VOL 48
WINTER 2021

RESPONSE

Q&A with Freedive world record holder Ant Williams

Australasian College of Paramedicine

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5 minutes with...

We chat with Jamie Rhodes, Chair of the organising committee for the upcoming ACP International Conference held from 15-17 September.

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COVER

Freedive world record holder and leadership expert, Ant Williams

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.

Refer a friend to the College

If you love being a member of the College, please share this love with your friends or colleagues. Every new member you refer strengthens the College and helps the College provide more support, education and representation for all members.

If you are a current College member and you **refer three new employed members**, you can choose a **complimentary gift** to the **value of $120** – for example, a discount voucher to attend the ACP International Conference, or a set of Leatherman Raptor Folding Shears.

Plus, we will send each new member that you refer a small gift as well.

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If you know someone who would benefit from joining the College, send them our way.

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- **Pass on our number: 1300 730 450 (AU) or 0800 730 450 (NZ)**
- **Direct them to our website: https://paramedics.org**
- **Pass on our email: join@paramedics.org**
- **Pass their details on to us (with their consent) via our Member Referral Form**

Then if your friend or colleague decides to join, be sure to tell them to drop your name in the referral section of the membership application form (in the "How did you hear about the College?" question). We will track your referrals and once you reach the magic number, we will get your gift straight to you.

If you have any questions on member referral, please contact us at **join@paramedics.org** or our phone numbers listed above.

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The Next Generation

with Ryan Lovett

Welcome to our Winter edition of *Response*. Last issue, I highlighted some of the ways in which the College is building on its original core goals of education, professional support and representation.

Late last year, the College sought feedback from members on what they wanted to see the College provide as part of our education offering and in terms of what the College can do more broadly to support paramedics and lead the profession forward.

Leading the profession forward: this, compared to all other points, is critical for our profession. We have the opportunity to make our profession what we choose it to be. To achieve this, we will need to transition from the historic management approach that has been the subject of so many reviews and criticism across Australia and New Zealand, to adopt modern, inclusive and adaptive leadership that is focussed on the profession and how we support our communities and contribute meaningfully as part of the emergency health system.

> “I am pleased to announce the formation of the College’s Women in Paramedicine Special Interest Group.”

Recognising this, the College has engaged subject matter experts, Polykala, to help deliver our inaugural College Leadership Program. I am delighted to report that the initial group of 22 participants have now undertaken their induction and first program module.

The College Education Team has worked with Polykala to provide a varied program format that includes interactive group training modules, smaller workshop sessions, presentations from key leaders in the profession and the ability for each participant to work closely with a mentor for the duration of the program.

The College has also partnered with the Institute of Managers and Leaders to provide members with access to a range of online courses focused on leadership and associated factors. You can read more about the College Leadership Program in our feature on page 22.

Building on our focus on inclusivity, the College is committed to ensuring representation across the profession; you may have seen our recent calls for expressions of interest for members to join various committees or special interest groups as part of our overall strategy to seek expert and informed advice from across the profession. I am particularly pleased to announce the formation of the College’s Women in Paramedicine Special Interest Group (SIG).

As female representation across the profession continues to grow, now at 45%, when we look at the makeup of university courses and graduate demographics, we know this should grow to over 60%. However, we also know that women are underrepresented in graduate employment and in all leadership roles across the profession. It is our intention that the Women in Paramedicine SIG can help identify the direction and support needed to ensure that the profession is safe and inclusive for all paramedics.

Lindsay Mackay (VIC) has been appointed Chair of the Women in Paramedicine SIG, with the committee comprising Alisha McFarlane (NSW), Kaitlyn Krahe (NT), Lauren Clothier (QLD), Ruiyi Yin (QLD), Julie Hughes (QLD), Louise Reynolds (SA), Danielle Little (NZ), Kirsty Mann (NZ) and Michelle Murphy (VIC). This group brings an excellent array of skills and experience, with representation from women in leadership roles through to the student paramedic perspective.

As we find ourselves once again in the midst of COVID-19 lockdowns and restrictions across several jurisdictions, please reach out to the College with any thoughts, ideas or suggestions, or just to connect with like-minded professionals, through our social media, email, website, online events or our contact numbers found on page 1.

Stay safe.

What are you listening to?

Add these College podcasts to your playlist

The College now has two podcast series, ***The Debrief*** and ***Student Talk***, aiming to deliver interesting and insightful discussions with a focus on continuing professional development.

The Debrief is all about the world of paramedicine, from case studies to life experiences to wellbeing and the future of the field. Any and all topics are on the table! Hosted by a range of paramedicine professionals with a wealth of knowledge and experience, this podcast is designed for anyone, at any stage, of their paramedicine career and beyond.

Student Talk is led by the College Student Committee and focuses on areas specific to student paramedics. This includes discussions with knowledgeable professionals about specific areas of paramedicine to study tips and everything in between.

Listen via Apple Podcasts, Google Podcasts or Spotify, or visit the Podcasts page on the College website to listen online – www.paramedics.org/podcasts

Photo by C D-X on Unsplash

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Growth and Excellence in Paramedicine

with John Bruning

Key points:

- New staff coming online to progress the College's objectives
- Interactive online learning and skills workshops to be developed
- Research's key role in leading paramedicine development

Growth mindset

The past 12 months have been a successful period for the College, as will be borne out in our 2021 Annual Report in October. What is of most interest to me during that time is that I feel we took a cautious approach to resourcing while we focused on getting ourselves set up and operational after the merger. This approach had its benefits during uncertain times and has delivered a good financial outcome which can be reinvested in the College.

I am pleased to say that with the introduction of our 2021-2023 Strategic Plan, the Board has invested wisely to achieve our objectives, which has seen an increase in our resourcing. We are dedicated to building our delivery capacity across our core business with the introduction of clinical education and research services roles, as well as project coordination support. Our first NZ-based education staff will start in August. We have also engaged contractors to help with the development of eLearning content and building beneficial government relations.

The last couple of missing pieces for our resourcing are in relation to Communication and Advocacy, which we are currently working on. As these roles come online, I believe we will be well placed to drive not only the College forward but the profession for the benefit of all paramedics.

The growth in staffing will take a few months to settle in and bear fruit; I'm excited for what 2022 holds with a strongly resourced College team working collaboratively with our many volunteer committees across all key work areas.

Excellence in research and education

While the College's attention is firmly fixed on our advocacy and leadership role for the profession, we also see the important role we play in delivering excellence in patient care. The College aspires to be the leading education provider and research advocate for paramedicine. Our new resourcing is directly focused on achieving this outcome.

With our current education events, usually local face-to-face presentations or webinars, we are only scratching the surface in terms of the educational role we can play. I envisage a suite of relevant, engaging and thought-provoking content that helps develop excellence in paramedic practice. Over the next two years our aim is to create face-to-face skill workshops and interactive online content that improves paramedic practice. The cornerstone of this activity is evidence-informed practice based on quality paramedicine research.

For many years we have had staff organise conferences and educational activities but generally left research activities to volunteers without dedicated staff support. I believe the progress that the profession wants is reliant on paramedicine research providing strong evidence for what paramedics should be doing. We now have our first dedicated staff member focused on research; a highly engaged research committee led by Paul Simpson; and key strategic objectives for research to ensure strong research-led outcomes for paramedicine.

> "I'm excited for what 2022 holds with a strongly resourced College team working collaboratively with our many volunteer committees"

ACPIC 2021

The current Delta strain COVID outbreak across a number of jurisdictions in Australia has created a challenging environment for the delivery of a large face-to-face conference. At the time of writing, the timeline for controlling this outbreak is unclear and could see our major conference move online again this year. I'd like to say we are hopeful to progress in person, but the situation is still evolving. A decision will be made in early August about how ACPIC 2021 is delivered.

Stay safe and well.

Rural Outback And Remote Paramedic Conference 2021

#ROAR2021

WRAP UP

ROAR

RURAL, OUTBACK AND REMOTE PARAMEDIC CONFERENCE

While we were hoping to gather in the various planned face-to-face locations and enjoy some long overdue in-person networking, unfortunately COVID-19 interfered with our plans once again. ROAR 2021 took place as a virtual conference from 27-28 May. Thank you to all our audiences and presenters who tuned in remotely and helped to build a great virtual atmosphere for the event.

Delegates found the topics and clinical aspects of the conference insightful, with many of the sessions offering ideas that could be integrated in local service delivery and patient management.

Some of the highly rated sessions on day one of the conference included:

- David Ford's 'Does direct helicopter retrieval improve survival for severely injured trauma patients from rural Western Australia?'
- Heulwen Spencer-Goodsir's 'The impact of rurality on paramedic role and work environment'
- Matt Simpson's 'Preparing for the interfacility transfer'

Popular sessions from day two included:

- Dr Belinda Flanagan's 'Women birthing in paramedic care'
- Madeleine Jurhmann's 'Palliative paramedicine – offering a kinder death'
- Panel discussion, 'It's 2031: What are paramedics doing now?'

> "I personally loved the clinical aspects and presentations. I find these to be the most useful and informative, and I really do learn the most from them." **Attendee**

ROAR

RURAL, OUTBACK AND REMOTE PARAMEDIC CONFERENCE

WRAP UP

The panel discussion, 'It's 2031: What are paramedics doing now?', brought a highly engaging element to the day thanks to Sunny Whitfield's engaging style in facilitating and bringing the best out of discussions.

> "The discussion of evolving study in the paramedic and prehospital field is led strictly or most directly by paramedics. This is a clear indication of the movement of the profession as a whole towards being self-governing and pushing for nationalised advancements."
> **Attendee**

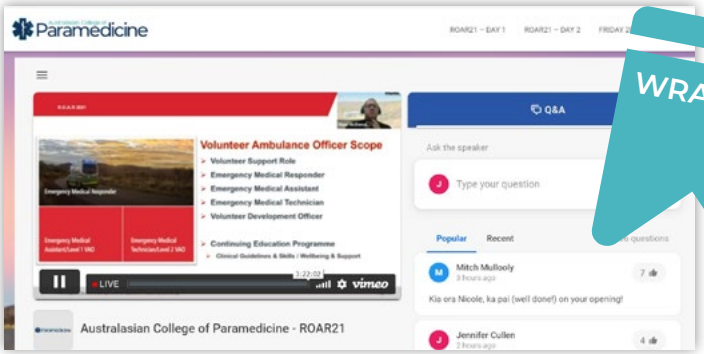
Thank you

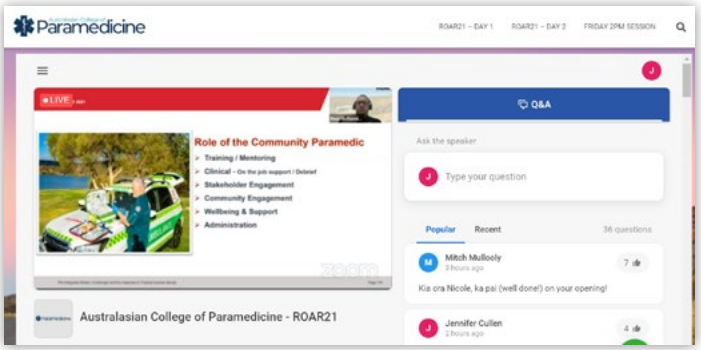
A big thank you to the organising committee of Alecka Miles, Sascha Baldry, Nicole Carmody, Amy McCaffrey, Peter O'Meara, David Long, David McLeod and Dylan Schwartz for putting the conference together.

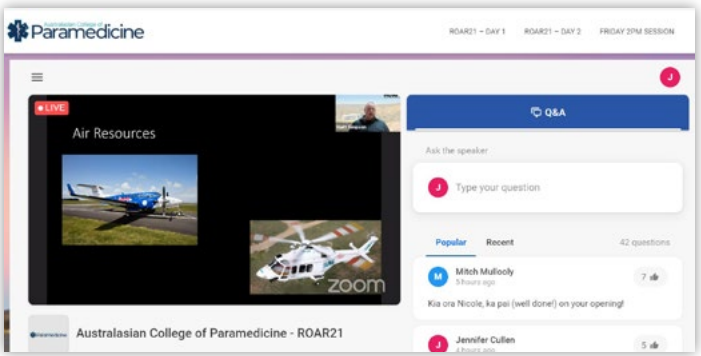
We also appreciate the support of our conference partners St John WA and Charles Darwin University, and our event sponsors Edith Cowan University and NobleOak.

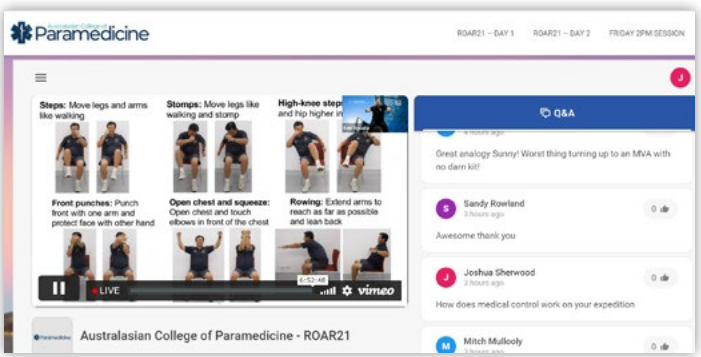
Missed the conference?

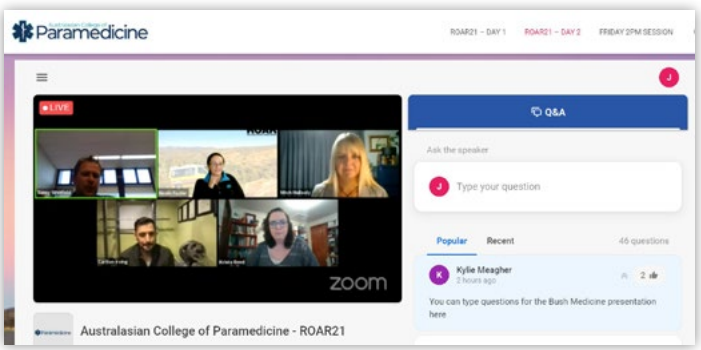
It is now incredibly easy to catch up on content through our session recordings. Find them on the College website under 'Online Courses'. Recordings are free for College members. Visit paramedics.org/











RESPONSE | Q&A

Freedive world record holder and leadership expert, Ant Williams is Keynote Speaker at the upcoming ACP International Conference. In this Q&A, Ant shares his journey on becoming an elite athlete, and offers tips on mental resilience stemming from his background in Sport Psychology and his experience as a freediver.

Q Tell us a bit about yourself and freediving.

A I've been competing internationally in the sport of breath-hold diving for 17 years. I first found out about the sport while working in the south of France as the sport psychologist for a MotoGP (motorcycle) racing team. While I loved my job and the places it took me, part of me felt like a fraud. Everything I was teaching my athletes came out of a textbook; I had never accomplished anything myself as an athlete. Wanting to better connect with my athletes and know that what I was teaching them actually worked, I began looking for a sport for myself to compete in and apply the techniques to my own training. I choose freediving because it was in the ocean, pure and free of virtually all equipment.

Q What was the experience of discovering freediving like, and what has it taught you?

A I started out with very low expectations! I was 30 years old and not thinking I would achieve much other than satisfy my own curiosity. The performance goal I set myself was to get a three-minute breath hold. Basically, so I could impress some of my mates who were surfers back home. But gradually, as I applied the techniques of sport psychology, I found my performances began to accelerate. Rather than making small, incremental improvements like others I was training with, I improved in fairly large steps.

I found this incredibly satisfying. Up until this point I had never seen myself as a competitive person. But I soon found a desire to enter competitions to test myself against others. What it taught me was how easily we tend to underestimate what is possible based on often-flawed assumptions surrounding our likelihood of success. Focused effort and belief will take you way further than most of us possibly appreciate.

Q Paramedics face uncertain and challenging situations all the time, sometimes without backup. How can they better prepare themselves mentally?

A Recently, I joined a case study session with 20 experienced paramedics. The case being discussed was a particularly volatile situation where a young child's life hanged in the balance. Clinical decisions had to be made swiftly to save the child, but the best course of action was exceptionally difficult to pinpoint. What really stood out was the senior intensive care paramedic who attended the job sharing that he was mentally incapable of making a good clinical decision under the pressures of the situation.

Recently I've been spending time with some of the MICA paramedics at Ambulance Victoria and some of the highly seasoned paramedics from Air Ambulance on how to understand their 'disaster personality' and develop the mental resilience needed to perform consistently well under the pressure of uncertainty, risk and ambiguity. The techniques we cover to better prepare ourselves mentally all come from sport psychology and human factors research (a field within cognitive psychology).

Q On your blog, you talk about three tips to build mental toughness in freediving. How are your tips applicable to paramedics in their day-to-day work?

A Oh, thanks for checking out my blog! And yes, two of the tips in that blog are just as applicable to paramedics. The first is learning how to switch on. Switching on means going from the 'normal you' to the power-ranger version. If you are over-vigilant or always 'switched on' during a shift, it will dramatically impact your ability to perform at your best when you need it most. Instead, learn how to stay in relaxed and stress-free state on your way to a poten-

Photo by Lee Bird

tially challenging job then switch on in the minutes before you arrive. Just as importantly, learn how to switch back off rapidly once the situation is stable. This will help to prevent burnout and it will ensure you recover effectively before arriving at the next job.

The second tip was called 'chunking your swim'. I often find myself thinking ahead during a big breathhold swim. But each time that happens, I experience an instant urge to breathe! What I must do instead is stay completely present in the moment. This is the essence of mindfulness, and it also applies just as readily to paramedics.

When a job is especially challenging or difficult, it can be easy to get ahead of yourself and worry about what's coming next. I'm not saying don't plan ahead, that's a critical task on any complex job. But if you can stay mentally present in each moment, then your performance on the most immediate tasks will be maximised and less mental effort will be spent on worrying.

Both of these techniques are powerful, but like any new skill, they do require a great deal of practice.

Q Given your current work is mostly based on leadership coaching, what advice would you give to someone eager to grow and move into a leadership role?

A Don't wait to be perfect! And don't wait for a promotion. Look for opportunities where you can show leadership in your current role. And ask others for feedback often, then really listen to what they have to say. People don't remember what most leaders do, they remember how each leader made them feel. So, the best leaders are the ones who adapt their leadership style to each person and situation.

Q The world has flipped 360 degrees with COVID-19. What's your take on how we should be adapting to it?

A COVID has been a remarkable test of the leadership in Australia. While I am grateful that we are doing so well by international standards, my personal view is that a great deal of the decision making by our state leaders remains politically motivated and shielded from any accountability by deferring to non-elected health officials. I would like to see a faster pace of adaption through better contact tracing in my home state of Victoria, and a unified front from all state leaders around the fantastic efficacy of our available vaccines. Then I think it's on each of us as individuals to decide how we can grow from this globally shared experience.

Q Personally, what has COVID-19 taught you?

A Within a single week we lost two thirds of our contracted revenues, and I was forced to transform my business. In hindsight it was the best thing that could have happened to us. I used the past year to tackle several big issues that plagued our business as leadership development experts. We needed to find a way to dramatically improve the workplace transfer from training, to deliver greater embedding of learning when we left the building, and we needed to find a way to scale our training programs to cater for large organisations who struggle to find time for traditional classroom-based events. We've come out of COVID with a host of new offerings that I believe will make a significant impact to our clients' learning experiences. It was painful, but worth it!

Q Could you give us a sneak peek of your keynote session at ACPIC 2021?

A I'd like to share a number of practical tools and techniques that paramedics can use instantly to improve how they perform under pressure, and how to manage the types of stress that can occur on a difficult job. I'll share a couple of stories from my deepest and most harrowing freedives to make the case that performance under pressure is something that can be learned. And, if there is enough time left, I'd like to get everyone attending the session to discover their disaster personality and the environment triggers that set off a default 'fight or flight' response that could derail their performance.

@freediveguy

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5 minutes with...

Jamie Rhodes, paramedic in Queensland

In this edition, we chat with Jamie Rhodes, Chair of the organising committee for the upcoming ACP International Conference held from 15-17 September.

1. Tell us a bit about yourself?

I'm 32 years old, the husband of an amazing husband who also happens to be a paramedic. I'm also the dad of three fur babies (a Dalmatian and two Rottweilers) as well as nearly a dozen chickens and four ducks. I've been a paramedic for the past 10 years, and actively involved in the College for the past five or six. I've also worked for a couple of universities as a sessional tutor and more recently as an industry fellow.

When I'm not at work, I enjoy spending time in the garden, at the beach or in the bush. Just as COVID turned the world on its head I took up pottery. I find it's a great outlet and a productive but mindful activity that (sometimes) produces amazing pieces!

2. What drew you to study paramedicine?

I initially started studying a Bachelor of Urban Development, majoring in Property Economics and Construction Management. While studying I worked for a couple of years as a contracts administrator for a small development company just as the building industry was seeing increased pressures from rising materials costs. I decided that the building and construction industry wasn't for me and thought I'd pursue medicine.

Rather than take the pathway of a biomedical science degree, I thought paramedicine would be a good path to employment that would give me a practical introduction to build on. That was 13 years ago. After my second placement I'd found something I really enjoyed. I've thought about going back to uni to study medicine on and off over the years but haven't been able to move away from paramedicine. It's great working in an environment where you're privileged to go into a person's home, share with them what is likely to be a memorable and potentially life-changing or life-ending event, and then help them enter the healthcare system. Hanging out with mates, driving fast and visiting the best coffee shops in town is a great bonus too!

3. Your committee involvement with the College goes back a few years. When planning College events, what gives you the most satisfaction?

It has been an absolute privilege to be involved for the last four years as Chair of the organising committee for the College's main conference. The months and months of planning leading up to the conference can be hard work, time consuming and at times frustrating. The most satisfying thing is attending the conference, watching the content and seeing my colleagues and peers engaged with presenters, discussing ideas and concepts for service and practice improvement, then walking away a little more knowledgeable. If we've done our job right, attendees would be inspired to improve their practice and implement projects that improve the capability of the profession and the care for patients.

4. As a critical care paramedic, how did COVID-19 impact your work?

COVID-19 was initially challenging. Information and advice were moving at such a lightning pace that it was quite difficult to keep on top of everything. I'm lucky that I work for a service that was really on the front foot throughout the pandemic, and was always guided by the best advice available.

The hardest thing I think was caring for patients whilst wearing full PPE. I remember attending my first couple of cardiac arrests wearing full PPE. The most challenging

5 mins with Jamie Rhodes, continued from page 11.

thing was delivering bad news and comforting the bystanders and loved ones of patients who had suffered a cardiac arrest and not survived. I'm not big on hugging strangers, but it felt so clinical not being able to offer support or a kind hand on a shoulder. Kind eyes, an expression of sadness and sympathy muffled by a mask and a gloved hand was all we were able to offer.

> "The hardest thing I think was caring for patients whilst wearing full PPE"

Thank goodness things have improved, and for the most part things are almost back to normal. We are certainly much better at infection control, but I'm quite glad I'm no longer delivering life changing news in a gown, mask, goggles and gloves.

5. How did you / are you practising self-care during COVID-19?

Just prior to COVID-19 gracing our shores I had taken up pottery. It has really become a big part of my self-care as its literally just you and a lump of clay spinning beneath your hands. I find for me it's a great option for practicing some mindfulness, and as cliche as it sounds, it's truly grounding. I think between pottery, gardening and a close network of friends and family, there is always something to look forward to. The pandemic also gave me the opportunity to slow down and review where I was at, both on a personal level and in my career.

We were also very lucky that we were able to get married at the perfect time during the pandemic where there were no lockdowns and significant physical distancing restrictions in place. It was truly the best day!

5 reasons to attend

ACPIC 2021

1. HEAR FROM FREEDIVE WORLD RECORD HOLDER AND LEADERSHIP EXPERT, ANT WILLIAMS

Keynote speaker Ant Williams will share his strategies on mental toughness and mindfulness (See Q&A page 8)

2. MEET INDUSTRY EXPERTS

Chat with some of the finest paramedicine leaders in the field, continue presentation discussions and ask questions

3. ENJOY A PRIVATE LUNCH AND WATCH A LIVE RECORDING OF TALKING RESEARCH WEBINAR

Open to just 30 attendees, this exclusive lunch takes place during the recording of Talking Research webinar titled: Implications and applications of research to change practice

4. NETWORK AND BE INSPIRED!

We've all missed it! Use this conference to broaden your professional circle, learn from industry leaders, exchange expertise and explore opportunities

5. LEARN TODAY AND APPLY TOMORROW

Challenge your practice – the ACPIC program will offer takeaways that could be applied to your practice

CONFERENCE 2021

ACPIC 2021

15 – 17 September 2021

ACP International Conference

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Australasian College of Paramedicine

How to eat well when you work night shifts

A guide for First Responders

The College is partnering with Fortem Australia to bring you resources in the areas of mental health and wellbeing. Fortem's primary aim is to support the mental health and wellbeing of first responders and their families. You can find out more about Fortem at fortemaustralia.org.au

Shift work can have a surprising effect on the way you eat.

Our bodies are designed to be awake and eat through the day, and to sleep and fast through the night. However, this is not really achievable when you're a first responder working night shifts, and your body might find it difficult to adjust.

Shift work can result in skipped meals, over-snacking or eating too much 'convenience' food. All of this can impact on your mental health, physical health and general wellbeing. Night-shift workers often report experiencing digestive problems, appetite changes, difficulty managing weight and poor energy levels.

Eating the right foods at the right times provides your body with energy when you need it and helps you to sleep better and reduce fatigue. Let's look at how you can eat well to make shift work easier.

WHY BE CAREFUL ABOUT HOW YOU EAT?

The way you eat affects your health, your energy levels, your mood, and how you perform at work. When you have poor eating habits, you're at risk of heart disease, type 2 diabetes and some cancers. Shift workers are at an even greater risk of developing type 2 diabetes, heart disease and weight gain.

Eating well can help you to lower those risks, increase your energy and feel better.

WHAT (AND WHEN) SHOULD YOU EAT WHEN YOU'RE ON NIGHT SHIFT?

When you wake up:

Enjoy a nutritious meal. Make sure it includes some vegetables, low GI carbohydrates (such as pasta, rice, potato or wholegrain bread), and lean protein. This will help to provide your body with the nutrients needed for good health and lasting energy.

During your shift:

Stick to small meals and protein-based snacks, which can help to boost your alertness during night shifts. This does not mean you can only drink protein shakes! Try keeping some healthy snacks on hand such as nuts, boiled eggs, Greek yoghurt, nut bars, tinned tuna, and roasted chickpeas.

Food to avoid during your shift:

Avoid heavy, greasy or carbohydrate-heavy meals, because these can leave you feeling sluggish and cause gastrointestinal upsets.

After your shift and before sleeping:

You might need a healthy snack or small meal before bed to avoid waking from hunger.

This is a good place to start trying to improve your diet. For individual advice, see an Accredited Practising Dietitian.

HOW CAN YOU MAKE IT EASIER TO EAT WELL?

- Have healthy meal and snack options available in your home and at work
- Prepare your meals before your shift
- Cook more than you need and freeze some serves, so they're ready to grab when life is busy
- Take your own meals and snacks to work, to help you avoid buying takeaway meals and sweet snacks
- Drink plenty of water
- Write up a meal plan for your week

While healthy eating may seem less achievable when you're on night shifts, there are some ways to get through the night in a healthy way.

CAN YOU HAVE CAFFEINE DURING YOUR SHIFT?

Caffeine can be used strategically to increase alertness during your shift – so, yes, you can have coffee! Other sources of caffeine include tea, cola and chocolate.

However, be mindful of your tolerance, and the times of day or night that you consume caffeine.

Avoid using caffeine in the second half of your shift (or at least six hours before going to bed) so as not to impact your sleep.

Over time you might find that you need more caffeine to experience the same boost in energy. Keep an eye on this and limit yourself to about three cups of coffee to avoid other negative health outcomes.

HOW CAN YOU EAT WITH YOUR FAMILY WHEN YOU WORK NIGHT SHIFTS?

There are so many benefits to sharing meals as a family. Research shows that sharing meal times with your family boosts your mental wellbeing, helps to build family relationships, and provides opportunities for positive interactions as a family.

Your work schedules might impact your ability to be home for dinner, but there are a few things you can do to make family meal times work.

- Be creative! Why not make breakfast the family meal if you're working evening shifts?
- Have healthy foods on hand at home, so that you can prepare nutritious meals together.
- Plan meals in advance or try a meal kit delivery service – this can make it easier to make family meal time a reality, and to get older kids involved in the cooking.
- You may not be able to have a family meal every day, but do it as often as you can.

> "You might need a healthy snack or small meal before bed to avoid waking from hunger."

This article was originally produced as part of Fortem Australia's Resource Library, available at fortemaustralia.org.au

Literature Reviews

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Exploring the literature review process and presentation styles.

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When writing a research article, the authors provide the reader with an overview or background to the issue or problem. This purpose of the overview or background is the presentation of the findings from a review of literature. A literature review is therefore, both a process and a product. By scanning the literature, the author intends to bring the reader up to date with the current understanding of a subject, or controversies in relation to an issue or problem. The literature review may also be used to highlight a gap in current knowledge and therefore provides a warrant for subsequent proposed research.

While the process of a rigorous literature review is generally the same, the product or rather, the presentation, may take on different formats. The process for searching uses electronic library databases and key search terms in an organised and systematic manner. The process should be transparent and replicable. Depending on the type of research being undertaken, the researchers may present the finding of the literature review in a number of ways, that is as a systematic review, a scoping review or as a narrative summary. The following article presents an overview of the literature review process and presentation styles.

Systematic Searching and Review

The hierarchy of evidence for scientific studies presents the idea that the higher the evidence, the less bias in the results or conclusions. While different organisations, such as the National Health and Medical Research Council (NHMRC), Joanna Briggs Institute (JBI) and Oxford Centre for Evidence-Based Medicine (OCEBM), portray the hierarchy of evidence levels slightly differently, it is generally accepted that in health disciplines the top level of evidence is the systematic review and meta-analysis of randomised control trials.[1] The hierarchy then descends through different levels of study where the control of the effects of bias diminishes accordingly. That is, the more likely a study outcome is affected by bias, the less trustworthy the results and as such is considered a lower level of evidence.

Systematic literature searching is central to a number of rigorous methods of literature reviews and is obvi-

ously crucial to the systematic review process.[2] There are a number of important elements to achieve in this process:

- a systematic search for studies reported to improve transparency of the method of locating studies;
- the use of criteria for including or excluding studies;
- a rigorous method for combining or synthesising evidence;
- and providing a summary of how the review is situated in the body of evidence discovered.[2]

A review of guidance documents[2] has shown an acceptance among systematic review frameworks of eight important stages illustrated in Figure 1.

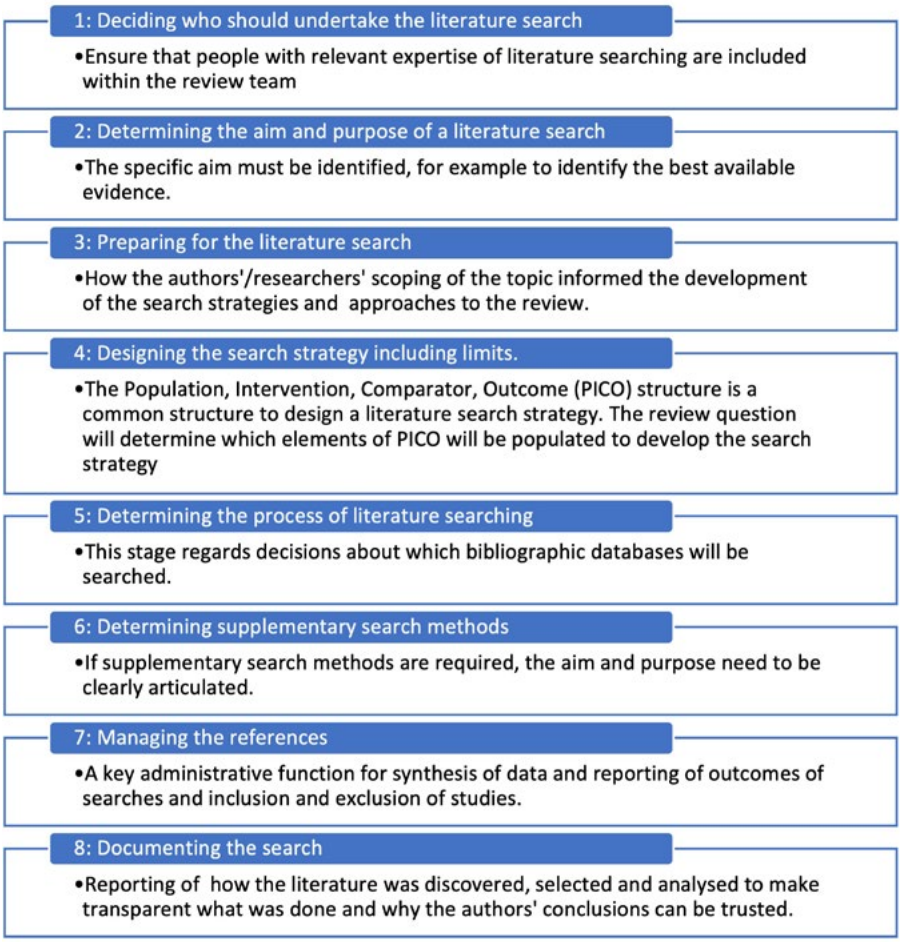

Figure 1: Eight key stages of a systematic approach to a literature review adapted from Cooper et al[2]

Stage four, designing the search strategy including limits, is entwined with a number of preceding steps through the process of producing a PICO question. An example of the PICO format to guide the development of a research question and the systematic review of the literature is found in the study "What is the effect of electronic clinical handovers on patient outcomes? A systematic review".[3] In this case the PICO approach informed the search terms for the literature review: (P) patient AND (I) electronic hando* OR e-referral OR ereferral OR electronic referral AND (O) Continuity of care OR Quality of care OR Quality of documentation OR safe* OR efficien* OR accura*.

In order to increase the utility of a systematic review when the appropriate data from randomised control trials is available, an extra step of meta-analysis is conducted. Meta-analysis uses statistical methods to combine the statistical outcomes that measure effect size of variables from multiple research projects. This is done as combining the results of multiple trials is not as simple as just averaging the outcomes. Effect size is the "Estimate of the degree to which the phenomenon being studied (e.g. correlation or difference in means) exists in the population".[4] In other words it is a quantitative measure of the size or magnitude of the experimental effect of an independent variable on a dependent variable; the stronger the relationship between two variables, the larger the effect size. An example of a systematic review with meta-analysis is "Mechanical chest compression for out of hospital cardiac arrest: Systematic review and meta-analysis".[5] This meta-analysis showed that existing studies do not suggest that mechanical chest compression devices are superior to manual chest compression. Nevertheless, the importance of these devices may be logistical rather than clinical. There are established guidance frameworks for conducting a systematic review, for example the Cochrane Handbook[6], the JBI Evidence Synthesis Manual[7]. In addition, there are guidance frameworks for quality in reporting, for example PRISMA.[8] Those considering conducting a systematic review should also be aware of the need to register a study protocol in advance via PROSPERO.[9]

While the systematic review sits atop the hierarchy of evidence, it is not methodologically suited to answering many other questions that may be posed in healthcare. Grant and Booth[10] have described a typology of reviews in an analysis of 14 review types and the methods associated with each, and provide suggestions for when each might be appropriate to adopt. Some common types are elaborated on in the next section.

Integrated Review

An Integrative Review complements primary experimental research and integrates the evidence in a field of

research to arrive at review-driven insights.[11] It does this by using a systematic approach that allows the scrutiny of research with diverse methodologies to generate a comprehensive review of the topic area. This is important as the aim of this approach is to develop new frameworks and perspectives on a topic. An example is "Paramedic students' experiences of stress whilst undertaking ambulance placements, An integrative review".[12] This research acknowledged a paucity of research in this area and that results of previous research were limited to finding that paramedic students perceive emotional expression as a negative attribute, and that the primary sources of stress while on placement were experiencing death and fear of making clinical mistakes. The review also made the case for an observational study to identify the levels and sources of stress students face in each year of their academic program to provide a direction for preparatory activities that may mitigate the negative effects of stress.

Overview

An Overview is a summary of the literature that attempts to survey the literature and describe its characteristics. Traditionally this format is used as the background of a research article and provides the reader an insight into what led to the research question and data collection. An example is found in the article "Paramedicine students' perceptions of preparedness for clinical placement in Australia and New Zealand".[13] The background literature review of this paper was used to contextualise the issue of preparedness in relation to paramedic undergraduate students for work-integrated learning. It noted there was a gap in the current knowledge on how to evaluate and measure the quality of paramedic clinical placements. It also showed that this question has been considered in other disciplines such as medicine and nursing and the lessons learnt could be applied to paramedicine. It was the warrant for a cross sectional questionnaire of undergraduate paramedic students. Similar to an Overview is the Narrative Review that provides a summary or overview of the research without telling the reader of the process by which the synthesis was undertaken. An example of this is "Building an Australian paramedic research agenda: a narrative review".[14] According to the authors, a critical appraisal process was undertaken to review the international literature around the development of paramedicine research agendas. This approach rather than a systematic review was taken to capture the views and interests of a wide range of expert stakeholders through multiple sources of data and data collection techniques.

Scoping Review

A Scoping Review is a preliminary assessment of potential size and scope of available research literature. The Canadian Institutes of Health Research defines scoping reviews as "exploratory projects that systematically map the literature available on a topic, identifying key concepts, theories, sources of evidence and gaps in the research".[15] It aims to identify the nature and extent of research evidence and considers empirical and conceptual research in tackling broader questions than those considered in systematic reviews. While including a greater breadth of literature, the scoping review still aims to be repeatable. This type of review will usually use multiple structured searches rather than a single structured search. The reporting of which uses a modified PRISMA flow diagram.[15] An example of a scoping review is the article "Paramedic management of mental health related presentations: a scoping review".[16] In this study the methodological framework had five steps: identifying the research question; identifying relevant studies; study selection; charting the data; and collating, summarizing and reporting of results. Established methodological guidance frameworks exist for the conduct of scoping reviews: readers are directed to the JBI Evidence Synthesis Manual for methodological guidance[17], and to the PRISMA-ScR statement for reporting structure.[18]

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Rapid Review

A Rapid review is likened to a stricter time-based systematic review where an assessment of what is known about a policy or practice issue is made by using systematic review methods to search and critically appraise existing research. An example of a rapid review is the "Australian study Pelvic circumferential compression devices for prehospital management of suspected pelvic fractures: a rapid review and evidence summary for quality indicator evaluation".[19] This study used a rapid review methodology to evaluate evidence for the use of pelvic binders to inform the development of quality indicators. It also provided a valuable discourse of the utility of this methodology for expediting decision making.

Conclusion

The aim of this article was to provide a brief overview of what different forms of a literature review are and was particularly aimed at the clinician who is interested in conducting research. If time is spent performing a rigorous literature review, then it is worthwhile publishing your findings. In this event, the higher the standard of the literature review the more likely it is to be published. There are many reasons a literature review is required, and particular types of literature reviews will be suited to different purposes. Each type of literature review has advantages and limitations and further investigation into which type suits your purpose is recommended before starting. For further information regarding research and paramedicine visit the Talking Research page on the Australasian College of Paramedicine https://paramedics.org/talking-research.

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Family violence – When to make a report to police

Dr Michael Eburn and
Dr Ruth Townsend

The authors acknowledge the feedback of Dr Simon Sawyer on this article.

Paramedics will often encounter adult patients who are experiencing family violence (FV), and there are many things a paramedic can do to support these patients. Adults who are experiencing family violence can have very complex and unique needs and there is no single option which can be relied on. This article will focus on one of those options, which is when paramedics can report the violence to police. This issue is made more complicated if an ambulance service chooses to notify police that they are responding to domestic violence cases (as, for example NSW Ambulance does). When a person rings triple zero for an ambulance they are asking for emergency health care, not police assistance. The obligation (discussed below) on health care practitioners (which would include paramedics working in ambulance coordination) is to provide patient-centred care. FV patients, as all other patients, have a right to be informed and supported to make decisions about themselves for themselves.

To consider the legal and ethical issues, we consider the following scenario and the law in NSW. Assume paramedics are called to assist a woman with physical injuries consistent with assault. She tells paramedics that her injuries have been caused by her partner, but says she doesn't want that reported to police. Can paramedics legally report to police without her consent? Ethically, should they?

The starting point must be the paramedic's obligation to place the patient and their wishes at the centre of their care. In a case like this, this may involve issues of confidentiality. Who does the patient wish to share her information with? The Code of Conduct issued by the Paramedicine Board (at [3.4]) says, inter alia:

Practitioners have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients or clients have the right to expect that practitioners and their staff will hold information about them in confidence, unless release of information is required by law or public interest considerations. Good practice involves:

a) treating information about patients or clients as confidential;

b) seeking consent from patients or clients before disclosing information, where practicable;

c) being aware of the requirements of the privacy and/or health records legislation that operates in relevant states and territories and applying these requirements to information held;

d) sharing information appropriately about patients or clients for their healthcare while remaining consistent with privacy legislation and professional guidelines about confidentiality.

The Code refers to privacy legislation – Health Privacy Principle 10, set out in Schedule 1 of *Health Records and Information Privacy Act* 2002 (NSW) (HRIPA) – which says that information collected must only be used for the purpose for which it was collected. In the scenario above, the information about the cause of the patient's injuries is relevant to allow paramedics, and any other health practitioner, to provide care. It was not provided to assist law enforcement. Passing the information on to police would be using the information for a 'secondary' purpose. Sharing that information for a secondary purpose is permitted if it:

... is reasonably believed by the organisation [or a delegate, in this case a paramedic] to be necessary to lessen or prevent:

(i) a serious and imminent threat to the life, health or safety of the individual or another person.

Finally, in NSW, the Crimes Act 1900 (NSW) s 316(1) says that it is an offence to fail, without reasonable excuse, to bring information about a serious indictable offence to the attention of police. A serious indictable offence is any offence punishable by more than 5 years imprisonment. That includes assault occasioning actual bodily harm (*Crimes Act* 1900 (NSW) s 59) but not common assault (*Crimes Act* 1900 (NSW) s 61). Let us assume, for the sake of the argument, that the patient has suffered 'actual bodily harm' without trying to define what that means.

What is a reasonable excuse? Section 316(4) says that if the information relates to a domestic violence offence and the alleged adult victim 'does not wish the information to be reported to police' then that is a reasonable excuse to withhold the information.

So where does that leave paramedics? At this point the Code says information must not be disclosed, the *Crimes Act* does not require the information to be disclosed and HIRPA says it may (not must) be disclosed but only if the paramedic believes there is 'a serious and imminent threat to the life, health or safety of the individual'. However, this legal authority, which permits a paramedic to override the wishes of a competent patient, is contrary to the ethical principle of autonomy and legal right of competent patients to make choices about themselves for themselves. It is also contrary to the professional obligation to patient-centred care.

THIS RAISES A DILEMMA FOR PARAMEDICS.

It is not good paramedic practice to override a competent adult patient's choices, even if it places them at risk of harm, but there are legal exceptions. The HIRPA specifically provides that information may be released to prevent 'a serious and imminent threat to [her] life, health or safety'. In that case, paramedics have lawful authority to pass on information, obtained in confidence, to the police. But that does not address the ethical issue of whether they should.

Paramedics have to balance the ethical imperative of respect for patient autonomy against duties of beneficence and non-malfeasance, understanding that to respect the patient's decision to remain silent, or to use the legal exception to report concerns to the police, may expose the victim to harm. But it is not the paramedic's duty to report confidential information because it is in the best interests of the police. Ultimately the decision should be what the patient has decided is in their own best interests.

> "FV patients, as all other patients, have a right to be informed and supported to make decisions about themselves for themselves"

The problem with a policy of notifying police of all 'domestic violence incidents' is that it does not take into account the nuance of the situation and the competing ethical duties paramedics have. From a societal perspective it is simple and makes sense but it does not assist treating paramedics who have to make complex judgments. The additional effect is that such a policy is unjust because it may serve to discourage people from calling for help (and access to support) for fear of police involvement. Additionally, there is no evidence that it reduces harm (O'Doherty et al, 2015).

It is our argument that prima facie patient autonomy should be respected. It should be accepted, as a general rule, that paramedics would not share confidential information about an adult patient with police or with anyone without the patient's consent. While paramedics do have the lawful authority to share their concerns with the police if they believe there is an imminent and real threat to the patient's safety and there is no other way to protect her, they must remember their commitment to respect the autonomy of the patient and consider carefully whether they should.

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2021 COLLEGE LEADERSHIP PROGRAM OFFICIALLY LAUNCHES

Future leaders in the profession embark on inaugural College Leadership Program

The College officially launched its inaugural Leadership Program in July, welcoming the 22 program participants with an induction session held over Zoom.

The program, which runs for 11 months and is delivered fully online, aims to develop participants' leadership skills and knowledge with a series of interactive modules, workshops, presentations and mentoring. The program's intention is also to build the capacity of paramedics and health sector managers to navigate adaptive environments they work in. Sessions will be held as interactive, small group and 'hands-on' modules.

Elements of the program include:

- a series of six online modules led by Harvard-trained facilitators
- small group workshops focusing on participants' real-life challenges
- mentoring sessions focusing on career planning and professional development
- case study presentations delivered by current leaders in paramedicine
- access to live and recorded leadership webinars and leadership resources delivered by the Institute of Managers and Leaders
- information and guidance provided to participants' line managers
- continuous improvement and enhancement surveys.

The program was created in direct response to member feedback in the College's 2020 Strategic Direction Survey — a leadership skills program ranked highest among the programs members wanted to see developed.

Member feedback also informed the development of the program content, with modules being tailored to address the most common challenges identified by members currently working in leadership and management roles. These modules will cover adaptive leadership, collaborative team cultures, communication (including negotiation), resilience and wellbeing.

The College aims to run the program annually. Applications for the next program intake will open in early 2022. For more information or to register expressions of interest for the next intake, members are encouraged to visit the College website at www.paramedics.org/education

Clinical standards for our profession

Alisha McFarlane

Each edition we profile one of the College's committees or special interest groups and shine a spotlight on the work they are doing to move the profession forward. In this edition we chat to the Clinical Standards Committee and Chair, Alisha McFarlane.

What are the goals of the Clinical Standards Committee?

The goal of the Clinical Standards Committee is to provide leadership for the improvement and standardisation of paramedic clinical practice. This will be achieved through collaboration with existing clinical governance systems within organisations and subject matter experts to determine priority areas and systematically develop statements that benchmark essential priorities and care pathways in paramedicine.

We strongly believe that all patients deserve the best possible standard of care regardless of geographical location. However, the quality and nature of that care sometimes varies between individual ambulance services and clinicians. Our goal is to reduce variation and optimise patient care through clear, evidence-informed clinical standards.

We aim to collaborate with other organisations and subject matter experts to develop a shared understanding of what constitutes good clinical care for a range of common out-of-hospital conditions.

Our hope is that they will represent the consensus position of the profession and empower all paramedics to improve the quality of care across Australasia.

How will achieving these goals help the profession?

Clinical standards will provide quality statements that are underscored by the highest evidence to ensure contemporary and quality out-of-hospital care delivery. As we build a consensus on what determines high quality care and start to set our own standards, we demonstrate our capacity as a profession and identify areas of strengths and individual skills and practice.

Ultimately, we aim to help the profession deliver high quality clinical care across Australia and New Zealand.

What has the Committee been working on this year?

We have spent much of this year developing a clear and transparent process for paramedic national clinical standards development. We have ensured we understand what clinical standards mean in our context and for our profession. We believe we have developed a robust process that is informed by evidence, engages with key stakeholders and is reviewed and respected by clinicians. We have commenced work on our first paramedic clinical standards and hope for this to be published in late 2021.

Who are the members of the Clinical Standards Committee?

CHAIR:

ALISHA MCFARLANE

I am the current Chair of the Clinical Standards Committee. I am a full-time university lecturer in paramedicine and a registered intensive care paramedic with Ahpra. I am also a member of the College's Women in Paramedicine Committee. I have worked as a clinician for 17 years and enjoy the combination of clinical practice, education and research. My

current research explores the effects of sexism on female paramedics' career trajectory, wellbeing and job performance.

I have always felt a level of frustration both as a clinician and as an educator that we have such variation when it comes to clinical practice standards and guidelines. Contributing to work that makes evidence-based standards easier to access for organisations and clinicians, and improves the quality of patient care, is something I definitely wanted to be a part of.

COMMITTEE MEMBERS:

DR BELINDA FLANAGAN

I am a lecturer in the Bachelor of Paramedicine at the University of the Sunshine Coast, Qld. I have extensive experience (26 years) as a clinician, Registered Nurse/Midwife and Paramedic, working with both the Queensland Ambulance Service and New South Wales Ambulance. I frequently collaborate with state ambulance services on guideline review and development, and education in the areas of neonatal care and obstetrics. My research focuses on optimising maternal and child health outcomes in developing countries, the paramedic role in public health campaigns and designing tertiary curriculum to meet the needs of paramedic graduates.

My reason for wanting to join the committee was to have an opportunity to develop consistency in clinical practice across all state ambulance services and to improve the standard of clinical guidelines that currently govern our clinical practice.

JAMES OSWALD

I'm a Clinical Practice Development Specialist and advanced life support paramedic with Ambulance Victoria. My work focuses on the development and implementation of clinical practice guidelines and clinical quality improvement more broadly. I am interested in the way good ideas can be brought together in policy and transformed into meaningful improvements in patient care across an entire system. I have a special interest in strategic policy development, change management, communications, human factors and improving care for vulnerable populations. I'm currently completing a Masters of Public Health with a focus on health policy.

SOPHIE GRIFFITHS

Throughout my nine-year career as a Registered Nurse (Degree with Honours), I have had the privilege of working in the UK and Australia. I have also had the opportunity to work in a range of clinical specialties, including correctional health, general practice, dialysis, community, acute hospital settings and patient transport. Following this, I undertook a Bachelor of Paramedicine and embraced the role as a Peer Tutor. My interest in education and professional development continued and I became a Tutor for the Indigenous Academic Support Program and for a brief period, a member of the Academic Team at my local university. I have recently commenced my internship with a state ambulance service and am thoroughly enjoying my experience on road.

Delivering a high standard of care to each and every patient is at the forefront of our profession. I believe this is underpinned through the standardisation of professional practice and education, which motivated me to join the Clinical Standards Committee.

FRASER WATSON

My paramedicine career started in Levin, New Zealand in 1993 with a volunteer role for a District Health Board ambulance service. The 111 calls were answered in station, the resources were limited and the scope of practice was narrow, but the patient focus was second to none. Since then, I have seen a huge amount of change within paramedicine. My roles included a few years working in comms, 21 years in various urban and rural paramedic roles, some time with specialist teams (USAR and what is now our HAZMAT team) and four years as a Clinical Support Officer. I have recently transitioned from an RSI-qualified Intensive Care Paramedic to an Extended Care Paramedic (ECP) scope of practice, and my current role is ECP Clinical Lead for St John New Zealand. My interests are in supporting the profession of paramedicine to maintain the highest possible clinical standards in the face of unrelenting change. My research focus is paramedic care in low-acuity clinical situations. I'm also a member the ACP Clinical Practice Guidelines Special Interest Group and am a member of the New Zealand Te Kaunihera Manapou Paramedic Council Professional Conduct Committee.

DAVID REID

I am a Registered Paramedic and senior lecturer in the school of medical and health sciences at Edith Cowan University. I have previously worked in NSW, the Northern Territory and overseas in Northern Ireland. Alongside my lecturing and on-road duties I undertake competency assessments for Ahpra under S8o of the Legislation and conduct Undergraduate Paramedicine Course Accreditation on behalf of the Paramedicine Board. I am also a member of the NSQHS Ambulance Safety Standards working group. Outside of ambulance work I am an independent member of Surf Life Saving Australia's National Lifesaving Advisory Committee. I have a specialist interest in prehospital resuscitation and am completing a PhD in this topic. My other interests include safety and quality, ethics and law and emergency management.

My reason for joining the Clinical Standards Committee was to promote consistency of practice across Australia using an evidence-based approach to guideline development.

TIM SCHMIDTKE

Intensive Care Paramedic Intern, Ambulance Tasmania. Full bio not available at time of publication.

ELLC End of Life Law for Clinicians

National legal training to support paramedics end of life clinical practice: End of Life Law for Clinicians

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Providing frequent treatment in urgent, high-pressure situations to save patients' lives, prevent serious damage to their health, or reduce pain and distress is a familiar task for all paramedics. Decisions about providing treatment are a challenging part of paramedic practice and require understanding of the law at end of life. However, research shows that some paramedics have knowledge gaps and lack confidence in this area.[1] The End of Life Law for Clinicians (ELLC)[2] training program can help paramedics understand and feel more confident about legal issues they encounter.

Paramedics play critical, clinical and legal roles when providing end-of-life care. They frequently make decisions about providing or withholding life-saving treatment (e.g. resuscitation) in emergencies. They determine, often urgently, whether a person has capacity for medical decision-making and can provide consent.[3] Where a person lacks capacity, paramedics may need to decide whether to follow the person's Advance Care Directive (if available) or identify their substitute decision-maker. Where a person with capacity refuses examination, treatment or transfer, a paramedic must determine the appropriate course of action.[4,5] They also make decisions about providing pain and symptom relief, and whether active treatment would be futile or non-beneficial.[6]

Performing these roles successfully relies on paramedics having sufficient knowledge of the law on end-of-life decision-making. However, recent research by our team shows that Australian health professionals including paramedics have legal knowledge gaps.[1] Encouragingly, they also believe the law has a place in practice and want to learn more.

ELLC is a free national training program about end-of-life law funded by the Australian Department of Health and developed by the Queensland University of Technology.[2] It comprises 11 online training modules, and national workshops, and is complemented by End of Life Law in Australia,[7] a website about end-of-life law in each State and Territory.[8]

In August 2021 ELLC launched modules with new paramedic content, including tailored case studies and vignettes. This new content has been developed with input from paramedics and the Australasian College of Paramedicine.

ELLC can help paramedics to better support others (patients, their families, and colleagues) in emergency situations. Knowledge gained from this training can assist paramedics to manage legal risk and enhance their confidence in delivering lawful care.

We invite paramedics to undertake the ELLC online modules by registering at the End of Life Law for Clinicians training portal.[2] Certificates of completion are available.

For further information contact the ELLC team at endoflifelaw@qut.edu.au

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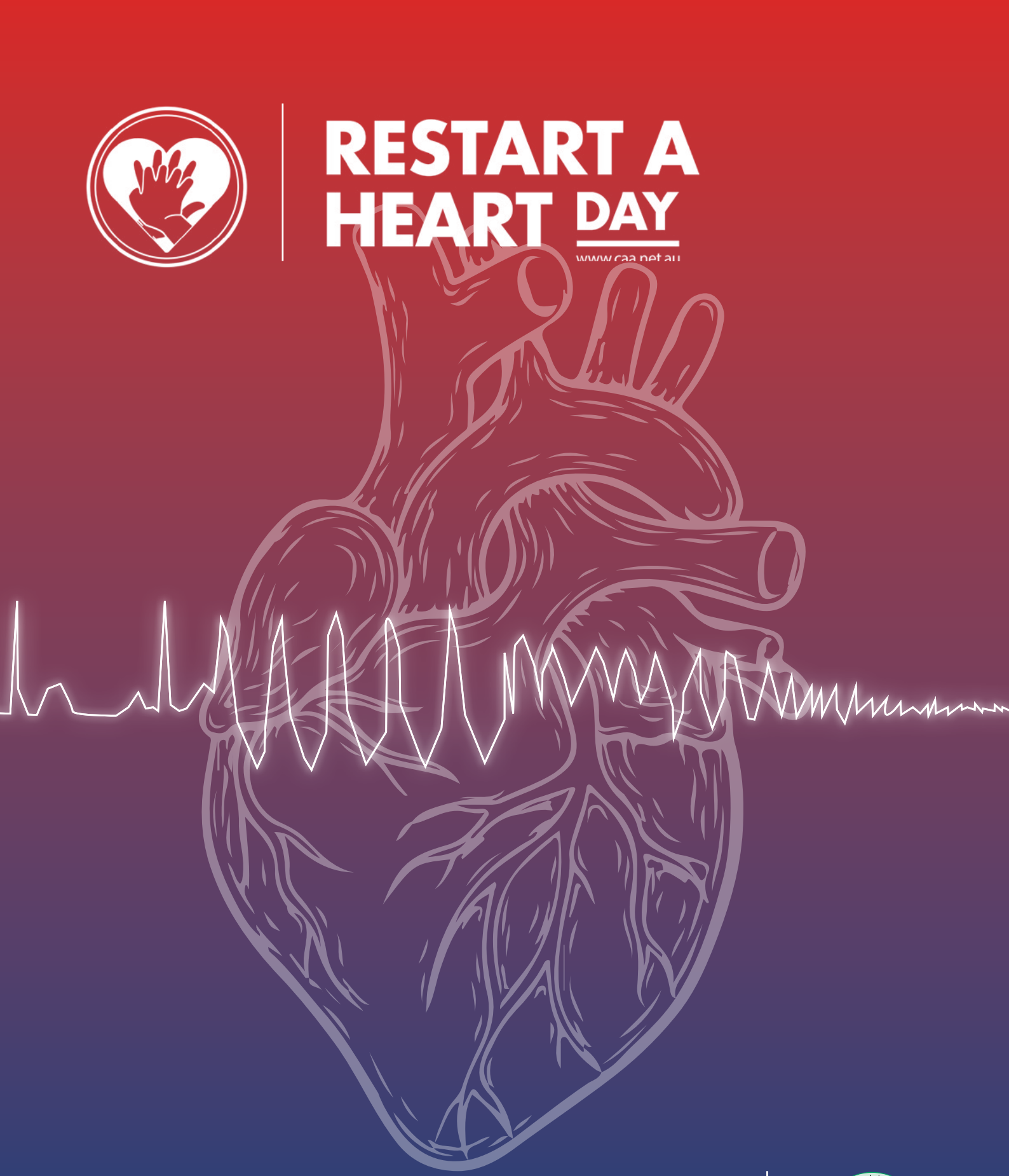

October 16

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The Council of Ambulance Authorities

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Queen's Birthday 2021 Honours List – Ambulance Service Medal

The College congratulates those recognised in the Queen's Birthday 2021 Honours List, and in particular, recipients of the Ambulance Service Medal (ASM).

The Ambulance Service Medal was instituted in 1999 to recognise those who have rendered distinguished service as a member of an Australian ambulance service.

Recipients of the Ambulance Service Medal in the Queen's Birthday 2021 Honours:

NEW SOUTH WALES

- Mr Peter James CRIBBS
- Ms Simmone Louise LOCKE
- Ms Michelle Rose SHIEL

QUEENSLAND

- Ms Sandra Michelle COWLEY
- Mr Denis James O'KEEFE
- Mr Peter Edward SOLOMON

SOUTH AUSTRALIA

- Mr Michael Klaus BOHRNSEN

AUSTRALIAN CAPITAL TERRITORY

- Mr Joel Edwin POWELL

For the full Queen's Birthday 2021 Honours List, please visit the webiste of the Governer-General of Australia – https://www.gg.gov.au/queens-birthday-2021-honours-list

Paramedicine Board Ahpra

Ahpra News

PBA's Professional Capabilities came into effect on 1 June

The Paramedicine Board of Australia's (PBA) professional capabilities for registered paramedics identify the knowledge, skills and professional attributes needed to safely and competently practise as a paramedic in Australia.

PBA has provided a webinar recording detailing the update, or you can read the FAQs on the PBA website for more information on the professional capabilities.

https://paramedicineboard.gov.au

Kaunihera Manapou Paramedic Council

Te Kaunihera Manapou Paramedic Council News

The NZ Paramedic Council has recently provided updates including important information on the following:

REGISTRATION AND PRACTICING CERTIFICATE DEADLINES

The Council has set a deadline of August 1st, 2021 for all practising paramedics to be registered and hold an annual practising certificate. For paramedics who are not currently practising as paramedics (including those currently on extended leave from employment), but intend on practising in the future, you have until May 21st, 2022 to register.

CLOSING OF PATHWAYS DATES

As of May 21st, 2022, registration Pathways B – Authority to Practise and C – Experience Portfolio will be closing. From this point, paramedics will be required to have a degree in paramedicine from an approved provider. For those who intend to register through Pathways B and C, the Council encourages you to get this underway as soon as possible.

CPD GUIDELINES

The Council has provided further detail around continuing professional development and CPD guidelines to assist paramedics.

Read more on Te Kaunihera Manapou Paramedic Council website.

https://www.paramediccouncil.org.nz/

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.

The need for purposeful teaching, learning and assessment of crisis resource management principles and practices in the undergraduate pre-hospital emergency care curriculum: A narrative literature review

Research

https://doi.org/10.33151/ajp.18.820

Mugsien Rowland, Anthonio Oladele Adefuye, Craig Vincent-Lambert

Introduction

Traditionally, undergraduate emergency medical care (EMC) training programs have, over the years, typically focussed on developing individuals with proficiency in clinical skills who can perform complex procedures in the act of administering safe and effective emergency care in the pre-hospital setting. A shortcoming of this training relates to the attention given to the soft skills needed to work efficiently in a team-based environment. Crisis resource management (CRM) is a structured, evidence-based approach to training that is designed to enhance teamwork performance in critical circumstances where the absence of coordinated teamwork could lead to undesired outcomes.

Methods

A narrative review of GOOGLE SCHOLAR, MEDLINE, PUBMED, CINAHL as well as paramedic-specific journals was conducted. Articles were included if they examined the importance of CRM in pre-hospital emergency care; training undergraduate pre-hospital emergency care students on the principles and practices of CRM; and non-technical skills in pre-hospital emergency care.

Discussion

Researchers found limited articles related to CRM and the pre-hospital emergency care setting. Our findings reveal that CRM focusses on addressing non-technical skills necessary for effective teamwork and that those identified to be relevant for effective teamwork in pre-hospital emergency care setting include situation awareness, decision-making, verbal communication, teamwork as well as leadership and followership skills.

Conclusion

Effective team management is a core element of expert practice in emergency medicine. When practised in conjunction with medical and technical expertise, CRM can reduce the incidence of clinical error and contribute to effective teamwork and the smooth running of a pre-hospital emergency care plan.

Enhancing professional practice and professionalism among Canadian rural paramedics

Research

https://doi.org/10.33151/ajp.18.926

Mathieu Grenier, Julia van Vuuren, Evelien Spelten

Introduction

The scope of paramedic practice is being redefined and expanded. Professional development and clinical expertise are not only necessary for paramedics to perform their clinical functions and operational responsibilities, they are at the very core of their professionalisation. Profession-

alisation is a complex process, and the degree to which it can be accomplished will impact society's perception of the profession – and its trust in it – for years to come. This study investigated ways to enhance professional practice, from the point of view of the main healthcare providers in a rural area of Ontario, Canada.

Methods

A qualitative analysis informed by action research methodology was used. The research design was staged and consisted of focus groups and a World Café. The data were coded and organised into themes, using thematic analysis, and were triangulated with the literature.

Results

Three key themes emerged from the World Café and focus group conversations including current enablers of professionalisation; system components that promote professionalism; and community of practice to support professional development and clinical expertise.

Conclusion

Paramedic practice is evolving. This should be reflected in clinical practice and education, and more paramedic-led research. Paramedic training may need to move from the college to the university environment to reflect equal standing with colleagues in the broader healthcare system. This study shows strong motivation among paramedics and management to enhance professional practice and professionalism. To achieve this, a culture of trust, developing engagement and communication strategies and establishing a community of practice are crucial.

Advanced care or advanced life support – what are we providing?

Commentary

https://doi.org/10.33151/ajp.18.950

Timothy Makrides, Leon Baranowski, Lucas Hawkes-Frost, Jennie Helmer

Abstract

The field of paramedicine has undergone significant change and modernisation over the past 50 years. Presently there are no consistent terms or lexicon used across the profession to describe different levels of advanced practice. This inconsistency risks creating confusion as the professionalisation of paramedic practice continues. As well, many empirical studies support the claim that communication and the importance of managing language actively plays a crucial role in supporting change and in shaping the new paradigm. Therefore, the way one uses communication, and the deliberate choice of words to describe advance practice, will support change in the desired direction.

This article explores these terms and their attendant influences on perceptions of practice to argue for change towards the standardised use of the term 'advanced care paramedic' across the Anglo-American paramedic system.

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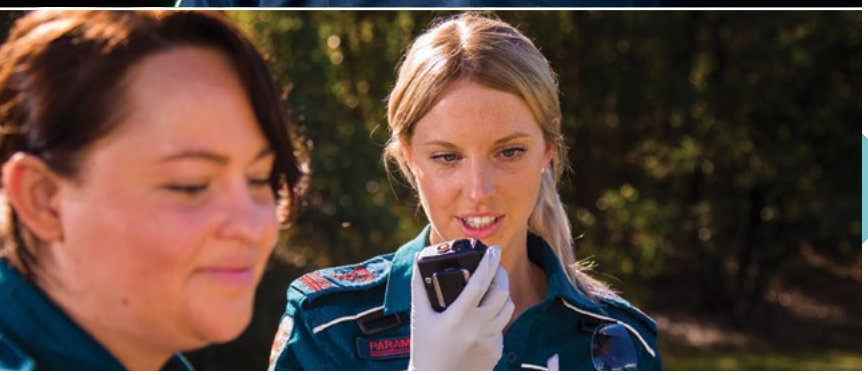

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