

RESPONSE



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Amy McCaffrey



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COVER

CAA2021 Women in Ambulance Award recipient, Amy McCaffrey.

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.



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with Ryan Lovett

Leading the profession

Welcome to our Autumn Issue of *Response*. It seems that every quarter there is more and more College activity to tell you about. In this issue I wanted to talk about the changing nature of paramedicine and the plans the College has to not only remain contemporary, but to proactively position ourselves as the leaders of our profession.

Historically the College has been known to successfully deliver on a few simple, yet critical goals: education, professional support and representation. The College and its predecessors have, over decades, delivered an untold number of engaging and targeted education events and conferences; provided subsidised access to textbooks, learning and reference materials and equipment; and represented the profession on key national bodies, such as the Australian Resuscitation Council.

While in previous communications I have spoken about the increasing volume, quality and diversity of our educational offering, in 2021 we have also dramatically increased the scale of our representative work. We now have permanent representatives on at least 10 different advisory, deliberative and representative bodies ranging from those that develop evidence-based recommendations on the response to COVID-19, to those developing education and support materials for end-of-life care. In addition to these external bodies the College has five advisory committees that provide advice to the Board and to members on a range of topics. These advisory committees also regularly provide feedback and responses to various governmental and independent inquiries and committees. In the past few months alone, we have formally responded to several enquiries from Ahpra and provided submissions to ensure that paramedic capabilities are considered when planning for the rollout of COVID-19 vaccines in several jurisdictions. The College also has eight special interest groups, each with a clear agenda to develop positions to drive the profession forward. This is all in addition to our member committees who represent the College at a local level across Australia and New Zealand.

When I was elected Chair late in 2020, I was humbled by this sheer volume of expertise and enthusiasm and, together with the Board, actively looked for ways to support and

“The College has to not only remain contemporary, but to proactively position ourselves as the leaders of our profession”

amplify this. Three areas of clear opportunity soon became evident: building on the trust of the community and our professional profile to contribute to health policy at local and national levels; defining what students, paramedics and paramedic specialists should be learning and doing into the future; and expanding our ability to support First Nations Peoples and our Pacific neighbours.

I acknowledge that this direction does expand on those activities for which the College has traditionally been known, however during the development of our Strategic Plan 2021–2023: Foundations (see page 20) and the extensive consultation before release, several key messages became clear. Chief among them was that you saw the College as the vehicle through which your voices should be heard and that we have a shared ambition to do more and be more.

Our Australian members will have seen our first step on this journey with the recent release of an EOI for paramedics to deploy to support St John Ambulance Papua New Guinea as they work to contain the unchecked spread of COVID-19. To date we have had over 180 responses and I have been floored by the compassion, skills, experience and readiness of our peers to drop everything with a few weeks' notice and contribute to supporting our nearest neighbour in their time of need.

Furthering the expansion of our services to members, turn to page 5 where CEO John Bruning introduces an important and meaningful way in which the College can support its members in all aspects of their professional lives.

Most of the time, the easiest thing to do is to do nothing. As paramedics we reject this notion – we will do all that we can to get the best outcome for our patients, for our community, for our peers, no matter who or where they might be.

Stay safe.

CONFERENCE 2021



15 – 17 September 2021

ACP International Conference

National Convention Centre, Canberra
+ Various locations + Streamed online

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providing the education that paramedics
at all levels need.

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with John Bruning

Paramedic health and wellbeing

I think we all understand the challenges of the past year (lockdown, social distancing, isolation) and the impacts on our mental health. Before we even entered this pandemic there was considerable trauma and stress on paramedics and negative impacts on mental health. This has remained at the forefront of my mind over the past 12 months.

Early last year I engaged with several organisations around the provision of a series of mental health workshops for paramedics, the objective being to try to build resilience and anticipate the potential impact to paramedics' mental health from the emotional and mental challenges of the vital role they play in our communities.

“The College is working on the next stage of the support we want to provide to members in this area”

The College partnered with Phoenix Australia to deliver four standalone mental health workshops, which were held throughout March and April. The workshops will be turned into online learning sessions for members to support their mental health.

The College membership team are regularly in contact with members by phone, and some members are raising the challenges that they are facing around mental and physical wellbeing, financial difficulties and workplace issues. I think it is positive that members feel comfortable engaging with staff about these issues.

We know most paramedics have access to workplace Employee Assistance Programs, but these are often under-utilised. Anecdotally, the reasons for this are likely around stigma and concern that employers become aware of mental health issues. We also know that the psychological cannot be separated from the physical.

With this in mind, the College is working on the next stage of the support we want to provide to members in this area. First, the College is currently in the process of expanding the scope of our Mental Health and Wellbeing Special Interest Group (SIG) to cover the overall wellbeing of paramedics, looking at the mental, emotional and physical aspects of paramedic well-

being. The SIG will soon be changing its name to the Paramedic Wellbeing SIG and bringing on some new members to reflect the broader focus.

Second, the College has reached agreement with Fortem Australia for the provision of paramedic wellbeing services for members. This will include access to their counselling service as well as Fortem's broad range of wellbeing activities. At its inception this relationship will cover Victoria, the Australian Capital Territory, New South Wales and south eastern Queensland, but we are working with Fortem to expand nationally

by the end of the year, allowing all Australian members to access these services. We thought it important that we choose the right organisation first and work with them to expand coverage. The College is also working on how we support our New Zealand members with the same support services.

The final piece of the puzzle is organisational responsibility. With College staff fielding emotionally challenging calls with members, our duty of care to staff requires us to ensure they are fully supported too. The entire College staff team (myself included) recently completed the Mental Health First Aider training to better equip us with engaging with some of these more challenging discussions. It isn't our plan for staff to be a counselling service but rather to be better placed to help direct members to appropriate support and provide that information in a confidential way, while ensuring the staff member manages their own mental health and wellbeing successfully.

ROAR

You will find details over the next two pages about the upcoming ROAR Paramedic Conference in late May, which is a great opportunity to learn about regional and remote paramedic practice. See you at ROAR, either in person or online.

Stay safe and well.

Rural Outback And Remote Paramedic Conference 2021

#ROAR2021



The Rural Outback And Remote Paramedic Conference (ROAR) is back for its third year (having been postponed in 2020 due to the COVID-19 pandemic). Designed for paramedics and allied health professionals working in rural and remote locations, the program will deliver insightful discussions based around the nature of practising in the outback.

This year, ROAR will be held concurrently across five cities to allow more delegates to participate – Broome, Dubbo, Queenstown, Townsville and Alice Springs. Presentations from all locations will also be livestreamed to each venue so that all delegates can participate. Attend in-person or tune in remotely from wherever you are – the choice is yours!

ROAR
RURAL, OUTBACK AND REMOTE PARAMEDIC CONFERENCE

CONFERENCE HIGHLIGHTS

Women birthing in paramedic care

Presenter: Dr Belinda Flanagan – Lecturer, School of Nursing, Midwifery and Paramedicine, USC

The management of women who present in labour or birth in paramedic care is low. As a result, paramedics report that this type of case is one that they feel the least confident in managing. Learn about appropriate assessment of maternal and foetal wellbeing, predicting problems before they occur with the information gained through your obstetric and antenatal history, when to stay and when to go when birth is imminent, and establishing a safe birthing space in the out-of-hospital environment.

Lessons learned in building diversity and equity in EMS

Presenter: Dr Meg Marino, Deputy Medical Director, New Orleans EMS

This presentation will review the importance of having a diverse EMS

workforce, ways to develop community outreach programs to better serve your diverse community, discuss strategies to acknowledge and reduce bias within your organisation while building a more diverse EMS organisation. It will also include a case study from New Orleans EMS with discussion of the lessons learned.

Does direct helicopter retrieval improve survival for severely injured trauma patients from rural Western Australia?

Presenter: David Ford, Course Coordinator Postgraduate Critical Care Paramedicine, Edith Cowan University

In rural and remote Western Australia, mortality from major trauma is up to four times higher than mortality rates from major trauma in the capital city, Perth. The objective of this study was to determine whether direct HEMS retrieval from an incident scene within the zone 50 to 250 kilometres of Perth to a tertiary hospital improves survival in severely injured trauma patients.



Remote preterm birth prevention: comparing nifedipine and salbutamol tocolysis in aeromedical retrieval

***Presenter:** Bree Spring-Walsh, Flight Nurse, Townsville*

For remote women in preterm labour, tocolysis options keep fetuses in utero during aeromedical transport to reach tertiary centres. This study set out to determine tocolytic effectiveness in halting preterm labour during aeromedical retrieval between nifedipine; and nifedipine with salbutamol.

Advanced resuscitation for organ donation

***Presenter:** Kirsty Mann, Rescue Helicopter Crewman/Intensive Care Paramedic, New Zealand*

This presentation intends to spark interest in how paramedics could make a positive contribution to organ donation and still save lives, even when advanced resuscitation efforts have been unsuccessful.

Culturally responsive palliative care in paramedicine: an Aboriginal perspective

***Presenter:** Nicole Hewlett, National Indigenous PEPA Manager*

A presentation on how paramedics can embed culturally responsive ways of knowing, being and doing when providing palliative care to Aboriginal and Torres Strait Islander peoples.

Palliative paramedicine – offering a kinder death

***Presenter:** Madeleine Juhrmann, PhD candidate, University of Sydney School of Medicine*

Do you have experience reluctantly transporting a palliative patient to hospital, especially after-hours? Do you wish ambulance services were better integrated with palliative care systems? This presentation will provide an overview of the research, followed by an interactive and thought-provoking case study of palliative paramedicine in a rural community.

ROAR

RURAL, OUTBACK AND REMOTE PARAMEDIC CONFERENCE

When

Thursday 27 to Friday 28 May 2021

Format

Hybrid conference – face-to-face and online

Locations

- Broome
- Dubbo
- Queenstown
- Townsville
- Alice Springs

Visit

paramedics.org/events/ROAR-OL21 for the full conference program and to purchase tickets.

#ROAR2021

RESPONSE | Q&A



Tammie Bullard is a registered paramedic, educator and author based in Western Australia. In this Response Q&A, Tammie chats to us about empathy, positivity, and what makes her day.

Q What attracted you to a career in paramedicine?

A Medical careers were always an exciting thought for me when I was growing up. When I discovered that this type of job existed, out and about in everyday settings, seeing multiple patients over the course of a shift, using medical knowledge and skills, it sounded like the perfect combination. There is something appealing about making emergencies seem less stressful with a little order and structure, and I still enjoy that sense of satisfaction. It doesn't seem to go away.

Q There are a handful of health professionals who are also successful writers. Has writing always been a part of who you are? Or did your writing develop as a way of giving voice to your experiences as a paramedic?

A I'm a book addict and always have been. Reading. Writing. Listening. The wordy habit came in handy for academic study and I've always had some kind of book writing itself in my head, but I never put the two together until about 2017. I had been compiling a list of useful tips and tricks for students through my own learning, teaching and hands-on work, as well as things mentioned by others and I planned to just hand it out to students on placements or getting started. The list grew bigger and bigger though, until it suddenly made sense to bring it all together into a book.

Q You describe your first book, *The Good, The Bad & The Ugly Paramedic* as a “reflective practice text, encouraging the best in patient care and pre-hospital professionalism”. Can you tell us what motivated you to write the book?

A It came from a combination of being inspired by the types of care, professionalism and behaviours I saw in or heard about from others, as well as a strong drive to find a way for new paramedics to learn good habits and positive approaches to the job. Dealing with students and graduates across various Australian states in 2015 was the biggest eye opener. I had always been aware that role modelling can make or break attitude, but it wasn't until this point that I realised just how much of an impact one or two voices can have in shaping new careers. This is also when I realised how we chat amongst ourselves in groups, about what makes a “good” or “bad” paramedic. Rather than leave the most impressionable phase in the hands of a couple of preceptors as well as TV and social media, I decided to put together some examples and scenarios so that readers could picture themselves in different situations instead. Using their own life experiences and moral compass to decide how to interact with patients, peers and everyone else that we run into on a daily basis. Something to give confidence and grounding in working out what matters most, and why, to individual paramedics in their individual practice.





Tammie relaxing in The Kimberley

Q Your second book, *The Good, The Bad & The Ugly Paramedic Student Handbook*, has just been published. What single piece of advice would you offer to paramedic students?

A Make every instance of patient care match exactly what each of us hopes that peers will provide to our own loved ones. It's the easiest way to avoid regretting any action or inaction once everyday patient contact starts to feel comfortable.

Q You often write about wellbeing and the importance of self-empathy. Can you briefly share with us your thoughts on this?

A I spend a lot of time hearing from and talking with pre-hospital care providers ranging from students right through to veterans. One of the resounding themes is that of regret or frustration, either for patients or for self. I'm no mental health professional, but my personal belief is that empathy is a two-way street. If we can provide compassionate and empathy to others, we may be able to protect and care for ourselves just as much we strive to care for our patients.

Q You have recently worked in remote Western Australia. Can you tell us about this experience, and what it means to you both professionally and personally?

A Despite the heat and humidity, it's been an absolute privilege to be temporarily based in The Kimberley. It's been four years since I last worked here, but the diversity and resilience of everyone living so far away from city life never fails to impress. Exploration, culture and adventure on days off is out of this world and the differing pre-hospital needs and resources during shifts provide both challenge and satisfaction in equal parts. This will actually be my last hands-on clinical tasking before stepping away

from ambulance life into an emergency response supervisory role, so it's also a fantastic way to finish up before flying home and changing into a brand-new uniform.

“Make every instance of patient care match exactly what each of us hopes that peers will provide to our own loved ones”

Q And finally... paramedic, author, educator; what brings you the most personal satisfaction?

A That's such a tough decision to make, but I'm leaning towards authoring. Simply because of the wide reach that it brings. I can be having an ordinary day, going about my business at work or out and about on days off, when an email, message, or social media post pops up unexpectedly from a stranger about one of the books. When I hear that certain sections have made a positive difference, boosted their confidence, helped through a rough spot or is motivating them to reflect and reassess something in their approach to paramedicine, it's such a huge reward. The fact that readers will go out of their way to either get in touch and share this impact with me, or use it as a point of reference to positively support others on social media makes my day every single time!



You can read Tammie's recent article, *Compassion: Fighting Fatigue by Seeking Satisfaction*, in this issue of *Response*.

For your chance to win a free copy of one of Tammie's books, turn to page 10.

Good reads, good practice

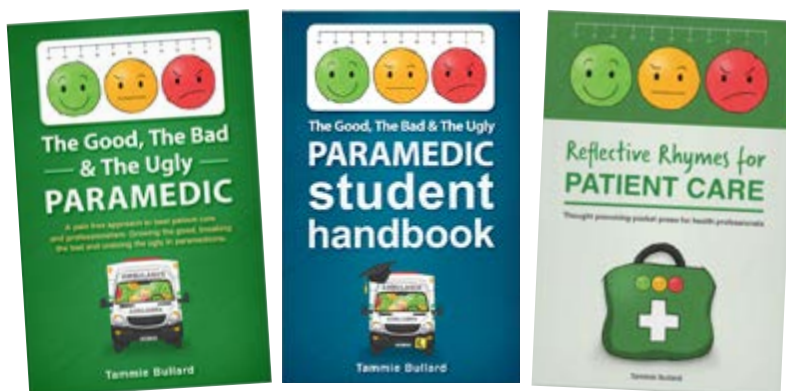
Enjoy reading our Q&A with Tammie Bullard? We have 10 copies of Tammie's books to give away to readers. Simply email info@paramedics.org with 'Book Giveaway' in the subject line and provide your details and book preference. The first 10 emails received will be successful in securing a copy. Get in quick!

The Good, The Bad & The Ugly Paramedic

In the current climate of increasing pre-hospital demand, it is more important than ever for paramedics to demonstrate optimum skill, safety and professionalism. With growing call volume, public scrutiny, legal liability and employer expectation often creating a sense of overwhelm, the ability to maintain these standards can begin to suffer. Find out how to evaluate your everyday practice using a simple, pain scale-type approach. *The Good, The Bad & The Ugly Paramedic* will help you remain at the top of your game, no matter where you're at in your career.

“What a fabulous book! Honest, insightful and invaluable to all in this profession. I will be strongly recommending this great book to my students and the wider paramedic community. Really well done!”
– Lisa Holmes, Lecturer in Paramedicine, Edith Cowan University

“What a thought-provoking book. I recognised a lot of the situations from my own experiences. This book has re-motivated me to strive for the best patient-centred care, and I have recently had more courage to challenge others' behaviour that prevents this.”
– Holly Adcock, UK paramedic



The Good, The Bad & The Ugly Paramedic Student Handbook

Becoming a newly qualified paramedic is like a juggling act. With hands and minds full of ambition, fresh ideas, hard earned expertise and newly acquired knowledge, it can be challenging to maintain the high standards that you're desperate to deliver. Even the best of intentions will be difficult to deploy, without recognising what's important, or why. This book is your guide to growing good habits, so that little of the bad and even less of the ugly can creep in along the way.

The Good, The Bad & The Ugly Paramedic Student Handbook puts you firmly in the driving seat of your own destiny toward the job of your dreams.

“I've only read one chapter so far and I've already learnt so much! In 25 pages you've managed to completely change my perspective and open my eyes and mind. This book is everything I needed in my last year of studying! I'm so excited for the chapters to come.”
– Zoe, student paramedic

Reflective Rhymes for Patient Care

Crammed full of pocket-sized reflections – *Reflective Rhymes* is a collection of 52 thought-provoking paragraphs, one for each week of the year with space to make notes for next time around. This handy book will trigger a positive perspective on empathy, safety and satisfaction in any hands-on health care role.



5 minutes with...

Amy McCaffrey, paramedic working in the NT



In our first '5 minutes with...' we chat with Amy McCaffrey, recipient of a CAA2021 Women in Ambulance Award, presenter at #ROAR2021, and member of the College's Rural, Remote and Community Paramedicine Special Interest Group.

1. What drew you to Alice Springs?

Working in rural and remote, advocating for First Nations Peoples and challenging myself were always of interest to me when I was studying. I was initially knocked back from the NT, but when someone pulled out and a position became available in central Australia I jumped at the opportunity with the support of my wife.

2. What are the pros and cons of working in the outback?

Pros are exploring Arrernte country and all its beautiful landscapes, camping, and discovering all the outdoor activities on offer. We also have a fantastic team of staff in the Central/Barkley region and my work-home commute takes six minutes!

Cons include the resource-limited environment and the impacts this can have on patient access to equitable health care. The lack of resources, high staff turnover and high workload in remote areas can also add to your cognitive load and stress (I especially felt this early in my career). Another con is clinicians' access to ongoing education and training, although COVID-19 has helped in this aspect with so many things moving online.

3. What led you to develop the online educational platform Outback Responders?

Outback Responders started when a colleague and I began feeling disheartened at the lack of professional development opportunities for first responders in central Australia and beyond. I never imagined having as many followers as we do now and I'm so proud of the OBR team as our Facebook page continues to develop and grow. We hope to inspire and challenge and disseminate content that encourages reflection and learning to see clinicians pushing themselves to be the best they can be.

4. Do you have any advice for paramedics seeking a role such as yours?

I would strongly encourage anyone thinking about working in rural and remote to take the time to research and learn about social determinants of health, trauma-informed care and the oppression and inadequate systems impacting First Nations Peoples in Australia. The NT usually runs induction programs for graduates twice a year but are often looking for qualified paramedics. Also keep an eye on the St John NT website or send through an expression of interest.

“The learning never stops”

5. Any jobs that particularly highlight the challenges or rewards of rural/remote paramedicine?

It's impossible for me to choose just one because I feel like I have seen and experienced so many things that have been both challenging and unique highlights. Some include jobs that have been by definition 'mass casualty events' but will never make it to the news. Jobs that have been hundreds of kilometres away, taken me hours to drive to, navigating a late afternoon sun, erratic wildlife and overcoming the tyranny of distance. Some jobs have been based in extreme environmental conditions and difficult geographical locations that required hiking up mountains on foot.

Safe to say, the transition from university to on-road life was a steep learning curve and I had to work extremely hard in my graduate year to get myself proficient at providing safe patient care. The learning never stops though, especially in the Territory where it's not uncommon to call for back-up, and comms reply with "sorry but there's none available, you're it".

[@outbackresponders](https://www.facebook.com/outbackresponders)

Continuing professional development

What is it, and why does it matter?

by Ruth Townsend, Michael Eburn and Annabel Bennett

An important objective of registration under the Health Practitioner Regulation National Law Act, the primary piece of legislation that regulates paramedics in Australia, is to ensure that patients are treated by suitably qualified staff to protect patients from incompetent and/or the poor conduct of paramedics.

Continuing professional development (CPD) is designed to facilitate the objective of protecting the public by requiring registered paramedics to maintain and update their knowledge and skills. CPD is defined by the Paramedicine Board of Australia (PBA) as “the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives” (PBA, 2018a). The purpose of improving ‘knowledge, expertise and competence’ and developing ‘personal and professional qualities’ is to protect patients by ensuring that practitioners are competent and conducting themselves in accordance with the required standard. The PBA Code of Conduct (‘the Code’ at 7.2) stipulates that “good practice involves keeping knowledge and skills up to date to ensure that practitioners continue to work within their competence and scope of practice” and goes on to say that this process is ongoing for the length of the practitioner’s working life. Despite the purpose of CPD being set out in the Code and by the Board, anecdotally there appears to be a lack of clarity or understanding about the purpose of CPD. This lack of understanding may be associated with a risk that paramedics will view CPD as a box-ticking exercise and, in so-doing, limit the effectiveness and thus purpose of the measure.

CPD STANDARDS

To meet the CPD standard set by the PBA, paramedics must complete 30 hours of CPD that:

a. seeks to improve patient outcomes and experiences; b. draws on the best available evidence, including well-established and accepted knowledge that is supported by research where possible, to inform good practice and decision-making; c. contributes directly to improving your competence (performance and behaviour) and keeping you up to date in your chosen scope and setting of practice; d. builds on your existing knowledge; and e. includes a minimum of eight hours CPD in an interactive setting with other practitioners (PBA, 2018a).

“It is important for each registered paramedic to ensure that they do not just engage in ‘box ticking’ with respect to CPD”

The type of activity that can be undertaken to satisfy the CPD requirements is broad and includes not only formal university courses, but conferences, seminars, research,

online learning, reading books and journals, and participating in committees or performance review activities including case reviews (PBA, 2018b). It is necessary to keep a portfolio of the CPD activities that have been undertaken for five years. These records can and will be randomly audited (PBA, 2018a). The Australasian College of Paramedicine not only provides access to a range of online courses, conferences and journal papers, but also has a feature (included in membership fees) that allows paramedics to keep an electronic record of their CPD.

CONSEQUENCES OF POOR OR INCOMPLETE CPD

The National Law establishes possible consequences if you don't meet this standard, including that:

- “the Board can impose a condition or conditions on your registration or can refuse an application for registration or renewal of registration...” (*Health Practitioner Regulation National Law* ss 82, 83 and 112);
- a failure to complete CPD is not an offence but may be behaviour for which health, conduct or performance action may be taken (s 128); and
- the CPD registration standards may be used in disciplinary proceedings as evidence of what constitutes appropriate practice or conduct for a paramedic (s 41 and PBA, 2018a).

It may be the case that paramedics who have a complaint made against them that is subsequently heard by the regulator in conduct or competency proceedings (e.g. the Paramedicine Council of NSW), will be asked to provide evidence of their CPD, a justification for the CPD they have chosen to undertake including their reflections on gaps in their skills or knowledge that need to be filled in order to maintain competency, and a plan for future CPD that reflects their skills or knowledge needs. The Paramedicine Board defines reflection as “thinking about what you do in order to improve your learning and practice” (PBA, 2019a). Good reflection is necessary for a paramedic to identify the areas of weakness in their knowledge and skills. The PBA provides a detailed document to help paramedics better understand this process. Additionally, the PBA provides resources on how to identify CPD needs using a SWOT analysis of each paramedic’s strengths, weaknesses, opportunities and threats (PBA, 2019b).

INDIVIDUAL RESPONSIBILITY

One of the important differences for paramedics that registration under the national scheme requires is for paramedics to take individual responsibility for their professional practice and the maintenance of professional standards necessary to maintain their registration. It is important for each registered paramedic to ensure that they do not just engage in ‘box ticking’ with respect to CPD, but that they understand the purpose of it which is to ensure they maintain the requisite skills and knowledge to practise paramedicine safely and in the patient’s best interests.



Ruth Townsend PhD, BN, LLB, LLM, DipParaSc is Senior Lecturer in Paramedic Law and Ethics at Charles Sturt University, and a legal member of the Paramedicine Council of NSW. She is an editor and author of *Applied Paramedic Law and Ethics* and maintains a blog on health, law, ethics and human rights at healthlawethics.wordpress.com

Michael Eburn PhD, BCom, LLB, BA(Hons), LLM, MPET is an Associate Professor at the Australian National University College of Law. He is the author of *Emergency Law*, and maintains a blog on Australian emergency law at emergencylaw.wordpress.com

Annabel Bennett is a paramedic honours student currently undertaking a project examining paramedic understanding and application of CPD.

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How much is your health worth?

by Mitch Mullooly

Photo by Emma Simpson on Unsplash

Ever heard the mantra, ‘health is wealth’? It’s so true – without health, what would we have? We especially know this in our work environment. Health is what lets us get up each morning and do the things we need to do, it’s what lets us go out with our friends, it’s what lets us take a walk outside and enjoy nature.

For many, we don’t really understand how important our health is until we don’t have it. No one wants to be a pessimist and think about a life where they aren’t able to do the everyday things they love to do. However, it’s important to recognise that our health could be fleeting and that we have one body and one life to live. And that is what brings me to one of the most important things you can do for your health.

SELF-LOVE.

There are many ways to love yourself but taking care of your body and mind is the highest form of self-respect.

Let’s give our bodies and our minds the respect they deserve:

- ✓ Eating real food is self-love
- ✓ Reducing toxins is self-love
- ✓ Exercising is self-love
- ✓ Managing stress is self-love
- ✓ Improving sleep is self-love
- ✓ Spending time outside is self-love
- ✓ Being kind to ourselves is self-love.

Be kind to your body and be kind to you. Taking care of yourself is the epitome of SELF-LOVE. We have an ability to make positive changes towards our health, that means we have at least some control of our destinies. Did you know that those positive changes can reduce your risk of disease and help you live a more optimal life?

We are the CEOs of our health!

With the right motivation and right attitude, we can take charge of our health. We can put the puzzle pieces together; we can connect the necessary dots. Of course, it is not always so simple. This health transformation stuff is hard! Which leads me to my next big takeaway:

PROGRESS NOT PERFECTION.

We're all a work in progress. I am a health coach and I don't always do the things I preach (yep... I'm human!). I struggle sometimes. I make mistakes. I don't always make the right decisions, but I get right back up again. I keep on truckin' and I make progress.

Our choices day in and day out matter but they aren't everything. One poor choice here or there is probably not going to make or break your health. It's about making better choices overall and not burdening ourselves or feeling ashamed for the occasional mishaps. The judgement you pass on yourself is what typically leads you to go back to do it again, so it's time to put a full stop at the end of your sentences, not a comma after which judgement is expressed.

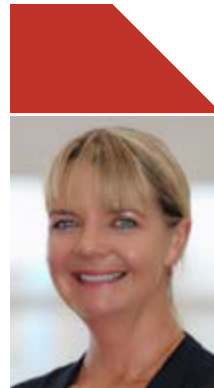
For example, let's say you eat too many Tim Tam biscuits. See it as it is, not better than it is, not worse than it is, just as it is. If you say to yourself: "I ate too many Tim Tams, therefore I'm hopeless, pitiful and I clearly have zilch will-power", do you think that inspires you to want to make better food choices at your next meal? No, unfortunately the opposite occurs, because you feel like you've ruined everything. You haven't ruined anything; you simply ate too many Tim Tam biscuits.

“It is what we do every day that impacts our health, not what we do occasionally”

Instead of adding the comma to that sentence, it is far more empowering if you simply say, "I ate too many Tim Tam biscuits." No judgement. You can follow that sentence up with a question that prompts insight such as "I wonder why I did that?" In that way, you bring curiosity rather than judgement to your behaviours and this allows insights to flow. Getting to the heart of why you chose the Tim Tam biscuits in the first place will not only stop the negative self-talk in the moment, but it helps you to make a different choice next time.

When we love ourselves and give our bodies and our minds the respect they deserve we also forgive. We all have our own paces, and our own struggles, remember tomorrow is always a new day.

I want you to really care about your health, as without it we have nothing. When you are well you have 1000 goals, yet when you are unwell you have only one. I want you to be passionate about how you take care of yourself. Think of how much care, kindness, compassion, time and attention you give to others, it is time to care just as much about your own health and happiness. Get fired up about taking even better care of YOU!

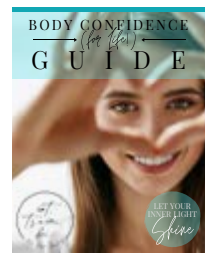


Mitch Mullooly MACPara is a paramedic with St John New Zealand; Chair of the New Zealand Member Committee of the Australasian College of Paramedicine; Member of the New Zealand Paramedic Council; and a Health and Wellness Strategist specialising in paramedic wellbeing – helping you reverse the negative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

Free eBook Offer

Mitch has just published a new eBook, the Body Confidence (For Life) Guide.

[Click here](#) to download your free copy.



Compassion – fighting fatigue by seeking satisfaction

by Tammie Bullard

Two of the most widely accepted consequences in healthcare are compassion fatigue and burnout, with causes just as diverse as their negative effects.

Definitions of each may be complicated and conflicting, best left to qualified psychology professionals, but from a care provider's point of view, narrowing down the basics can lead to some obvious and positive conclusions.

There are well-known consequences to compassion fatigue and burnout, such as high turnover, a decline in mental health and negative attitudes towards patients. In addition, the risk of poor communication and misjudgement leading to clinical errors, safety issues and professional compromise increases.

Maslach's theory explains the progression through a series of steps, beginning with the emotional burnout that erodes our resources. In an attempt to alleviate this, we may distance ourselves from patients

and colleagues by depersonalising thoughts and interactions. In doing so, we reduce feelings of personal accomplishment, sense of achievement and ultimately, self-esteem. Before we know it, physical, emotional and mental exhaustion can set in.

Compassion fatigue, arising from repetition and increasing contact with patients, compounds to replace any ability to nurture with cynicism and apathy. Negative emotional, cognitive, physical and social consequences will also lead us to experience exhaustion, anger, frustration, depression, sadness and feelings of inadequacy. By the time we add professional implications, reduced empathy, increased judgmental response and less overall joy in life, it becomes clear to see that a negative spiral can occur, gradually or suddenly, with every aspect further im-

pacting on each other. In today's climate of emergency pre-hospital care pressures, these are understandable negative reactions to excessive demands.

So why would we want to do this to ourselves?

Paramedics are drawn to the role for various reasons. For some, it may be a desire for excitement, personal challenge or adventure. That desire may be infrequently fulfilled when the reality of repetition kicks in.

Others are highly perceptive to the needs of others and gain satisfaction through helping people and feeling needed or appreciated. An ongoing lack of appreciation or inability to make a positive difference may fail to satisfy at all.

With common natural traits such as flexibility, resilience, strong-minded-



ness, motivation, detail orientation, decision making skills, action focus and high stress tolerance, paramedics are ideally suited to the role. We also get to develop personal and professional attributes through emotionally demanding work and stressful situations that strengthen us over time, but our downfall may also stem from these characteristics. The ability to keep pain, hurt, frustration, pressure and stress to ourselves is just as common and, culturally, a lack of discussion around feelings or open reflection of life and work challenges looms large.

Add to this an accumulation of high workload, mundane tasks, infrequent use of hard-earned skills and education, long travel and ramping times in confined spaces and the close proximity of the same colleague over weeks, months or years. Patient and bystander behaviours such as hostility, aggression, frequent callers, regular attendance to challenging mental health and social crises. Unavoidable overtime, varied or lack of meal breaks, key performance indicator pressures, organisational frustration, disturbed sleep cycles, work-life imbalance and limited family contact over several days. Not to mention repeat exposure to trauma, neglect and poverty, feelings that the world is not a good place, and shame or guilt at not being able to make things better.

So how can we avoid what may seem like a slippery slope downwards?

A major key may lie in compassion satisfaction. Rarely discussed, less widely revered but just as valid as its counterparts exists a more positive feature of long-term patient contact.

It encourages strengthened self-esteem from feeling useful, increased growth in developing as a person through connecting with others and a notion of bettering society by making a difference. A sense of achievement, success and value can be attained by creating stronger patient rapport and more rewarding interactions. Precepting, mentoring, training and leadership may feel more worthwhile when shaping a culture that seeks

out compassion satisfaction into the future.

The benefits derived from helping others and directly contributing in this way are not only useful in the moment, they are cited as a valid way of combating compassion fatigue and burnout.

Rather than trying to avoid what may feel like inevitable adverse effects of paramedicine, there are steps that we can take to focus more on seeking out compassion satisfaction instead.

Steps in the search for compassion satisfaction

- Download and complete the Professional Quality of Life Measure tool and use this as a benchmark moving forward.
- Schedule some time for compassion satisfaction reflective practice in upcoming CPD hours.
- Start the conversation with a trusted circle of peers to focus on it together and form a support system.
- Find out which positive and proactive resources exist in the workplace and consider offering constructive suggestions if options seem limited.
- Build education and training goals that help to create feelings of success and satisfaction more often than focusing on areas rarely used.
- Create a satisfaction journal in an app or diary then add 'feel good' moments every time they occur, no matter how small.
- Ask loved ones to look out for signs of impending burnout or fatigue and explain that satisfaction is the new goal.
- Engage psychological support in proactive behaviours rather than having to implement this as a reactive measure later on.

As paramedics, we pride ourselves on enhancing skills and knowledge,

particularly in less common injuries and ailments so that we feel successful and satisfied. The only way to increase how often we experience that feeling is to seek it out. Priding ourselves on the benefit we can bring and how much difference we can make will only serve to enhance satisfaction overall.

Whichever approach we choose, the balance will always tip one way or the other. High levels of compassion fatigue and burnout will make high levels of satisfaction impossible. In

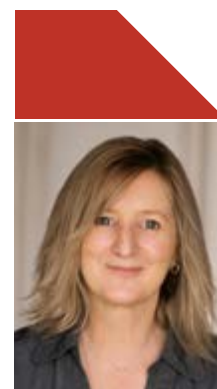
“Two of the most widely accepted consequences in healthcare are compassion fatigue and burnout”

the same way, growing compassion satisfaction will soothe away some burnout and make work a better place to be.

If the personality traits of paramedics trend towards enthusiastic, problem-solving, solution-seeking, resilient people with a desire to help others, let's put them to good use. Rather than settling for and suffering the cost of caring for others in emotional and physical distress, we can use those motivating characteristics to actively seek out compassion 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.

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Contact EditorResponse@paramedics.org

Critically appraising research

by Dr Linda Ross, Dr Louise Reynolds and Dr Kelly-Ann Bowles

A principal goal of the College's Research Committee is to provide education and support to members that will encourage engagement in, and growth of paramedicine-specific research.

The Research Committee has commenced hosting bi-monthly research education webinars via the College website. The 'Talking Research' webinars will discuss research methods/topics and interview authors about their research and experiences using such methods. The webinars will be augmented with a related article in quarterly issues of *Response* magazine.

In this issue, we follow on from an informative presentation by Dr Kelly-Ann Bowles that talked about research basics and the need to cast a critical lens over what we read. Generally, published research has been peer-reviewed by at least two experts in the field and subject to an editing process to ensure quality. This process is not without flaws however, and a discerning reader should always be critical of what they are reading and appraise aspects of the research themselves.

Being a critical reader of research, keep in mind the following three questions:

1. Is the research free of major bias and flaws?
2. Are the methods and results sound?
3. Is the research fit for purpose and transferable to the relevant context?

In helping you answer these questions, there are many tools that can assist the reader in appraising research. This can be confusing if you don't know how to go about selecting the correct tool. Although there are some important things to consider when selecting an appraisal tool, at the end of the day, individuals tend to stick with tools that they know well and that they find easy to use. A recent paper by researchers discusses a wide range of tools that can be used to assess literature;¹ giving new researchers a nice starting point to help identify a good tool for them to use.

When selecting a tool it is best to start by working out what type of research design you are trying to assess. Like any type of appraisal, it is important to have a tool that is 'fit for purpose' as it is not reasonable to assess research using a tool not designed for that method, e.g. appraising a qualitative project with a tool that is designed for a randomised controlled trial. So it is really important to understand what design you have, and a good quality article should describe the study type and methods in some detail. If you are using appraisal tools to assess the quality of a number of identified research papers (i.e. in a systematic review), you need to use an appropriate tool for each paper; meaning you may need to use more than one tool in your review. This is why some tools, such as the National Heart, Lung,

and Blood Institute quality assessment tools and the Joanna Briggs Institute, have slightly different templates for different research designs.^{2,3}

When selecting a tool, try and find one that has clear explanations of the different criteria. Most tools will have a number of different criteria to help you assess the quality, ranging from information on blinding, through to drop out rates in the research. As appraisal tools are subjective, we can interpret these criteria differently. So make sure your tool has a clear explanation of the criteria, and preferably even gives you an example, so you really understand what you are looking for.

Finally, when completing the tool we are really trying to look for aspects of the paper that could effect our confidence in the author's conclusion. Some tools like you to effectively 'score' a paper based on the criteria, whereas others really ask you to assess whether the 'things not done well' would be a major flaw in the research. Again this can be quite subjective, and you may need to think about these flaws specific to the paper you are reading. If we find that a paper does have major flaws, it might not mean that we disregard it all together, but it may change how we think about the conclusion the authors have made.

“For new research to lead to changes in practice and improved patient outcomes it must begin with an appraisal of the known body of evidence”

Given the range of appraisal tools on offer, what does this mean for your clinical practice?

The application of a quality assessment tools is useful to consider in relation to clinical practice guidelines. If you are interested in evaluating the evidence basis for current or future practice, the application of the assessment tools is a great way to assess the evidence for quality.

Once you have found the available literature and chosen an appropriate tool, you will then need to assess the evidence using the tool. Applying your selected appraisal tool/s, coupled with your ability to critique and critically analyse the literature, will help you form a conclusion about the quality of the evidence. You may find conflicting recommendations, inconsistent evidence, low quality evidence, lack of transparency in the design methods, or even poorly managed conflicts of interest from bias assessment.⁴ Finding flaws doesn't mean that a literature review has been a waste of time, it may however mean that the evidence is currently insufficient in volume or quality to inform any change in practice.

Being open to reading the literature – critically – is not a judgement that research or researchers are 'good' or 'bad', rather it acknowledges that research is a process, which by its very nature is open to interpretation and bias. Like most things, research and research practice evolves over time.

The process of literature searching and critiquing is an important skill for paramedics. This demonstrates a shift from 'this is how it is done' in a vocational training style, to 'this is why it is done this way' in which evidence informs practice. The reporting of the assessment of the literature using appraisal tools demonstrates a review process and adds weight to the veracity of findings. As paramedicine practice evolves and evidences its treatment and outcomes, this means that there is transparency and accountability for changing and improving practice.

It is vital to ensure the continuing growth of our unique body of discipline specific research which informs paramedic clinical practice and the profession more broadly. Evidence-based practice however needs critical consumers of knowledge to ensure rigour and collegial critique; we don't want to operate in a siloed 'echo chamber'. As paramedics move into their first decade as registered professionals it is essential that individuals, not just organisations, continue to explore, question, and test the status quo. For new research to lead to changes in practice and improved patient outcomes it must begin with an appraisal of the known body of evidence.

Dr Linda Ross is Deputy Head of Department/Head of Postgraduate Programs in the Department of Paramedicine School of Primary and Allied Health Care at Monash University.

Dr Louise Reynolds is a Senior Lecturer in the Department of Paramedicine School of Primary and Allied Health Care at Monash University.

Dr Kelly-Anne Bowles is Senior Lecturer Department of Paramedicine and Director of Research in the School of Primary and Allied Health Care at Monash University.

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Introducing our strategic plan

In the past 10 years paramedicine has undergone a progressive but significant shift towards increasing professionalism, culminating with our registration in 2018. Paramedics were once vocationally trained and working entirely in ambulance services or the fledgling event/industrial first aid sector. We are now in a position where we have graduate, postgraduate and doctoral level education and we provide high quality, evidence informed care across jurisdictional services, academia, primary and community health, in residential aged care and in industrial, remote and austere environments.

We provide more advanced care in more settings with more regularity than any other health professional.

We now focus on building strong foundations for the College

Adopting a crawl-walk-run approach, the previous 12 month plan, put in place for our establishment in November 2019, was important in setting our initial direction while we bedded in our processes post the merger of Paramedics Australasia and the Australian and New Zealand College of Paramedicine.

This plan builds on the strong engagement, governance and financial position we are in and will guide the College in the ce-

menting of strong foundations. This plan recognises our history, whilst articulating the priorities for the College as we look forward for the next 10 years, the decade for paramedicine.

Strategic Plan 2021 – 2023: Foundations

This plan is the culmination of a significant body of work undertaken by the College over the past six months, bringing together input from our 2020 Member Survey, member and committee focus groups and strategic planning sessions with the Board and College staff. The plan proposes comprehensive strategic actions to move the College and, importantly, the profession forward.

The plan draws extensively on the knowledge and experience of our membership. It recognises and embeds the activities we have become known for; education, research, communication and professional identity.

After years of advocacy work, we have achieved registration in both Australia and New Zealand, we have re-united as one strong voice for paramedics and we now look to the future and how we can shape the profession for the benefit of paramedics and our communities. Registration has already started opening doors for paramedics and this will continue, but the key question is, which doors do we want to proactively open?



The challenges we face as a new profession and new College are evident; do we have a seat at the table for decisions about the profession and the health sector more broadly? Is government listening to what we have to say? The answer at the moment is No but changing that is a key objective of this strategic plan. We are unapologetic in our aim to broaden the influence of the College and the profession, establishing the foundations for the College to be a trusted and influential voice, and ensuring that the paramedic perspective is heard.

It is an exciting time to be a paramedic and for the College.

On behalf of the Board, I commend to all members the ACP Strategic Plan 2021 – 2023: Foundations.

Ryan Lovett
Chair

Members can view the full version of the Strategic Plan by visiting <https://paramedics.org/governance>



The College has adopted a vision, purpose and values to provide overarching direction to our operations

Vision

A strong and influential College representing and supporting paramedicine

Purpose

To advance and support excellence in paramedicine and patient-centred paramedic care

Values

Collaboration, Compassion, Inclusivity, Integrity, Respect

The College will realise its vision and achieve its purpose by focusing on five strategic pillars

Strategic Pillar

Strategic Priority

Leadership

Lead the profession to deliver excellence in patient-centred care

Education

Inspire and facilitate the development of paramedics

Research

Advance the development of evidence-informed paramedicine

Members

Represent and support the interest and wellbeing of members

Performance

Build a sustainable, capable and socially responsible organisation

A strong voice

The College's Rural, Remote and Community Paramedicine Special Interest Group advocates for rural, remote and community paramedics and paramedicine in Australasia. Meet the members of the Group.



**ALECKA MILES –
CHAIR**

Current roles: Paramedic Educator & Course Coordinator (Master of Paramedic Practitioner) at Edith Cowan University, and paramedic at Dianella Family Medical Centre in Western Australia.

Years as a paramedic: 15 years.

Why did you volunteer to become a member of the SIG?

I volunteered because I have developed an interest in community and regional, rural and remote paramedicine since relocating to Western Australia. I think paramedics are underutilised in these areas and within the community setting and wanted to assist by contributing and facilitating conversations among others who work in these areas/roles and/or are like-minded.

What do you hope to achieve as a member of the SIG?

I hope that the SIG can become a voice and advocate for paramedics working in regional, rural, remote, outback and community settings both within an ambulance service and in the community and primary health care setting.



**SASCHA
BALDRY**

Current role: Operational paramedic for NSW Ambulance working in the rural southwest of the state.

Years as a paramedic: Six years.

Why did you volunteer to become a member of the SIG?

I volunteered because I'm passionate about improving access to and outcomes from health care for people in regional, rural and remote areas and I wholeheartedly believe that paramedics can contribute to the rural health workforce in meaningful, non-traditional areas.

What do you hope to achieve as a member of the SIG?

As a member of the SIG, I hope to learn from my fellow members and participate in the development of strategies and policy that contribute to highlight and broaden the role paramedics play in delivering health care to rural people.



**NICOLE
CARMODY**

Current roles: Junior doctor based in Mt Isa (with goals to pursue a career in rural, remote and retrieval medicine), Edith Cowan University sessional academic, and senior paramedic with Wilson Medic One (providing community and interhospital mental health care and event coverage).

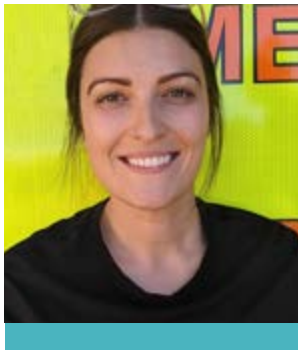
Years as a paramedic: Eight years.

Why did you volunteer to become a member of the SIG?

After working across regional WA, I have developed a passion for rural, remote and Aboriginal health. I felt this was an under-supported area of our profession and wanted to contribute to positive change. I also wanted to network with like-minded clinicians.

What do you hope to achieve as a member of the SIG?

I hope to bring awareness to the unique roles and responsibilities held by rural, remote and community paramedics and the challenges they face in resource-limited environments.



**AMY
MCCAFFREY**

Current roles: Ambulance paramedic in Alice Springs and founder of the online educational platform Outback Responders.

Years as a paramedic: Four years.

Why did you volunteer to become a member of the SIG?

I'm passionate about improving the care we deliver to patients in rural and remote locations, especially First Nations Peoples. I want to do whatever I can to give rural and remote paramedics better access to educational opportunities and show not only the public, but also the healthcare community that our scope and skills aren't just useful on an ambulance.

What do you hope to achieve as a member of the SIG?

I want to listen and learn as much as I can from the fantastic members of the SIG and make sure that by having a seat at the table that the NT doesn't get left behind.



**DYLAN
SCHWARTZ**

Current role: Flight medic out of Greymouth, New Zealand.

Years as a paramedic: Seven years.

Why did you volunteer to become a member of the SIG?

Working in a remote place, I've seen firsthand the limitations of a resource constrained environment and the invaluable role that paramedics play in providing much needed health services to vulnerable populations. The SIG looked like a great forum to advocate in this space and meet other likeminded individuals so we can learn from each other.

What do you hope to achieve as a member of the SIG?

I hope that we will be able to successfully influence policy makers in this space and make sure that rural health has a voice in a crowded and complex health system.



DAVID LONG

Current role: Senior Lecturer / Discipline Lead in the Paramedicine Program at the University of Southern Queensland.

Years as a paramedic: 23 years.

Why did you volunteer to become a member of the SIG?

I volunteered because I saw this SIG as a vehicle by which I could give something back to the paramedicine profession. Our profession is evolving rapidly and I think paramedics have a particularly important role in rural and regional areas, as well as in primary care.

What do you hope to achieve as a member of the SIG?

I hope to be able to raise the awareness of other health professions (and in our own profession!) to what paramedics are capable of. The sky's the limit.



**JANINE
NICHOLAS**

Current roles: Founder and Managing Director of MED Response Pty Ltd; Founder and Managing Director of MEDIC ONE Pty Ltd.

Years as a paramedic: 25 years.

Why did you volunteer to become a member of the SIG?

With the experience that comes from a professional career in working across the spectrum of emergency and paramedic care, I have firm views on the potential directions for the future of paramedicine. This extends beyond the reactive response to emergency care within the traditional ambulance services to the complexity of founding and operating a health-care enterprise with its attendant human, financial and governance issues.

What do you hope to achieve as a member of the SIG?

The conduct of a health services business within the private sector has provided me with unparalleled experience and a deep understanding of the benefits of a profession that is responsive to patient needs from the earliest stages of preventive health to the demands of injury and chronic disease management. I hope to be able to bring that experience to the table in discussing the future needs of the profession and developing strategies to deliver improved care to rural and remote communities.



DAVID MCLEOD

Current role: Executive Manager Primary Health & Community.

Years as a paramedic: 16 years.

Why did you volunteer to become a member of the SIG?

Over the past few years I have been interested in expanding the scope of our profession, outside of the traditional emergency practitioner role. There is a need in regional, remote and even metropolitan areas for clinicians who can support the primary healthcare environment. I look forward to working with the SIG to promote and advocate for the continuing development of paramedic practitioners.

What do you hope to achieve as a member of the SIG?

Educate, advocate and advance the primary health paramedic practitioner role, both internal and externally.



PETER O'MEARA

Current roles: Adjunct Professor of Paramedicine, Monash University; Director, Global Paramedic Higher Education Council; Councillor, National Rural Health Alliance; Associate Editor, Australasian Journal of Paramedicine.

Years as a paramedic: I started as a Cadet Ambulance Officer in 1973.

Why did you volunteer to become a member of the SIG?

A long-standing interest in rural health as a paramedic, manager and researcher.

What do you hope to achieve as a member of the SIG?

I want to make rural health a continuing area of interest for the College and paramedics.

The Rural, Remote and Community Paramedicine SIG's aims are to:

- Advocate for rural, remote and community paramedics and paramedicine in Australasia.
- Drive education and research in rural, remote and community paramedicine in collaboration with other College committees.
- Bridge gaps in understanding in Indigenous culture, health issues and experiences in Australasia.
- Address issues in rural, remote and community paramedicine in Australasia.
- Work with the National Rural Health Alliance to establish paramedicine outcomes as part of the Alliance's outcomes.
- Be involved in the organisation and content of the College's ROAR Paramedic Conference.

Trauma on the Border 2021

TRAUMA

ON THE BORDER

#totb2021

Our first conference for 2021 kicked off to a promising and energetic start in Tweed Heads (NSW) on 19 March.

After a year of lockdowns and uncertainty, delegates were enthusiastic to participate in the conference in-person. Post-session networking and post-conference drinks pulsed with activity and lively chatter, while the live Q&A online session worked well to provide our online delegates an opportunity to post questions.

“Great opportunity to meet and talk to other paramedics” – Attendee

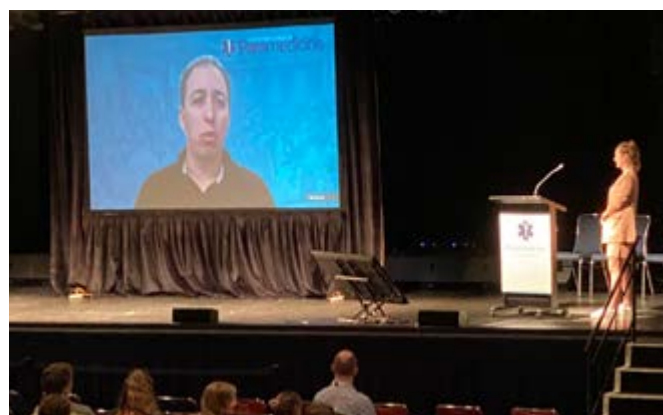
Some highly rated sessions included Dr John Glasheen’s keynote, Trauma resuscitation – big picture thinking and his session, Penetrating trauma – is this one for real?; Tash Adam’s, Paediatric trauma: a crash course; and Prue Snedden and Elliot Burton’s session, Rescue through the wreckage, which provided an excellent perspective of scene management through the eyes of other emergency service personnel.

As in previous years, Dr Steve Rashford’s panel discussion was another highlight that was well-regarded by those in attendance both online and in-person.

The College would like to thank our delegates, those who attended remotely and those who attended in-person, our guest presenters, Julie Hughes and the conference organising committee comprising Wayne Loudon, Buck Reed, Tash Adams, Alisha MacFarlane and Hayley Grant (our conference moderator).

We appreciate the support of our conference partners Philips and Charles Sturt University, and sponsors Edith Cowan University and ZOLL Medical.

A link has been sent to all delegates providing early access to the conference recordings.



“Incredible calibre of presenters and subjects – can't wait until next year” – Attendee





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CAA Women in Ambulance Awards

Launched in 2020, the Council of Ambulance Authorities (CAA) Women in Ambulance Awards are designed to highlight successful and hardworking women in ambulance services across Australia, New Zealand and Papua New Guinea.

This year, the CAA2021 Women in Ambulance Awards recognised 60 women for their work and career progression, including 14 College members. Congratulations to all recipients of the Women in Ambulance Awards. Full details of all the recipients can be found [here](#).



Kerry Trow (NSW)



Michelle Shiach-Wise (NSW)



Dr Kate Cantwell (Vic)



Michaela Malcolm (Vic)



Natasha Adams (Qld)



Sally Simmonds (WA)



Kate Clarke (SA)



Tori Butler (SA)



Angela Hodgson (Tas)



Samantha Allender (Tas)



Joanne Miles (ACT)



Amy McCaffrey (NT)



Jacqueline Hennessy (PNG)



Clare Toms (SA)

2021 RESEARCH GRANTS APPLICATIONS NOW OPEN

The College is committed to enabling the development of discipline-specific knowledge through support of members undertaking research.

The development of knowledge that informs clinical practice, health service delivery or paramedic education is critical to the development of the profession. Well-designed and executed research will provide the basis for evidence-based practice, particularly in areas where knowledge is lacking or incomplete.

Although universities and research centres have an obligation to provide appropriate supervision, statistical support and the infrastructure required to undertake research, the College recognises there are additional costs associated with research that may not be covered by universities and research centres. Such costs may be eligible for a College research grant.

Applications are now open for grants in the following categories: Early Career Research, Higher Degree by Research and Research Dissemination and Translation. For more information, including how to apply, visit <https://paramedics.org/news/2021-research-grant-applications>.

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LATEST FROM THE NEW ZEALAND PARAMEDIC COUNCIL



Applications for annual practising certificates will soon open. An Annual Practising Certificate confirms fitness and competence to practise as a paramedic and is a mandatory requirement in New Zealand; renewable every year on 1 April.

For more information, visit paramediccouncil.org.nz or email queries to info@paramediccouncil.org.nz.

EXPRESSIONS OF INTEREST – COLLEGE SIGS

The College is seeking expressions of interest from members for the following College Special Interest Groups (SIGs):

- **Paramedic Wellbeing SIG** – covering all aspects of paramedic wellbeing: <https://paramedics.org/news/wellbeing-sig>
- **First Nations Peoples SIG** – providing advice and direction to help

advance participation and progress for First Nations Peoples in paramedicine: <https://paramedics.org/news/eoi-fnp-sig>

- **Women in Paramedics SIG** – providing advice and direction to help advance opportunities for women in paramedicine: <https://paramedics.org/news/eoi-wip-sig>

For more information on each of these SIGs, and what opportunities they present to members, click on the links above or contact Lauren Daws at lauren.daws@paramedics.org



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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.

Protocol for development of a consensus-based reporting guideline extension for pre-hospital case reports (PREHOSPITAL-CARE)

<https://doi.org/10.33151/ajp.18.885>

James Pearce, Robin Pap, David Moher, Julia Williams, Paul Simpson

Introduction

Case reports make important contributions to evidence-based practice. As with research of any methodological design, the quality and completeness in how the evidence is reported influences the strength of the evidence. Quality in reporting is best achieved through the use of a consensus-based reporting guideline. 'Case Reports' (CARE) is a 13-item reporting guideline for case reports. To make CARE more applicable, several discipline specific 'extensions' have been developed. Pre-hospital care is an emerging clinical discipline rich in its own specific context and character.

Therefore, the aim of this project is to develop and disseminate a pre-hospital extension of the CARE reporting guideline (PREHOSPITAL-CARE).

Methods

This project will consist of four phases and will be undertaken in accordance with the Enhancing the Quality and Transparency of Health Research (EQUATOR) Network's guidance for developers of health research reporting guidelines. Phase 1 will comprise a systematic review aimed at identifying features commonly reported in pre-hospital case reports. In phase 2, two consensus-based processes will be conducted, including a Delphi method and an interactive consensus meeting, to produce a list of items that will form the draft guideline items for PREHOSPITAL-CARE. Phase 3 will see this draft being piloted among a selected group of pre-hospital clinicians, academics and students. In the fourth and final phase, an extensive dissemination strategy will be executed, including publication of the PREHOSPITAL-CARE reporting guideline

and an 'elaboration and explanation' (E&E) companion paper to advocate for the standardised, high-quality reporting of pre-hospital case reports.

Outcomes

The final outcome will be the publication of the PREHOSPITAL-CARE reporting guideline with an associated E&E paper.

Discussion

The reporting of health research, including pre-hospital case reports, has been criticised for a lack of completeness and consistency. The development of PREHOSPITAL-CARE will enable the improvement and standardised reporting of pre-hospital case reports.

The effect of self-efficacy on maths anxiety among paramedic students

<https://doi.org/10.33151/ajp.18.814>

Eihab Khasawneh, Cameron Gosling, Brett Williams

Introduction

Maths anxiety is defined as feelings of tension that interfere with dealing with numbers and mathematical problems. Self-efficacy, which is related to maths anxiety, can be defined as perceptions of one's abilities to math problems, tasks and math-related course work. This study aimed to investigate the effect of gender, age and year level on maths anxiety and self-efficacy and to study the relation-

ship between self-efficacy and maths anxiety among paramedic students.

Methods

A cross-sectional study of paramedic students at Monash University in Victoria was conducted. Participants completed a 15-minute paper-based questionnaire which is composed of Maths Anxiety Rating Scale – Revised (MARS-R), the Maths Self-Efficacy Scale (MSES) and demographic information.

Results

The questionnaires were completed and returned by 344 students. (81.3% return rate). The mean score for the MARS-R was 25.71 (SD=8.80) and for the MSES was 125.59 (SD=29.55). Females had higher maths anxiety levels (M=26.83, SD=9.00) than males (M=23.67, SD=8.26) and lower self-efficacy (M=119.59, SD=29.30) than males (M=135.73, SD=27.39). There was a significant negative relationship between MARS-R and MSES levels. Multiple linear regression indicated that maths self-efficacy (beta = -0.626, p<0.001) made the strongest contribution to maths anxiety levels.

Conclusion

There was a significant negative relationship between maths anxiety and self-efficacy levels reported by the paramedic student cohort. Gender plays an integral part in determining maths anxiety and self-efficacy level. To improve maths performance and reduce anxiety during calculation tasks, such as dose determinations, targeted education should be developed to improve maths self-efficacy.

Right ventricular myocardial infarction and adverse events from nitrates

<https://doi.org/10.33151/ajp.18.897>

.....
Matt Wilkinson-Stokes

Introduction

There is ubiquitous belief that right ventricular myocardial infarction (RVMI) patients are pre-load depen-

dent, and that administering nitrates to this cohort may cause adverse events – most notably hypotension. This article charts a narrative history of RVMI and nitrates: from the initial recognition of RVMI and early support of the use of nitrates, through the spread of the view against nitrates, and to the recent publication of evidence once again supporting their use.

Methods

Four databases were systematically searched (PubMed, Embase, Medline, Web of Science) and results screened by title, then abstract, and finally full text. Results were presented using a chronological narrative structure.

Results

The view against the use of nitrates during RVMI can be traced back to a single 1989 cohort study of 28 patients, then later being adopted by a series of influential secondary evidence papers, and ultimately by international guidelines. In 2016, 2017 and 2019, new cohort studies totalling 1046 patients were presented, all of which concluded that nitrates are safe to administer during RVMI.

Conclusion

This article charts how a single retrospective cohort study with low statistical power came to form the dominant narrative on best practice despite complex and conflicting primary evidence.

Paramedic-delivered teleconsultations

<https://doi.org/10.33151/ajp.18.882>

.....
Richard Armour, Jennie Helmer

Introduction

Progression in the field of paramedicine has resulted in the development of novel roles within the profession, including the role of advanced paramedics providing teleconsultations for frontline paramedics. Little is known about the experience of paramedics providing or receiving tele-

consultations. This scoping review aimed to investigate paramedic perceptions of physician and paramedic-delivered teleconsultations.

Methods

A scoping review of MEDLINE, CINAHL and EBM Reviews as well as paramedic-specific journals and the grey literature was conducted. Articles were included if they examined advanced paramedics, paramedics, emergency ambulance crew or emergency medical technicians receiving teleconsultations, or physicians and advanced paramedics providing teleconsultations.

Results

A total of 7461 unique citations were identified. Two citations were ultimately included in the review. One study examined the delivery of teleconsultations by advanced paramedics and one by physicians, both from the perspective of paramedics. Paramedics delivering teleconsultations generally considered the experience to be positive, while those receiving paramedic-delivered teleconsultations felt the level of advice was appropriate and assisted in expanding their own knowledge base. Paramedics receiving physician-delivered teleconsultations reported variable understanding of the unique challenges of out-of-hospital care and tension in the relationship between paramedics and physicians.

Conclusion

Little literature was identified examining the perceptions of paramedics delivering or receiving physician-delivered or paramedic-delivered teleconsultations. Given the continuing expansion of teleconsultation programs for out-of-hospital staff, this represents a significantly understudied area.

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