VOL 48
SUMMER 2021

RESPONSE

Meet your new Chair

Australasian College of Paramedicine

STUDY POSTGRADUATE PARAMEDICINE

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.

Critical Care
- Graduate Certificate of Critical Care Paramedicine
- 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 Medical and Health Science by Research
- Doctor of Philosophy

These courses can be completed online or on-campus and are open to those with a relevant Bachelor degree, or equivalent prior learning.

APPLY NOW FOR POSTGRADUATE PARAMEDICAL SCIENCE

ECUWORLDREADY.COM

AUSTRALIA ECU EDITH COWAN UNIVERSITY

Contents

12

When Claine Underwood joined the QAS in 1995, the Yarrabah local didn't know what to expect, but he knew that he wanted to make a difference. Twenty-five years on, he has achieved that and so much more.

NATIONAL OFFICE

PO Box 3229 Umina Beach NSW 2257
1300 730 450
info@paramedics.org
https://paramedics.org/

ACN 636 832 061
ISSN 1836-2907

MEMBER ENQUIRIES
members@paramedics.org

EDITORIAL ENQUIRIES
Denese Warmington
denese.warmington@paramedics.org

ADVERTISING ENQUIRIES
Jonathon Tremain
jonathon@tremedia.com.au

RESPONSE is published quarterly by the Australasian College of Paramedicine. Editorial and photographic contributions are welcome and can be submitted to EditorResponse@paramedics.org All material accepted for publication is subject to editing.

COVER

The College's newly elected Chair, Ryan Lovett.

The Australasian College of Paramedicine acknowledge Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land and sea in which we live and work, we recognise their continuing connection to land, sea and culture and pay our respects to Elders past, present and future.

The College acknowledge Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Australasian College of Paramedicine

EVENTS 2021

19 March

Trauma on the Border

Friday 19th March 2021

Tweed Heads, NSW

One day paramedic conference covering all things trauma

26-28 May

Rural Outback and Remote Paramedic Conference

Wednesday 26th to Friday 28th May 2021

Broome, WA

Designed specifically for paramedics and allied professionals working in rural outback and remote areas

15-17 September

ACP International Conference

Wednesday 15th to Friday 17th September 2021

Canberra, ACT

An in-depth comprehensive paramedic conference that focuses on providing the education and research that paramedics need

For more information please
visit **www.paramedics.org/events** or email **education@paramedics.org**

www.paramedics.org

@ACParamedicine

Australasian College of Paramedicine

The impact of paramedicine

with Ryan Lovett

Welcome to the first issue of *Response* magazine for 2021. I'm not sure I can recall a year with so much potential and I, for one, am hoping it lives up to it!

In this Message to Members – my first as Chair of the College – I wanted to talk about a topic that has been at the forefront of my mind for a while now. That is, in 2021, what does it mean to be a paramedic?

I reflect on this now for a number of reasons.

I recently read an article by student member Matt Wilkinson-Stokes in the College's peer-reviewed journal the *Australasian Journal of Paramedicine*. In his article 'A taxonomy of Australian and New Zealand paramedic clinical roles', Matt contacted 10 jurisdictional ambulance services in Australia and New Zealand and collated data around role titles, practice scope and educational requirement for paramedics employed by each ambulance service. Matt found that there was very little consistency among the Australian states and territories and New Zealand in most of the aspects he researched.

> "Do not be defined by your employment with an ambulance service"

Late last year I was asked to record a commencement speech for our graduating student members, and I reflected on this same topic in that speech. I thought about all the amazing paramedics I know who are working across the spectrum of our profession. I know Michael, who has built a world class medical services business and is contracting to government and industry; I know Amy who is leading research to inform the national guidelines being developed by the College; I know Alan who is a learned and reasoned voice for our profession with government and policy makers; I know Laurence and Lynsey who are building cutting edge technology solutions to tricky problems facing our profession and health more broadly; and I know Matt and Jacquie who are giving 110 percent building health services and systems in Pacific nations where none existed previously. And I know that these people are just the tip of the iceberg. So many of you are taking the skills, experience and innate pragmatism borne of our profession and applying it to the many and varied problems in the world.

On a personal note, midway through last year I also looked further afield and, for only the second time in my life, tendered my resignation. I left the relative comfort of an ambulance service and moved into central government where I am working on the delivery of a coordinated state-wide program to bring acute hospital-level care to people in their homes – because who else do you want lending their expertise to the delivery of out-of-hospital acute care but a paramedic... it's what we do, right?

So, I think the theme for 2021 is: do not be defined by your employment with an ambulance service, because no matter where you work, there is no one single definition of what a paramedic is. We have a unique and valuable skill set, we are independent practitioners and 2020 proved that we can rise to any challenge, no matter how big, no matter how complex. The world is full of opportunities waiting for us. Let's make this year, this decade, one defined by the impact of paramedicine.

Stay safe.

THE EVIDENCE IS CLEAR.

Psychology Annual Maximums per person on a policy.

Emergency Services Health pay up to	BUPA pay up to	Medibank pay up to
$850.00*	**$750.00***	**$500.00***
with a Rollover Maximum up to $1700*		
Combined annual maximum with counselling		
Rolling Extras	Top Extras 90	Top Extras 90

Emergency Services Health is the best health cover for paramedics and their families.

EMERGENCY SERVICES HEALTH

COVER LIKE NO OTHER

A Members Health Fund

Call 1300 703 703

* Subject to waiting periods and other conditions. Annual Maximum comparisons correct as of 1 October 2020, published on privatehealth.gov.au.

Looking ahead

with John Bruning

As we entered December last year, it seemed like we had passed the worst of the pandemic in Australia and New Zealand, and that a vaccine was going to make 2021 a much brighter year. The New South Wales Northern Beaches outbreak, the Brisbane 'UK' strain lockdown and the recent New Zealand community transmission case highlighted the challenges that 2021 will bring, but a new year always brings hope of progress and leaving behind what we didn't like from the past year. Both Australia and New Zealand have handled the COVID-19 virus quite successfully and we have managed minor outbreaks increasingly well, giving confidence of a better 2021, but vigilance will be required throughout the year while we wait for the vaccine roll out.

The College education team began planning for our 2021 conferences and events late last year and we are hopeful of achieving important networking and engagement with a return to face-to-face events. An eye to restrictions and any outbreaks will continue, so we will be focussed on a hybrid conference structure this year, with the ability to attend online and in person either at local / jurisdictional level events or a major event if restrictions allow. It would be wonderful to be engaging with each other in person in the coming months!

> "This is a vital three-year period for the College to set strong foundations for the future"

The College had a successful first year of operation, with well supported and highly engaging events, and ongoing membership growth. This has put the College in a strong position for 2021, seeing the addition of some extra employees shortly that will allow the College to deliver higher quality services for our members. I usually don't like to pre-empt what we are working on because not everything goes to plan, but there are improvements and renewed content coming with the website, a focus on lifting the quality of our education, the introduction of online specific interactive content, and a number of new programs in development. It looks like 2021 will be an exciting year for the College in continuing our forward progression.

In the coming months the College will launch our Strategic Plan for 2021–23. This is a vital three-year period for the College to set strong foundations for the future. With paramedic registration achieved, the profession has an opportunity to look to the future and greater define what paramedicine covers and what paramedics will be. The College will play a key role in advocating for paramedics and ensuring your voice is heard. Our strategic plan will set out some of these overarching leadership and advocacy objectives – a key pillar for the College to be successful in and an area that both myself and the Board will be prioritising.

My final thoughts are on how each of you is doing. I know the past year has been a challenge, and the mental health and general wellbeing of us all has been tested. In all that we have seen and experienced I am positive about what comes next because of the overwhelming compassion and kindness that has been displayed in dealing with our collective challenge. In difficult times, if we extend kindness and care for ourselves and those around us in equal measure, we will prevail.

Looking forward to a safe and exciting year.

Paramedics have one of Australia's most dangerous jobs — and not just because of the trauma they witness

by Simon Sawyer, Malcolm Boyle and Sharon Lawn

Allegations of widespread sex discrimination and gender-based bullying among Ambulance Victoria staff have highlighted just some of the problems faced by paramedics.

Since the allegations came to light last month, Ambulance Victoria has engaged the Victorian Equal Opportunity and Human Rights Commission to investigate.

While these reports are reason enough for drastic action, they are just part of a broader pattern of poor physical and mental health among Australian paramedics. The profession needs to change, and rapidly.

Paramedicine is one of the most dangerous jobs in Australia, according to epidemiologist Brian Maguire, who has researched violence against paramedics.

Researchers at Flinders University, led by Sharon Lawn (one of this article's co-authors), published in July a systematic review of research on paramedics' health. They found that, compared with other professions, paramedics have far higher rates of mental health disorders, workplace violence, workplace injuries, fatigue, sleep disorders and suicide.

There is a pervasive myth the impact of a career in paramedicine stems from unavoidable exposure to traumatic events. However, the researchers found paramedics say workplace culture — and how state and territory ambulance service management treat their staff — may play an even bigger role in the link between paramedicine and poor health.

Before looking at the changes needed, here are five key reasons why Australian paramedics often have poor health.

1. They are at the highest risk for workplace violence

According to Ambulance Victoria, a paramedic is assaulted in Victoria every 50 hours.

And it's getting worse. A 2018 study by Maguire found reports of assaults against paramedics tripled between 2001 and 2014.

One study of 400 Australian healthcare workers in 2003 found paramedics were at the highest risk of experiencing workplace violence.

Another study, led by Malcolm Boyle (another of this article's co-authors), found many paramedic students undertaking clinical placements experience workplace violence, including sexual harassment by colleagues.

2. They are twice as likely to develop PTSD and to suicide

A national Australian study of emergency service workers found two out of five paramedics had been diagnosed with a mental health condition.

Just over 8% of paramedics suffer post-traumatic stress disorder (PTSD), which is double the national average, while 21% have anxiety and 27% depression.

A 2016 study showed paramedics are twice as likely to suicide compared with the general public.

3. They have significantly poorer sleep

Most paramedics work a mixture of day and night shifts in a single block, which is known to be one of the most damaging work patterns.

Researchers from RMIT surveyed 136 Australian paramedics and found they have significantly poorer sleep quality than the general population, and a significantly increased chance of developing sleeping disorders, which contribute to their already poor mental health.

4. They have the highest risk of workplace injury

Paramedics have the highest injury rate of any profession in Australia, double that of police, and are seven times more likely to be seriously injured at work than the national average.

Alarmingly, the fatality rate for paramedics is six times higher than the general population.

5. More than half of paramedics have 'total burnout'

Burnout refers to a state of physical, emotional and mental exhaustion. It's linked to an increased intention to leave one's career, poorer patient care, and developing depression and anxiety.

One study of 893 Australian paramedics found two-thirds had 'work-related burnout', and more than half had 'total burnout', meaning the burnout was impacting both their personal and work lives.

WHAT HAS TO CHANGE?

The evidence paints a bleak picture of paramedicine in Australia. If anything is clear from the recent bullying revelations, it's that ambulance services are not being proactive enough about their staff's health and wellbeing.

Research is showing that potentially the largest threat to paramedics' wellbeing is not the traumatic scenes they encounter at work, but rather a workplace culture that undermines their physical and mental health. A fundamental change is needed to how ambulance services management support and treat their staff.

There is a clear need for an independent review into the management of state and territory ambulance services. What has occurred in Victoria is just the tip of the iceberg nationally. These cultural issues have existed for a long time. The decision by Ambulance Victoria to engage the Victorian Equal Opportunity and Human Rights Commission to investigate the allegations of bullying indicates removing decision-making power from the ambulance services is needed and more independent oversight is required nationally.

High on the agenda for reform should be building ways of working that encourage healthy work-life balances. We need to address the impact of the career on all aspects of paramedic wellbeing, including mental health, healthy eating, quality exercise, better sleep, and access to support services. Some ambulance services have created positive change over recent years, but it's clear this hasn't been enough.

All forms of workplace violence, which includes bullying and harassment, must stop. There is a need to dismantle the punitive culture that punishes paramedics for speaking out. It's clear many paramedics don't feel supported or respected by their management.

CHANGING THE CULTURE IS IMPERATIVE

We also need to acknowledge and address the gender bias in paramedicine and create inclusive workplaces. Female paramedics are at more risk of workplace violence, burnout, and bullying and harassment. Ambulance services need to ensure the safety of all paramedics, as well as fair and open recruitment and development opportunities that don't disadvantage women.

Most importantly, a drastic change in culture is needed. Ambulance culture is often centred on meeting productivity goals, without acknowledging the human cost. A key performance indicator in ambulance services has long been incident response times, and paramedics are held to account for every delay.

We need to have indicators on workforce health, and chief executives and boards need to be held just as accountable.

We shouldn't have to sacrifice the health of our paramedic workforce to meet productivity targets.

Simon Sawyer is a Lecturer in Paramedicine at the Australian Catholic University.

Malcolm Boyle is Academic Lead in Paramedic Education and Program Director Paramedicine Programs at Griffith University.

Sharon Lawn is Associate Professor in the Department of Psychiatry at Flinders University.

RESPONSE | Q&A

Ryan Lovett is the newly elected Chair of the College. Ryan has enjoyed a varied career in paramedicine, emergency management and health policy. In this Response Q&A, we chat to Ryan about the role of paramedicine in the health sector, and leading from the front.

Q What attracted you to a career in paramedicine?

A Like many of my peers, my entry to the profession came in my early 20s. After studying IT at university and working in an office for a while I decided there had to be a more exciting way to spend my days. At that time, I was also a volunteer with my local rescue unit and really enjoyed that work so applied to the ambulance service and didn't get in. Undeterred I applied the next year, was accepted, and the journey started. It is still one of the best decisions I ever made.

Q Can you tell us about your career journey so far?

A One of the great things about paramedicine is that there are so many different roles for which our skillset it well suited. For me, I had the goal to eek as much out of every opportunity as I could, and if I saw something that really interested me, then I put my hand up for it. Because of my IT background I really wanted to work for a little while in dispatch, so I applied to be a relieving dispatcher, keeping my on-road position. That turned into eight years working in the operations centre. Then I wanted to try some emergency management and planning, which turned into a two-year secondment planning a massive event. Then I wanted to try working in operational leadership and service design and from there it all kind of snowballed. I never stopped being a practising paramedic and I never lost sight of the fact that I joined the ambulance service because I didn't want to work in an office and because my passion was for frontline care. Up until the day I left the service I was working for, I still responded to calls and I still provided the very best quality of care I could. My relentless focus on always being a practising paramedic, despite my job title, wasn't always popular, but that is who I am, a paramedic, and I was determined to lead from the front and prove that you can be a competent and responsive leader and a competent and current paramedic.

Q It's almost a year since Paramedics Australasia merged with the Australian & New Zealand College of Paramedicine to form the Australasian College of Paramedicine. What do you see as being the College's biggest role in supporting its members?

A Great question, but the answer is maybe surprisingly simple. The College is the voice of the membership, our biggest role as the elected representatives is to listen to members and work toward implementing what we hear. The profession is, by definition, all of us together. We, the College, can only achieve what we, the profession, is seeking to achieve.

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

A Our profession has made some massive strides in the past decade and I firmly believe that the next decade will be one defined by the role of paramedicine in the health sector. For this reason, as a College, we have some serious work to do. I believe it was this faith in our ability to effect meaningful change that led to the membership overwhelming supporting the merger of our former organisations. Now we are better placed than ever to support the profession with high quality accessible education to foster the appetite for knowledge; we are better placed to advocate for our members through registration and re-registration processes; we are better placed to ensure that we have the right physical and mental health support mechanisms in place; and we are much better placed to be an articulate, informed and meaningful international voice advocating for paramedics across Australia and New Zealand.

> “One of the great things about paramedicine is that there are so many different roles for which our skillset it well suited”

Q What do you hope to achieve in your term as Chair?

A I think my main goal is to do what I can to help the profession be the very best it can be and for us to contribute more than our numbers would suggest. In the state I live in [South Australia], the Health Minister now refers to “doctors, nurses and paramedics” when describing the key pillars of the health system, College representatives now sit on an impressive number of advisory and working groups and our status as health professionals is accepted on both sides of the Tasman. My job is to make sure the College has the right organisation, administrative and financial processes in place to keep us strong and to keep amplifying the contribution of our amazing paramedics doing amazing work.

Q You have recently taken up the role of Program Lead – Hospital to Community Integration at Wellbeing SA [a South Australia Government agency]. Can you tell us a little about this role?

A Wellbeing SA was founded with the long-term vision to create a balanced health system that supports improved physical, mental and social wellbeing. My team and I are tasked with delivering quality and sustainable care in the community closer to where people live and work and, where safe and effective, avoiding the need to go to a hospital. To do this we have two programs we are commissioned to provide. Since our inception we have provided a community based post-acute care service that provides for supported early discharge from hospital with ongoing care in the community, and just this month we launched our acute level hospital substitution service. This service provides options for those patients who have traditionally needed to be admitted to a hospital to receive the care they need, to now have this delivered in their home, their residential aged care facility or their supported accommodation setting. It’s been truly humbling to see the impact.

Q And finally, outside of work, what’s your greatest passion in life?

A It’s my family. My wife and five (almost six) year old twins. We moved from Sydney to Adelaide a few years ago as our sea change. I remember at the kids’ pre-school, a few months after we arrived, the class was doing an exercise on gratitude and our kids made a drawing saying that they were grateful that mummy and daddy moved to Adelaide and bought them a house with a backyard! As a blatant pitch for South Australia and Adelaide, it’s a great living city with the perfect lifestyle balance for raising a family. Outside of that I never lost my passion for all things techy, and I’m also a pilot. I can say that lining up on a runway for a take-off roll is almost, almost, as awesome as flicking on the lights and siren as you head off for that first call of a shift.

Australia's vaccine rollout will now start next month. Here's what we'll need

by Mary-Louise McLaws

Australia's COVID vaccine rollout will now begin in mid-to-late February. Vaccination will commence with workers dealing with international arrivals or quarantine facilities, frontline health workers and those living in aged care or with a disability.

Prime Minister Scott Morrison said the government "optimistically" aims to vaccinate 80,000 Australians a week, and four million by the end of March.

The first vaccine doses were initially planned for March, but the rollout has now been brought forward, pending the Therapeutic Goods Administration's approval of the Pfizer vaccine, anticipated by the end of January. Morrison said it would take a further two weeks for the first shipments of vaccine to arrive after that.

The government envisages delivering the vaccine via 1000 distribution points, including general practitioners and possibly pharmacists.

Department of Health Secretary Brendan Murphy described the rollout as "the most complex logistical exercise in our country's history".

If the government's ultimate target is to still vaccinate a minimum 80% of Australians (widely viewed as the threshold for herd immunity) by October, time will be tight to give 21 million people the requisite two doses.

The biggest threat to this timetable will be continued COVID outbreaks that take up health workers' valuable expertise and time.

NASA-LIKE LOGISTICS

Executing the plan to vaccinate frontline workers, the vulnerable and then everyone else, will require NASA-like logistics. Intact delivery of Pfizer's vaccine famously requires an ultra-cold chain of -70°c. Each 'shipper box' holds 975 vials, each containing five doses.

According to Pfizer, once opened, a box requires dry ice every five days, delivered within 60 seconds of lifting the lid, to maintain its temperature. From the first opening of a box, the full contents of 4875 doses must be injected within 30 days.

The next challenge is to have the right number of recipients at each vaccination session, arriving at the right time. Each vial takes between 30 minutes and two hours to defrost at room temperature, or 2–3 hours at normal refrigeration temperatures of 2–8°c. Defrosted vials must be used within 84 hours. The vaccine must be diluted with sodium chloride and then injected within six hours.

Before receiving the vaccine, each person must be prescreened to rule out serious adverse reactions, medications, food allergies or other medical indications that might preclude them from receiving the injection. Pfizer also requires patients to give informed consent, having been advised of any risks, however small, associated with the vaccine.

For the vaccine to be effective, each recipient needs a second dose at the correct interval, 21 days according to Pfizer and Moderna, and 28 days for AstraZeneca Oxford and the same vaccine for the first and second dose in accordance with the protocols.

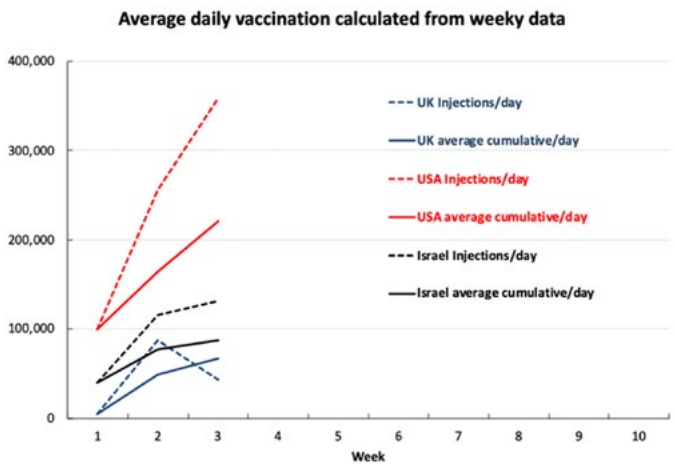
GETTING BETTER WITH PRACTICE

Logistical lessons learned will presumably make the subsequent rollout of the Moderna and AstraZeneca vaccines potentially easier. We should certainly hope so, given the government's target will necessitate vaccinating 21 million Australians within little more than 240 days.

The United Kingdom has vaccinated 944,539 people (1.4% of the population) since December 13, at a daily average rate of 67,467. Even at its peak daily rate of 87,174, it will take well over three years to vaccine 80% of the population.

The United States has vaccinated 5,306,797 people (1.6% of the population) since December 23. With its peak daily rate of 358,887, it will take four years to vaccinate 80% of people.

Israel has so far had the fastest rollout in relative terms, having vaccinated 1,482,307 people (16% of the population) since December 26, an average of 87,195 people per day. At its peak daily rate of 150,000, Israel will have vaccinated 80% of its population in just 39 days, and the entire population in 51 days.



Vaccine rollouts in the UK, USA and Israel so far

Australia has a longer timeframe for hitting 80%, but a population three times the size of Israel's. Overall, an average of about 170,000 injections per day will be needed to deliver the necessary 42 million doses to 21 million Australians over 245 days (March to October).

Extrapolating from Israel's 325 injecting sites we would need more of them. The Australian government has identified 1000 injecting sites. One recipient injected every 15 minutes seems to be the standard.

To achieve 80% injection coverage (two injections for 21 million people) every 15 minutes, would require each injecting site to have at least eight injectors per day, or 8000 across the 1000 distribution sites nationwide.

In Israel, the strategy of using the care network, called kupot cholim, enables local branches to manage 75% of their local rollout.

Australia's government plans to use GPs and pharmacies as injecting sites. Staff at each location will need to be trained for the logistics about timing and keeping record of the type of vaccination each recipient receives.

HOW DO WE PROTECT FRONTLINE WORKERS?

Protecting frontline workers by vaccinating them first is understandable, although evidence currently available indicates vaccines prevent symptomatic and severe infection. We need to wait to see if they also prevent asymptomatic infection.

Addressing the weaknesses in the return traveller program to suppress the virus circulating is our main threat to the vaccination rollout; this would mean fewer community clusters and less time spent by health workers attending COVID cases and outbreak management. Indeed, Israel's speed of vaccination may be derailed by its third wave necessitating a protracted lockdown.

To prevent the vaccination rollout from derailing we must also quickly eliminate or at least severely suppress the current outbreaks in Greater Sydney and Melbourne. Eliminating the current spread rapidly as possible will deprive the virus of hosts and protect everyone.

Even with the best-laid plans, the vaccine rollout could still be derailed if resources are drained by having to respond to new COVID clusters.

Ultimately, success hinges not just on vaccine logistics but also on tightening the remaining weaknesses in our processes for quarantine and handling returned travellers. Removing the distraction of outbreaks will give us the best chance of getting enough people successfully vaccinated.

Mary-Louise McLaws is Professor of Epidemiology Healthcare Infection and Infectious Diseases Control at UNSW and a member of the World Health Organization Health Emergencies Ad-hoc COVID-19 Infection Prevention and Control Guidance Discussion Group.

Unwavering commitment

Claine being presented with his ASM in 2018 by His Excellency the Honourable Paul De Jersey, Governor of Queensland

When Claine Underwood joined the QAS in 1995, the Yarrabah local didn't know what to expect, but he knew that he wanted to make a difference to the lives of people in his coastal Aboriginal community in the Far North.

Over the years, Claine has been instrumental in encouraging Indigenous people to join the service and he was a key part of the establishment of the QAS Indigenous Paramedic Program in 2012.

The 55-year-old, who received an Ambulance Service Medal in 2018 for his outstanding service, laughs when he recalls some unusual-yet successful methods he has used in the past to recruit Aboriginal officers, such as the late Chris Sellin.

"I was driving around in the community looking for someone who was supposed to turn up at the recruitment day at Yarrabah when I came across Chris. He was driving the school bus and had just dropped off the school kids, so I waved him down for a chat,'' Claine said.

"He wasn't even someone we had on the books as a potential candidate. I said, 'Come up to the station and have a try out' and he ended up getting a position.

"It's like that sometimes in communities. Things don't always turn out as you plan but sometimes it's for the better."

Claine, who is currently working in Cooktown as a Field Officer, has a strong affiliation with Yarrabah, the community he was raised in and where he first commenced his QAS career.

"Five generations ago, in the early days of the settlement of Cairns, my great, great grandfather took our clan group, the Gimuy Walubarra Yidinji people of Cairns to Yarrabah. We have been there ever since.

"While I grew up in Yarrabah, I was actually born in Cairns Hospital. Back in those days, when a woman was about to give birth, if there was enough time, they were placed on a boat and sent to Cairns. Most of my generation were born that way. This was before there was a proper road between Yarrabah and Cairns."

Before working with the QAS, Claine worked for the Aboriginal Legal Service.

> "We know the people, we can relate to them and they understand us"

"My role involved going to the Magistrates Court at Yarrabah and other places to meet up with clients who had to go to court. I would take instructions from them for their court appearance,'' Claine said.

"It was while I was there one day that I saw a notice with an ad looking for someone to work for the ambulance service and train to be an ambulance officer.

"I had been working for the legal service for eight years. I was at a crossroad and saw it as an opportunity. I really didn't know what to expect when I joined the QAS."

Claine, who would go on to become Yarrabah Station's first Indigenous paramedic and Officer in Charge, was trained under a former employment strategy for Indigenous people set up by Paul Elliott.

"During our three-year training period, wages were subsidised jointly by Yarrabah Aboriginal Council and the former Department of Employment Education and Training. The ambulance service contributed by providing the training,'' he said.

"After the training period I was a qualified ambulance officer and taken on by the QAS as a full-time employee."

Claine said when he stepped out for the first time as a qualified ambulance officer in 1998, it was a little confronting.

"I found it challenging at the start but all these years later I am still here,'' he said with a grin.

"I love being able to help people. That's what I was doing when I was working in the legal service job too. Assisting other Aboriginal people is something that is very important to me."

Claine said Yarrabah was a 'busy station'.

"There were a lot of trauma jobs, plus medical cases, seizures and alcohol-related cases,'' he said.

"In the early days, we also attended a lot of suicides, but thankfully, that has settled down a lot now."

It wasn't all smooth sailing either, with Claine admitting there were challenges working in an Aboriginal community 'where you have family and friends', however, the benefits outweighed any issues.

"Working at Yarrabah was challenging due to the fact I knew a lot of people and I would have to tend to family members quite often,'' Claine said.

"Some of the other issues revolved around cultural challenges that make it a little more testing when you are trying to maintain professionalism.

"For example, as an Aboriginal male, it is not culturally appropriate for me to be at a birth, and it is even more frowned upon when the patient is a family member. However, I have had to deliver babies in the back of the ambulance.

"These are the kinds of jobs that test those cultural values, but if there is no one else around to treat the patient, there are no other options and they are relying on you, then you just have to do it."

Claine said there are so much benefits derived from having Indigenous officers delivering ambulance services in their own communities.

Claine in the Push-Up Challenge in Cooktown in 2019 to raise awareness for mental health and funds for Headspace

Claine and his wife Diane with two of their four daughters and a granddaughter at Government House after he received his ASM

"We know the people, we can relate to them and they understand us,'' he said.

"That's a really positive side to it. We don't have to go through the formality of building trust, like an officer from outside the community would have to do. That trust is already there."

Claine said the organisation also benefits from having Indigenous officers on the team, due to the skills, backgrounds and perspectives that officer brings to work.

"On a service level, we can make the patient care more culturally appropriate,'' he said.

Claine, who has spent a lot of time working with schools, sporting clubs and youth groups, said he will continue to advocate for Indigenous people wanting to pursue a career with the QAS.

"We have 44 cadets currently in the Indigenous Paramedic Program. I would love to see that number continue to grow,'' Claine said.

"It doesn't matter whether they become Indigenous liaison officers, patient transport officers or paramedics. The important thing is having Aboriginal and Torres Strait Islanders in our workforce as this is helping to improve patient care outcomes for Indigenous people in our communities."

First published QAS Insight Summer 2020–21.

First responders and first responses

by Tammie Bullard

Working as a paramedic, medic, EMT, pre-hospital care provider or any other type of first responder differs vastly from any other role in those first seconds or minutes of arrival. In most medical-based experiences, every patient prepares themselves to enter the patient care domain, whereas, unique to emergency services, we have to enter theirs.

It may sound like stating the obvious, but as with most things in life, the obvious aspects can easily go unnoticed, so picture the following scenarios to spot the difference between a patient approaching us and us approaching them.

SCENARIO ONE

- A young man wakes one morning, feeling quite unwell with severe, lower right sided abdominal pain.
- He tries everything he can think of to ease it through position, antacids, food, water, a long soak in the bath.
- After looking up his symptoms online, he's more concerned and calls a few family members to canvas opinion.
- Each advises him to go to the emergency department because he's feeling worse as time passes and has begun to vomit.
- His uncle calls around to pick him up and they drive to the hospital, talking about the options and what to expect on arrival.
- They park their vehicle, pay for a ticket and walk towards the main doors, taking in their surroundings and the new environment.
- While standing in the queue to be booked in and triaged, they figure out how the system works and see the different processes in play.
- By the time the patient is called through to be assessed, he feels less daunted as he notices how staff interact in normal, everyday ways.
- Human factors are recognisable to him, even if the foreign surroundings are not, so he has prepared himself to settle in and go with the flow.

SCENARIO TWO

- A young man wakes one morning, feeling quite unwell with severe, lower right sided abdominal pain.
- He tries everything he can think of to ease it through position, antacids, food, water, a long soak in the bath.
- After looking up his symptoms online, he's more concerned and calls a few family members to canvas opinion.
- Each advises him to go to the emergency department because he's feeling worse as time passes and has begun to vomit.
- No relatives are available with a car and he's in too much pain to drive himself, so he dials emergency services for assistance.
- While waiting for an ambulance, anxiety climbs along with the pain and discomfort, he has never been in this situation before.
- No idea what to expect from the care providers or what their roles are and what they do other than brief snippets he's seen on TV.

- Will they be able to take the pain away? How much will it cost? Where will they park? How will they get him into the ambulance?
- Do they fix him up and leave him at home? Will they be disgusted at his untidy house? Is he going to be judged by his surroundings?
- The questions are endless and the longer he waits, the more worried he becomes about how it's all going to play out.

> "As first responders, our first responses to every patient and family member on arrival can set the scene in good, bad or ugly ways"

Pre-hospital emergency calls take all perceived control away from the patient and leave them anxiously awaiting that first point-of-contact.

For this reason, we see all manner of unexpected reactions on our arrival. Frantic waving from the street, even when we're right there and have clearly identified the location. Aggressive directions on where to park or what we'll need to bring in with us. Abrasive answers to initial questioning. This doesn't fit with the meek, welcoming, appreciative reception we trained for in scenarios.

All that practice in carrying our bags, introducing ourselves then launching into questions, consent and treatment goes out of the window in a flash. We weren't taught to deal with hurdles in our way other than aggression or intoxication related calls. If people are out of their comfort zone and calling for help, why would they behave in ways that seem defensive or bossy or stand-offish? It makes no sense. Or does it?

Being out of the comfort zone is key. Humans like to be in control of their surroundings so they can feel safe and secure. If patients and their loved ones are visiting a doctor's office, a hospital or a clinic, they'll take comfort items with them. A bag of belongings, mobile phone or electronic device, a book, maybe headphones. They'll dress in clothes that make them feel presentable and can choose how they may be perceived. They accept the unfamiliar as they arrive and seek out things that are recognisable, so that they feel less out of their depth.

But, just like our first few months in an ambulance, heading towards each scene with a nervous feeling about the unexpected awaiting our arrival, patients and their loved ones may feel the same from the other side. How can they maintain a sense of control and order? Perhaps by frantic waving so that they feel like a useful participant. Maybe by directing us where to park and what to bring in. Being defensive and stand-offish is possibly their natural reaction to being fearful and this increases with our direct and instant questioning.

Just as often, they will provide the welcoming and appreciative reception expected. No matter how they respond as we step out of our vehicles, we can rest assured that the majority will be uncomfortable, anxious and therefore highly observant of our initial words, body language and facial expressions.

As first responders, our first responses to every patient and family member on arrival can set the scene in good, bad or ugly ways.

Unlike our healthcare counterparts, based in static structures where others enter their domain, no matter how many thousands of calls we have run in our time, we enter a new domain every single time. So what can we do? Remembering one simple thing may make all of the difference.

Picturing a patient's anxiety climbing with the kilometres we cross in reaching them can make ourselves more mindful of mannerisms. It's not always as easy as it sounds, I know. Feeling fatigued after endless calls through a tough night shift. Attending a low acuity job just minutes after clearing from an emotionally charged sudden death. Organisational culture stressors creeping into the ambulance and changing the mood. Challenging crew dynamics.

Whichever factors come into play, it's up to us to do our best to start each call with a clean slate and recognise that our first response is the first impression and first impressions count.

If we're abrasive, apathetic or aggressive in our initial reactions on arrival, we'll have to work much harder to gain trust from that point onwards and, let's face it, none of us want to make the job any more difficult than necessary.

As we enter a new year, maybe it's a good place to start in terms of reflective practice. If first impressions count for so much, then our first responses as first responders may make all the difference in providing first class care and career satisfaction.

Tammie Bullard is the author of The Good, The Bad & The Ugly Paramedic. She is a columnist, paramedic and sessional lecturer based in Western Australia.
www.gbuparamedic.com

by Mitch Mullooly

Setting and accomplishing your goals

Most of us know how important goal setting is when working towards accomplishing our big dreams.

Without setting goals, we are much more likely to wander aimlessly through our careers, lives and relationships, missing out on many ways we could be fulfilling our true potential. Yet in order to be effective, goal setting has to go beyond a once a year scribbling down of new year's resolutions; because it's one thing to have goals and another to actually work towards them. So, here are my top five tips to setting meaningful goals for 2021... ones that you might actually accomplish!

Tip 1: Make your goals challenging; get uncomfortable

When you're setting goals make sure they are challenging. Make goals and intentions that are a step out of your comfort zone, get uncomfortable – you will work harder for it! Be super clear and specific about your goals: how they look and feel, how you need to act and who you need to be to get these. Prioritise them, create a solid foundation so that you can grow. Why you want these goals will fuel you. Know your why. How do you want to truly evolve this year? What drives you deep down?

Photo by Nicholas Sampson on Unsplash

Tip 2: Make sure they are your goals; create them from your core

Goals are most meaningful when they are what you truly want for yourself, not what others want for you. Create goals from your core and from all the things that fill you. Stay in your lane and stay focussed, don't compare or worry about what others are doing. Figure out the goals that excite you, whether they are health, fitness, family, financial, career, relationships, personal development or spiritual.

Use your imagination. If you're not sure what your current goals are you might want to think back to the things that interested you when you were younger or less busy and didn't put up as many barriers. Ideally your goals both scare and excite you!

Tip 3: State your goals in a positive way; self-coach

Be positive when setting your goals. If you are negative from the start they won't happen. It's incredibly important to state them in a way that emphasises what you actually want to happen, not what you want to avoid happening. Why? Because our brains can really only hold onto one thought at a time, and when we state the negative what do you think will end up happening? You guessed it, a negative outcome.

Instead, frame your goals in a positive way. Check in with yourself often, have your intentions changed? Adjust as you go. Are you staying true to your core values? Are you making changes or staying the same? Is what you are doing improving you and getting you closer to your goals? If not, give yourself a pep-talk, self-coach! Focus on what will get you results, don't stay stuck, move forward.

Photo by Markus Winkler on Unsplash

> "Goals are most meaningful when they are what you truly want for yourself, not what others want for you"

Tip 4: Create a timeline, schedule it, lock it in!

The worst thing you can do when creating goals is to have them be completely open-ended. For some people, this creates a scenario where they have a list of goals they wish to someday achieve but never accomplish them. That's why it is so important to create a timeline, schedule it, lock your actions in to a daily routine, and STICK TO IT!

Stick to your goals like glue, reflect each month to make sure you remain on track, you need progression and measurable results along the way. Question if you're not getting there, then why? Map it out, become a strategist, plant your seeds, water them and watch them grow!

Tip 5: Dream big!

Creating deliberate, well thought-out goals will help you stay on task and accomplish more in the long run. This method can be applied to any area of your life with really great results. And don't forget, even if you don't accomplish a goal in a set amount of time, it doesn't mean you are a failure. We all fail, and failures can be some of the most valuable learning experiences if we let them be. Just make sure to keep trying, keep moving forward and keep dreaming big!

Mitch Mullooly MACPara is a paramedic with St John New Zealand; Chair of the New Zealand Member Committee of the Australasian College of Paramedicine; Member of the New Zealand Paramedic Council; and a Health and Wellness Strategist specialising in paramedic wellbeing – helping you reverse the negative effects of physical and psychological fatigue to make you fit for duty and ultimately fit for life!


ARE THEY TRIPLE OK?
We're always there to help.
Let's make sure we help each other and ask R U OK?
ruok.org.au/triple-ok
R U OK?™
A conversation could change a life.

National COVID-19 Clinical Evidence Taskforce

TASKFORCE 2020 IN REVIEW

In mid-2020 the College joined the National COVID-19 Clinical Evidence Taskforce, which aims to support Australia's healthcare professionals with continually updated, evidence-based guidelines. The College is represented by Ryan Lovett as a member of the National Steering Committee, and Marty Nichols as a member of the National Guidelines Leadership Group.

TASKFORCE RECOMMENDATIONS FOR REMDESIVIR UNCHANGED

The Taskforce has completed a comprehensive review to assess the credibility of disease severity subgroups used in its recommendations on remdesivir. This was initiated following the World Health Organization's decision to make a conditional recommendation against the use of remdesivir in all hospitalised patients, regardless of disease severity.

This differs from the Taskforce conditional recommendation supporting use in hospitalised adults with moderate-to-severe COVID-19 who do not require ventilation (invasive or non-invasive mechanical ventilation or extracorporeal membrane oxygenation [ECMO]).

The review by the Disease-Modifying Treatment and Chemoprophylaxis Panel and Guidelines Leadership Group, with additional input from virologists and immunologists, concludes that there are several factors that contribute to differences in recommendations between WHO and the Taskforce:

- the Taskforce considers that delineation of subgroups based on disease severity is credible, and that the observed differences in effect on mortality between subgroups is plausible
- the Taskforce is more certain that the effect of remdesivir on mortality is closer to the true effect than WHO, as certainty was not downgraded due to risk of bias (certainty for mortality outcomes within the Taskforce is moderate, compared with low certainty within WHO)
- as the Taskforce develops recommendations specific to the Australian healthcare context, there are fewer resource limitations and barriers to actioning these recommendations than in many countries within the operational sphere of WHO.

The methods brief supporting this recommendation is available at https://covid19evidence.net.au

Introducing the new Board

At the AGM held in October 2020, members elected Bill Lord and Ryan Lovett (re-elected) for three-year terms. They join Simone Haigh, Marty Nichols, Bronwyn Tunnage and Michael Smith. Appointments were also confirmed for three non-member directors: Clive Addison, Gabrielle Follett and Astrid Kuivasaari. At the Board meeting following the AGM, the directors elected Ryan Lovett as Chair and Marty Nichols as Vice-Chair. Meet your new Board!

Ryan Lovett FACPara

CHAIR

Ryan commenced his engagement with paramedicine in the early 2000s with NSW Ambulance. He worked in a range of paramedic roles across New South Wales before taking up leadership positions in planning for major events. Ryan is currently Program Lead – Integrated and Community Care Programs at Wellbeing SA. Ryan has served on the boards of the Australian College of Ambulance Professionals, Paramedics Australasia and the Australian & New Zealand College of Paramedicine. Ryan holds formal qualifications in emergency management and public administration.

Marty Nichols MACPara

VICE-CHAIR

In over 20 years with NSW Ambulance Marty has worked as an Intensive Care Paramedic, Special Operations/Rescue Paramedic, frontline manager and helicopter paramedic. He is currently a Critical Care Paramedic Educator at the Aeromedical Crewing Excellence Training Centre in Sydney. Marty was a director on the board of the Australian & New Zealand College of Paramedicine and is a member of the Paramedicine Accreditation Committee. He is qualified and registered as both a paramedic and nurse and holds a Master of Health Science and a Master of Business Administration.

Michael Smith MACPara

DIRECTOR

Michael has been involved in the field of paramedicine for over 20 years as an on-road Intensive Care Paramedic with NSW Ambulance. He is a former director on the board of the Australian & New Zealand College of Paramedicine and brings to the Board a wealth of experience within the corporate world as a director of the Medical Rescue Group of companies. Michael is also a professional member on the NSW Paramedicine Council and current Chair of the Audit & Risk Committee.

Dr Bronwyn Tunnage FACPara

DIRECTOR

Bronwyn is a Senior Lecturer in Paramedicine at Auckland University of Technology and the departmental research leader. Her clinical background includes practice as an intensive care paramedic with St John New Zealand and as a registered nurse in the United Kingdom. Bronwyn is also an honorary Research Fellow at St John with the Clinical Audit and Research Team, and a former Paramedics Australasia board director.

Dr Bill Lord FACPara

DIRECTOR

Bill has over 35 years of experience in paramedicine as a clinician, educator and researcher, working as a paramedic across three jurisdictions, as well as appointments as senior lecturer and program leader at three universities. Bill currently holds the positions of Adjunct Associate Professor at Monash University and Deputy Co-chair, Paramedicine Accreditation Committee, Ahpra.

Astrid Kuisavaari

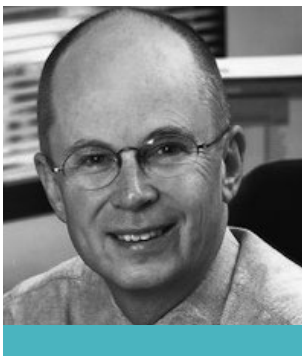
APPOINTED DIRECTOR

Astrid is an experienced director, mostly within health care with a focus on finance, corporate governance and strategy. Her current role is General Manager – Operations, LHI Retirement Services. Astrid holds a Master of Business Administration and a Bachelor of Economics. She is also a graduate of the Australian Institute of Company Directors.

Simone Haigh FACPara

DIRECTOR

Simone has been a paramedic with Ambulance Tasmania for 15 years and an Intensive Care Paramedic for nine. In 2014 she was elected to the board of Paramedics Australasia and subsequently elected Vice-President in 2017. Simone was elected Vice-Chair of the College in 2019, a position she held for one year. Simone was awarded the Ambulance Service Medal in the 2019 Australia Day Honours. She is also on the executive of the National Council of Ambulance Unions.



Clive Addison

APPOINTED DIRECTOR

Clive is a retired CEO with extensive executive and board level experience across the commercial and not-for-profit sectors in the pharmaceutical/consumer health care industry. Clive holds a Bachelor of Commerce and is a graduate of the Australian Institute of Company Directors.

Colonel Gabrielle Follett AM

APPOINTED DIRECTOR

Gabrielle is a career army officer currently responsible for logistics, maintenance and deployable health service leadership with the Australian Army. Gabrielle holds a Bachelor of Science, a Bachelor of Medical Science and a Master of Arts in Strategy and Policy. She is also a graduate of the Australian Institute of Company Directors.

Supporting paramedic wellbeing

The College's Mental Health and Wellbeing Special Interest Group was formed to provide advice to the Board on mental health initiatives that promote and support the mental health and wellbeing of paramedics and student paramedics across Australasia. Meet the Group.

Clare Sutton – Chair

Clare's current role is Senior Lecturer in Paramedicine and Paramedic Program Lead at Charles Sturt University. Her main area of professional interest is "psychological resilience and strategies that develop or strengthen resilience in order to mitigate the negative impacts of working in this uniquely challenging career". Clare says her priorities are "increasing accessibility of supportive resources, continuing to work on reducing the stigma which often prevents people from seeking help when needed, strengthening the involvement of our student members and fostering international collaborations to allow good practice to be shared".

"As an experienced clinician who's made the transition across to an academic role, I have witnessed the scale of the challenge facing experienced staff as well as novice practitioners. During the COVID crisis, these challenges have increased significantly and now more than ever, it is vitally important that we prioritise the wellbeing of both our current and future workforce" – Clare Sutton

Dr Kelly-Ann Bowles

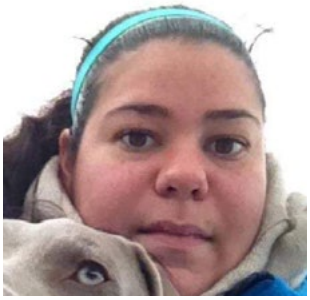
Kelly-Anne is Senior Lecturer and Director of Research in the School of Primary and Allied Health Care at Monash University. With a background in biomechanics, Kelly-Ann uses her skills to lead research in the health and wellbeing of paramedics. Kelly-Ann is passionate about the roles paramedics can play within the health service and aims to increase paramedic training in research skill development. Kelly-Anne is currently using her research experience and passion to "expand the research skills in those in the area of paramedic and pre-hospital research".

Tahlia Harper

Tahlia is the student representative on the Group. Tahlia says, "I have just started my second year of paramedicine at Victoria University in Melbourne and have loved the course so far. I am an extremely passionate advocate for wellbeing and would love to work towards establishing a supportive network of resources and information for paramedics, students and other health professionals."

David Dawson

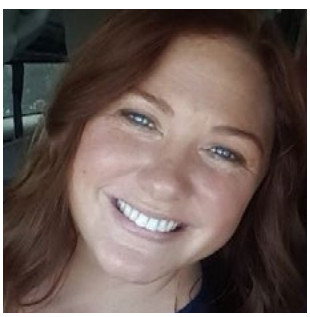
David first started work with the Victorian Ambulance Service at the Ambulance Officers' Training Centre in 1984 as a general teacher of maths, science and psychology and was involved with the first study on paramedic health and stress in Victoria, which was published late in 1984. In 2006, David was offered an academic position to write and teach a subject on paramedic mental health for the paramedic bachelor course offered at Victoria University. David is a registered psychologist and member of the Australian Psychological Society. He has special interests in ePsychology, psychological trauma, and military and emergency services psychology.



Frances Stringer

Frances is Area Manager, Nhulunbuy, East Arnhem Land with St John Ambulance NT. She has "a huge passion for peer support" and says she recognised a need for this kind of support very early in her career when there was limited access to support. Frances says, "Ambulance Tasmania commenced their Peer Support Program in 2017 and I was a part of that pilot, and the program has progressed to encompass a large number of Peer Support Officers and won a Life Award in 2020." Frances has recently been accepted onto the Peer Support Program with St John Ambulance NT.

"I would love to see inter-service connections develop and grow into a larger peer network across ambulance in Australia and other countries to share research, resources and training. I'd also love to see peer support from each region attending ACPIC and other conferences on site so that mental health support can reach as many paramedics as possible" – Frances Stringer



Jacquie Saunders

Jacquie is currently working as a clinical training officer within the Illawarra/Shoalhaven region of NSW Ambulance. She has training as an Extended Care Paramedic Specialist and is a casual academic with Western Sydney University and Master of Research student in the field of paramedicine. Jacquie has a strong passion and professional interest in paramedic wellbeing, specifically the area of clinical supervision. She says, "I hope that the SIG is able to identify the members' needs regarding paramedic mental health and develop projects and platforms that members can access should they ever be in need."

"I am passionate to research and create a platform for all paramedics – a safe and confidential space where they can actively reflect on work and any concerns or situations they might want to understand better" – Jacquie Saunders

Building future research capacity

Richard Armour sought a mentor through the College's Research Mentoring Program. We chat to Richard and his mentor, Dr David Long, about their successful collaboration.

Richard Armour is an Advanced Care Paramedic practising in British Columbia, Canada.

Richard, can you tell us what prompted you to seek a mentor?

There were a number of factors which prompted me to seek out a research mentor through the Australasian College of Paramedicine. I was starting my thesis for a postgraduate degree and feeling overwhelmed by the sheer volume of work required. Simultaneously I had been slowly working on a number of different research projects and was looking for advice on how to enter the world of paramedic research in earnest.

In what ways do you think having a mentor helped you with your research?

Dr Long was able to help me cut through the background noise and really identify what mattered in my thesis as well as in research generally. Although I had done my coursework, Dr Long helped me go back to basics and really focus on the key things I needed to do and understand to be successful in my thesis as well as provide advice about designing and implementing research that is relevant and can make a different in paramedicine.

Are there any new skills you acquired through the process?

Dr Long really assisted in developing my understanding of constructing grounded theory from qualitative data, as previously I had primarily focussed on quantitative research.

Was there anything in particular that you found most useful through the collaboration?

Being able to discuss not just the thesis, but also the journey of a paramedic researcher with someone who had been through the journey was very helpful to me. In fact, Dr Long and I previously volunteered at the same Rural Fire Brigade but missed each other by a few months! The journey of paramedics in academia still feels relatively novel and so being able to discuss it at length with someone who had experienced the journey was invaluable.

Can you tell us a little about your research project?

In my thesis I examined paramedic perceptions of paramedic-to-paramedic teleconsultations for real-time clinical support. In North America this service has historically been provided by physicians, but looking globally as paramedic education has increased paramedic-delivered teleconsultations for clinical advice have expanded. Two articles are currently in peer review following the completion of the thesis.

Is the program something you would recommend to others, and why?

For anyone considering a career in research, or even just dabbling in research, I can't recommend the program enough. Dr Long (and I'm sure all mentors in the program) was incredibly supportive and generous with his time and provided incredible insight into both research methodology but also career options within the field.

Dr David Long is Senior Lecturer and Discipline Lead in the Paramedicine Program at the University of Southern Queensland.

David, can you tell us why you chose to become a mentor with the program?

I'd been a member of the College for some time and I was looking for ways I could give back to the paramedicine community. I was also fortunate enough to complete a PhD full-time and had some wonderful mentors along the way. So, I hoped I could take some of my own research experiences and 'pay it forward' to a fellow paramedic researcher. As it turned out, Richard and I missed each other by a few months in Sydney but ended up working together from either side of the Pacific!

How important is it for early-career (and established) researchers to have access to informal support and guidance programs?

Support and mentorship are integral to any early career researcher and arguably, for those with a bit more experience too. In my view, research is as much about logic as anything else. Sounds simple however there are so many 'rabbit holes' to avoid! A good mentor will be there to gently point out where the flaws in the logic (rabbit holes) are and hopefully save the student a good deal of time.

What aspect of mentoring gives you the most professional satisfaction?

The most satisfaction would be in knowing that we, as researchers, are continuing to the ongoing professionalisation of paramedicine and other disciplines. Researchers add to a unique body of knowledge that can inform paramedic practice not just jurisdictionally, but across the globe.

What aspect of mentoring has brought you the most personal satisfaction?

I really enjoy the networking side of being a researcher in paramedicine. I've collaborated with colleagues in the United Kingdom, United States, New Zealand and of course, Canada. I'm always amazed about the similar experiences we've had working the road and the shared desire to advance our profession through high quality evidence.

"The Research Mentoring Program is an important component of the College's strategic goals to increase paramedics' research literacy and engagement, and build future research capacity. When a paramedic applies to become a research mentee, we ask them for some specific information about themselves, their education, their research experience (having none is perfectly fine!), and what they want to get out of the program. Using the information, we 'match' the prospective mentee to the profile of one of our research mentors. Mentees enter the program with diverse backgrounds. Some already have a PhD and are looking for a mentor to help them progress their post-doctoral career. The majority though are paramedics with a growing interest in research but who have no experience or don't have contacts in the research world from whom they could seek support. We are really keen to engage with those who are looking to 'dip their toe in the waters of research'. The program has been piloted over the past 18 months and the feedback from mentors and mentees has been invaluable in leading to a process of refinement. The end result is an exciting new version of the program that will commence in 2021; the new version will have a more structured approach and will involve a 12-month program. That way we can bring a new group of mentees through each year and get more tangible outcomes for them. So, I encourage members of any clinical level or research experience to take a look when this is released soon."

Dr Paul Simpson
Chair, Research Mentoring Program

FELLOWSHIP RECIPIENTS 2020

Congratulations to the following College members who attained Fellowship in 2020:

- Brad Mitchell
- Linda Ross
- Ross Salathiel
- Stephen Irons
- Stephen Trewin
- Tony Oxford
- Ziad Nehme.

FLINDERS UNIVERSITY – COLLEGE SPONSORED AWARDS 2020

On 4 December 2020, a (socially distanced) awards ceremony took place at Flinders University (and livestreamed on the internet for those who couldn't make it) to celebrate outstanding achievers from the Bachelor of Paramedic Science 2020 graduating year. The College supports these awards to the value of $250 each.

The Australasian College of Paramedicine Award for Research Excellence was established in 2012, and this year had three outstanding nominees: Jack Siwek, Desi Jordan and Jarod Ebert who were the top three in the degree research topic. Congratulations to recipient Jarod Ebert for earning this award. We hope to see Jarod involved in paramedic research in the near future!

The Russell Liston Award for Paramedic Clinical Excellence was also established in 2012 in honour of the much loved and dearly missed Russell Liston, an outstanding SA Ambulance Service Intensive Care Paramedic. Congratulation to nominees Tessa Gaynor, Laura Schultz and Jarod Ebert, and to final recipient Laura Schultz. We trust Laura to honour Russ' legacy of outstanding patient care, sprinkled with a good dose of humour and fun! RIP Russ – we miss you mate.

James Pearce FACPara
Lecturer, Flinders University

Jarod Ebert

Laura Schultz

LATEST FROM THE NEW ZEALAND PARAMEDIC COUNCIL

Registration for New Zealand paramedics has now opened under Te Kaunihera Manapou Paramedic Council, the regulatory authority responsible for the registration of paramedics.

There are three pathways to registration:

1. Pathway A – requires evidence of completing an approved tertiary qualification in paramedicine
2. Pathway B – requires applicants to have an Authority to Practise at paramedic level or above from a Council-approved provider
3. Pathway C – requires applicants to demonstrate their experience and knowledge by submitting a portfolio that outlines how long they have been a practising paramedic or in paramedic education or research, and the type of skills they bring to the job.

Fees

The Council has approved the following fees for paramedic registration and Annual Practising Certificates (once registration has been approved):

- $200 – application for New Zealand qualified registration (a one-off fee)
- $600 – application for Annual Practising Certificate, which will be renewed each year.

More information and resources can be found on the Paramedic Council's website.

Kaunihera Manapou
Paramedic Council

Report aggressive and violent behaviour. It's never OK.

Up to 95% of our healthcare workers have experienced verbal or physical assault, but these incidents are currently chronically under-reported. Aggression and violence is never OK. Report it to your employer, so together we can work towards reducing these incidents and stop it happening to you or your colleagues again.

AGGRESSION AND VIOLENCE AGAINST HEALTH WORKERS. IT'S NEVER OK

worksafe.vic.gov.au/itsneverok

VICTORIA State Government

WorkSafe VICTORIA

Australia Day Honours 2021

Congratulations to all 20 recipients of the Ambulance Service Medal in this year's Australia Day Honours list. We are especially proud of the following College members in being recognised for their hard work and dedication to the profession and their communities: Peter Rowlands, Graham Mummery, Jemima Tawse, Shaun Whitmore, Gene Curtis, Stacey Abbott and Rhys Dowell.

In announcing the list, His Excellency General the Honourable David Hurley said, "On behalf of all Australians, I congratulate everyone recognised in the Australia Day Honours list. The individuals we celebrate today come from all parts of our great nation and have served the community in almost every way conceivable. They're diverse and unique but there are some common characteristics, including selflessness, commitment and dedication."

NEW SOUTH WALES

Peter Rowlands

Paula Sinclair

VICTORIA

Joanne Algie

Gregory Fithall

Graham Mummery

Kathleen Poulton

Michael Ray

Jemima Tawse

Shaun Whitmore

QUEENSLAND

Julie Calvert

Gary Cotterill

Gene Curtis

WESTERN AUSTRALIA

Stacey Abbott

Stephen Beaton

Anne Parsons

SOUTH AUSTRALIA

Jennifer (Annie) Clements

David Place

Matthew Eastham

Pamela Heiermann

NORTHERN TERRITORY

Rhys Dowell

by Malcolm Boyle

Scientific publishing in a pandemic

Worldwide, 2020 was a difficult and challenging year for everyone, including for publishers of scientific journals. Many journals had difficulty sourcing reviewers because people were busier in unexpected ways and could not review a manuscript, or those who were able to review a manuscript often struggled to get it done in the prescribed time due to work and personal commitments.

However, although a lot of research was suspended or delayed due to the pandemic, many articles were published covering the various aspects of COVID-19 and its wide-ranging effects. A majority of journals prioritised manuscripts related to COVID-19, as did the *Australasian Journal of Paramedicine* (AJP).

Throughout 2020, the AJP published eight articles with a COVID-19 focus.1-8 These articles ranged from 'COVID-19 – legal and ethical implications for your practice' by Townsend and Eburn to a case study from Indonesia, 'Transfer of a critically ill coronavirus disease patient' by Sulisto and colleagues. Three students from Griffith University in Queensland (with guidance from their lecturer) wrote about the effects of the COVID-19 lockdown on their university educational experience and the potential flow-on impacts; and a commentary by Armour and colleagues discussed consensus guidelines for paramedic-led intubation during a pandemic.

Even with this challenging year, the AJP published 51 research-related articles, slightly more than in 2019. We are confident that 2021 will also prove to be a positive in a publishing sense as we continue to receive manuscripts from national and international authors covering a broad range of topics.

Conferences (which also rely on people's research) were held during 2020 but most were conducted online – including the Australasian College of Paramedicine's International Conference, which received excellent attendance supported by a range of quality presentations and posters. Given the unlikelihood of significant international travel in the foreseeable future, online conferences may be with us for some time yet.

So, as we enter another year of uncertainty, the AJP's editorial team look forward to meeting the challenges of 2021 as we continue to publish peer-reviewed articles from Australasia and around the world.

Malcolm Boyle PhD is Editor-in-Chief of the Australasian Journal of Paramedicine, and Academic Lead, Paramedic Education/Program Director Paramedicine Programs at Griffith University, School of Medicine, Queensland.

Australasian Journal of Paramedicine

Australasian College of Paramedicine

What's new in the AJP?

The following selected abstracts have been taken from the Australasian Journal of Paramedicine, Volume 18, 2021. The full text articles can be found at https://ajp.paramedics.org
The AJP employs continuous publishing, so check the AJP website regularly for new peer-reviewed paramedicine research and review papers.

Facilitators, barriers and motivators of paramedic continuing professional development

https://doi.org/10.33151/ajp.18.857

Lisa Hobbs, Scott Devenish, David Long, Vivienne Tippett

Introduction

As registered health professionals, Australian paramedics are required to abide by professional registration standards including the maintenance of continuing professional development (CPD). The broader health literature identifies facilitators, barriers and motivators for engaging in CPD, however the body of knowledge specific to paramedicine is weak. This research seeks to address this gap in the paramedicine body of knowledge.

Methods

This study adopts a constructivist grounded theory methodology. Data were collected through semi-structured interviews and analysed using first and second cycle coding techniques. Paramedics from various state-based Australasian ambulance services and private industry (n=10) discussed their experiences specific to their attitudes, perceptions and engagement about CPD.

Results

Paramedic CPD goes beyond the traditional approach to mandatory training. Paramedics are motivated by factors such as modality of delivery, professional expectations, clinical/professional improvement and, sometimes, fear. Facilitators included organisational support, improved clinical knowledge, practitioner confidence, self-directed learning opportunities and perceived relevance of content. Barriers include cost, workload/fatigue, location, rostering, lack of incentive to engage, lack of employer support and technological problems.

Conclusion

By understanding what facilitates or motivates engagement in CPD activities, paramedics can navigate their CPD in conjunction with regulatory requirements. Although paramedics report some similar experiences to other health professionals, there are nuances that appear specific to the discipline of paramedicine. Of interest, a unique finding related to fear influencing paramedic CPD engagement. The results of this study inform paramedic employers and paramedic CPD providers with insights to assist in the development of positive CPD experiences and interactions.

'Is the patient completely alert?' – accuracy of emergency medical dispatcher determination of patient conscious state

https://doi.org/10.33151/ajp.18.858

Jason Belcher, Judith Finn, Austin Whiteside, Stephen Ball

Introduction

During emergency ambulance calls, one of the key issues assessed is the patient's level of consciousness. An altered conscious state can be indicative of a need for a high priority response; however, the reliability of the resulting triage depends on how accurately alertness can be ascertained over the phone. This study investigated the accuracy of emergency medical dispatcher determination of conscious state in emergency ambulance calls in Perth, Western Australia.

Methods

The study compared emergency medical dispatcher determination of patient alertness based on the Medical Priority Dispatch System (MPDS), with conscious state as recorded by paramedics on arrival, for all emergency ambulance calls in a 1-year period in metropolitan Perth. Diagnostic accuracy was reported across the whole system and stratified by MPDS chief complaint.

Results

There were 109,678 calls included for analysis. In terms of identifying patients as not alert, the overall positive predictive value was 6.62% and negative predictive value was 99.93%, with 10 times as many patients dispatched as not alert than found to be not alert at scene. Sensitivity was only 69.94%. There was significant variation in accuracy between chief complaints.

Conclusion

The study found high levels of inaccuracy between dispatch identification of not-alert patients, and what paramedics found on scene. While not-alert dispatch was 10 times more common than patients being determined not-alert on scene, only 70% of not-alert patients on scene were classified as such during dispatch. Further research is suggested into the factors that affect the accuracy of emergency medical dispatcher determination of patient conscious state.

The transition from clinician to manager: the paramedic experience

https://doi.org/10.33151/ajp.18.861

Karen Stewart, Vicki Cope, Melanie Murray

Introduction

Promotion from paramedic to manager is common in ambulance services, yet there is limited research concerning paramedics' experience of this role transition. The purpose of this qualitative study was to explore the experiences of paramedics who have transitioned from clinician to manager.

Methods

A qualitative approach was used for this study. Through purposive sampling, semi-structured interviews were conducted with paramedics who had made the transition to manager. The participants were asked to describe how they felt and what their experiences were concerning this transition. Thematic analysis was undertaken identifying themes within participant responses.

Results

Six key themes emerged during the data analysis. Participants described feelings of isolation on moving from the frontline, a lack of feeling part of the team 'in green'; however, they also reported that previously being a paramedic in some instances gave credibility in their new manager roles. Challenges reported concerned no formal training before transitioning into the role, and the lack of essential managerial experience.

Conclusion

This research provided insight into how paramedics feel and perceive the transition from clinician to management roles. A review of the organisational approach to role transition is of benefit to paramedics. Such a review may help identify what changes could be made in support of paramedics transitioning to management roles. Further research is required across other ambulance services to determine the efficacy of these results in the broader ambulance service environment.

Medical first response models in rural villages and towns: a simulation study of response times

https://doi.org/10.33151/ajp.18.815

Jukka Pappinen, Anna Olkinuora, Päivi Laukkanen-Nevala

Introduction

Medical first responders (MFR) shorten the response times and improve outcomes in, for example, out-of-hospital cardiac arrests. This study demonstrates the usability of open geographic data for analysing MFR service performance by comparing simulated response times of different MFR models in rural town and village settings in Finland.

Methods

Community first response (CFR) models with one to three responders obeying the speed limit were compared to a volunteer/retained fire department (FD) model where three responders first gather at a fire station and then drive to the scene with lights and siren. Five villages/towns, each with a volunteer/retained FD but no ambulance base within a 10 km radius, were selected to test the models. A total of 50,000 MFR responses with randomly selected buildings as potential responder and patient locations were simulated.

Results

In central areas, the simulated median response time for the one-responder model was 1.6 minutes, outperforming the FD model's simulated response time median by 4.5 minutes. In surrounding rural areas, the median response times of one- and two-responder CFR models were still shorter (15.0 and 15.9 minutes, respectively) than in the FD model (16.4 minutes), but the FD model outperformed the three-responder CFR model (16.8 minutes).

Conclusion

Open geographic datasets were useful in performing logistic simulations of MFR. Based on the simulations, CFR without emergency vehicles may reach patients faster than FD-based MFR in central areas, whereas in surrounding rural areas the difference is less pronounced.

WE SEE YOU READY TO RESPOND

STUDY POSTGRAD TACTICAL MEDICINE

As instances of mass casualty attacks increase, first responders need to be ready to manage and react to emergencies in high risk situations where their personal safety may be compromised.

Prepare yourself with a postgraduate qualification in Tactical Medicine from CQUniversity. You'll learn to deal with acute trauma situations and be uniquely qualified to respond in resource limited, dynamic and high threat environments. Choose from graduate certificate* and graduate diploma options, and study online via our renowned online study mode.

* You may be eligible to take advantage of significant reductions in student contributions for this course under the Australian Federal Governments' Job-ready Graduates Package.

ACCESSIBLE, FLEXIBLE STUDY

Study online with confidence in our 40-years distance education experience, plus access to facilities and support at 20+ national locations.

TOP 10 NATIONALLY*

We're among the best for postgraduate skills development, starting salary and full-time employment.

*The Good Universities Guide 2021

APPLY NOW TO START IN MARCH

CQUniversity AUSTRALIA

BE WHAT YOU WANT TO BE

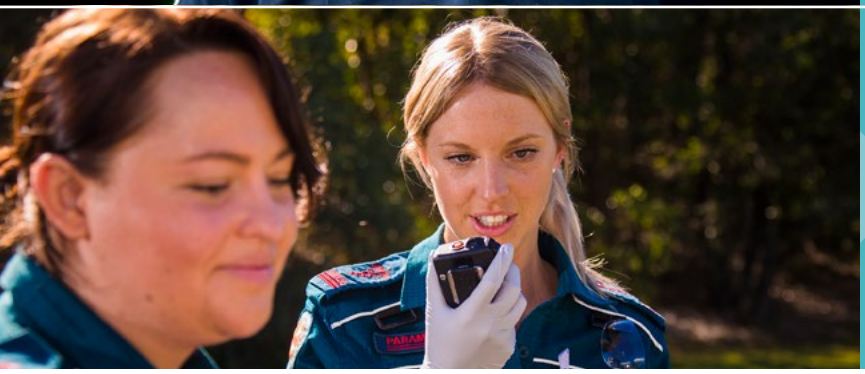
cqu.edu.au

CRICOS: 00219C | RTO: 40939

Leading the profession for paramedics

Professional development and research opportunities

Supporting paramedics throughout their careers



Promoting paramedic health and wellbeing

Advancing paramedicine.

The College is the peak professional body representing and supporting paramedics across Australia and New Zealand through knowledge, events, research, advocacy, networking and much more.

www.paramedics.org

@ACParamedicine

Australasian College of Paramedicine