildinsurance.com.au/paramedics for more information.



Through our exclusive travel arrangement with Corporate Traveller, members can access reduced rates for Qantas Club and Virgin Lounge memberships. Please contact Meredith Thompson on +61 (0) 3 8535 1530 or email meredith.thompson@corporatetraveller.com.au



Virgin Australia Lounge Membership

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- 1 year membership \$300 – normally \$420 saving \$120
- 1 year membership renewal \$300 – normally \$420 saving \$120.



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As the endorsed insurer for Paramedics Australasia (PA), we are working together to develop insurance products that keep pace with the changing needs of the paramedic profession.

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ECU has a range of postgraduate Paramedicine courses that have been developed in close consultation with industry and are focused on clinical issues related to daily practice, as well as developing clinical decision-making and critical thinking skills.

Aeromedical Retrieval

- Graduate Certificate in Aeromedical Retrieval
- Graduate Diploma in Aeromedical Retrieval

Critical Care

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- Graduate Diploma of Critical Care Paramedicine
- Master of Critical Care Paramedicine

Disaster and Emergency Response

- Graduate Certificate of Disaster and Emergency Response
- Graduate Diploma of Disaster and Emergency Response
- Master of Disaster and Emergency Response

Paramedic Practitioner

- Graduate Certificate of Extended Care Paramedicine
- Graduate Diploma of Extended Care Paramedicine
- Master of Paramedic Practitioner

Research

- Master of Paramedical Science by Research
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