Australasian College of Paramedicine
50 Years
RESPONSE
SPRING 2023
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PARAMEDICS IMPROVING HEALTH AND LIVES FOR WA AGED CARE RESIDENTS

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COVER

MercyCare paramedic Darren Warby.

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

FROM THE CHAIR

PACIFIC PARTNERSHIPS

with **Ryan Lovett,** College Chair

Welcome to the Spring edition of *Response*.

I'm often talking about the role of the College in leading and representing the profession and advancing outcomes for paramedics and patient care in Australia and Aotearoa New Zealand. While these areas do consume the vast majority of our attention, they do not fully represent the Australasian aspect of our name, and the potential for a wider role in our region to advance paramedicine, out-of-hospital and person-centred care.

The College has always had a strong relationship with St John Ambulance PNG and previously supported the delivery of healthcare on the ground during a Covid outbreak in 2021. Covid restricted many plans we had to support our nearest neighbour, but I am happy that we now have formalised a relationship through an MOU which will see increased collaboration, increased sharing of educational content and supporting the development of St John PNG's paramedics and EMTs. Due to our reputation as a professional, collegiate and regionally focused College, we were also recently contacted by the Samoa Fire and Emergency Services Authority (SFESA), seeking support and advice on the development of Samoa's fledgling pre-hospital care sector. The opportunity to work collaboratively with another of our Pacific neighbours was welcome, and an MOU has also been signed with SFESA setting out an education, training and credentialling relationship.

THERE IS ALWAYS MUCH TO LEARN WHEN WE COLLABORATE AND SHARE IDEAS

Working with two partners with a strong EMT structure and a goal to develop more paramedic-level clinicians is ideal, delivering greater reach and increasing the impact of the resources and content we create. These are long-term relationships and the development of increased capacity in the Pacific will take many years to fully bear fruit, but this is important work and the impacts for the health and welfare of those communities is significant.

While this work could be seen at arm's length from our members, these relationships will provide bilateral opportunities for paramedics and educators to travel to our Pacific neighbours to share experience and deliver training and education. Likewise we will seek opportunities for Pacific paramedics and EMTs to be supported to train, practice and gain experience in Australia and Aotearoa New Zealand. There is always much to learn when we collaborate and share ideas, and I am excited by the opportunities for information and cultural exchange as these relationships develop and mature over the next few years.

Continuing our view to the future, the College's strategic plan, "Foundations", concludes at the end of this year and the College team, the Board and feedback from members are being used to inform our next plan, to be called "Evolution". This plan will take up from our immediate post-merger era into establishing our place as a strong and influential College, representing, and supporting paramedicine. As part of this evolution, we are looking to further engage with, and support you, our members. To this end, your ongoing feedback and insights are paramount, and we thank everyone who participated in our recent member survey. This survey provides informed insight into the priorities for you and identifies the services and support that are most critical as we move into the next phase of College service delivery.

On the theme of surveys, this month also marked the first of several annual paramedicine workforce surveys. This critical research is being undertaken by an academic consortia from Western Sydney University, the Auckland University of Technology and Edith Cowan University. Funded by the College and supported by our key stakeholders, this research will provide, for the first time, detailed data about the makeup of the paramedic workforce in Australia and Aotearoa New Zealand. Once published, it will provide the College, regulators, governments and employers with key data about where opportunities exist to more effectively utilise paramedics, where there are workforce gaps, and what supports we might need to provide to ensure we can safely and sustainably care for our colleagues to allow them to fulfill their potential over the course of their careers. I would encourage all paramedics to participate and share their experience and insights: https://surveyswesternsydney.au1.qualtrics.com/jfe/form/SV_77pPndpll2eA7Nc.

As I reflect on our 2023 ACP International Conference, I am yet again reminded of the consistently high quality of paramedic researchers, educators and presenters. As we approach registration for another year, no doubt many of you will be looking at your CPD records and wondering what further education you might need to meet your goals for the year. The College website remains an exhaustive source of high-quality, engaging CPD material, and if it has been a few months since you have had a look, I encourage you to swing by again.

Stay safe.

FROM THE CEO

BUILDING THE COLLEGE

with **John Bruning,** College CEO

November always provides a moment for reflection on the activities of the College over the past 12 months. The dust has settled on ACPIC23, our major event for the year, the financial year, accounts and Annual Report have been completed, confirming our performance, and the Annual General Meeting (AGM) has been run. I know most members do not attend the AGM or spend time to review the Annual Report, so I am reflecting today on all that we have done in the past 12 months and the progress we have made in improving the College and advancing paramedicine.

We launched Paramedicine, the College's international, peer-reviewed journal at the start of the year, and the engagement with the journal has been excellent with more than 18,000 downloads of articles. The standard of research and evidence being published is high, which bodes well for the progression of paramedicine in the coming years on the back of the expanding and high-quality evidence base.

Over the past 12 months, the Advocacy Team and I have consulted widely on four key topics of interest to the College and the profession, namely Standalone positioning of Paramedicine, Clinical Practice Framework, Professional Programs, and Workforce. We received more than 300 submissions to the four consultations, plus ran several formal and informal stakeholder workshops gathering further insights on the future direction for the profession. The work in these areas continues and we progress the outcomes desired by you.

A key external stakeholder we have closely worked with in the past 18 months is the Office of the National Rural Health Commissioner, and specifically Deputy Commissioner Professor Dr Faye McMillan AM. This work saw the recognition of paramedicine in the Ngayubah Gadan (Coming Together) Consensus Statement informing the utilisation of Rural and Remote Multidisciplinary Health Teams.

The College's interactive eLearning content goes from strength to strength, with 20 excellent courses available for members covering cardiology, obstetrics, and neurology, to name just a few, as well as short microlearning courses for some quick hits of knowledge. There have been more than 10,000 enrolments for the courses in the past 12 months.

Building on a decade of success of our Trauma on the Border conference, we elevated this event to a two-day Critical Care Summit, with an impressive range of experts presenting on myriad critical care topics for all levels of paramedics. It was rewarding to see the engagement with this content and the discussions on the critical care aspect of paramedicine.

IT REMAINS AN EXCITING TIME TO BE IN PARAMEDICINE

The College team that services our members and the profession has continued to expand and enhance the delivery of services covering membership, events, education, research, advocacy, and engagement. We have a team of 20 professional staff working hard each day to meet our mission of advancing paramedicine. A key component of making this work is the role of our numerous (hundreds) of volunteer members who provide incredible insight and input into most of the activities we undertake. Without their input we would be much less impactful.

The financial performance of the College continues to be strong. The economic environment and inflationary pressures impacted our renewal and growth, but we still saw a small net increase in membership for the year. The College delivered a profit with an increase in overall income and continued growing investment in resourcing and activities. The College is in an enviable financial position with good cash reserves.

The Board continues to invest in the future of the both the College and the profession, with a greater focus on engagement with our members and everyone involved in paramedicine, as well as the programs and activities we will need for the future. It remains an exciting time to be in paramedicine.

Stay safe and well.

ADVOCACY: A TAPESTRY

By **Jemma Altmeier**,
College Advocacy and Government Relations Manager

From the ins and outs of policy and legislation through to project collaboration with individuals, groups and organisations, advocating for the profession is multifaceted and deeply layered. There is not one aspect of our work that does not intersect with another, and in this edition of Response, we take a closer look at the role media coverage plays in our advocacy priorities and activities.

In the past several months, many members will have seen the College quoted in numerous mainstream and industry-specific media outlets providing commentary and perspective on priorities, including improved person-centred care, paramedic recognition, and health system challenges. We pitch stories and provide comments for three key reasons: Firstly, to keep person-centred care at the centre of all health dialogue; secondly, to position the College as a representative peak body for the profession; and thirdly, decision-makers pay close attention to what the media covers and the sentiment of the articles published - and it is in this space where the intersection of our activities occurs.

However, achieving media coverage that directly speaks to our priorities isn't as straightforward as it may sound. Media is a noisy space with lots of competing peak bodies, social commentators and political players all wanting to be heard. And while there isn't one formula that works every time, we achieve media coverage by working closely with journalists to ensure they have relevant information, facts and data, and in some instances a contemporary case study, to develop the angle of the article.

For example, the recent article in the Sydney Morning Herald (01/10/2023) "Why this 'invisible' profession wants to step up in the healthcare system", brought together comments from Ryan Lovett, College Chair, data and reports relevant to the topic, and a case study in which we collaborated with David McLeod from Crown Resorts to highlight an example of paramedics working beyond traditional healthcare settings.

So, what does it all mean and how does it all come together?

For those interested in figures, the metrics for the last quarter alone are estimated at 76.8m audience* and 68.8k estimated views*, which simply means a lot of people from all walks of life are seeing, reacting, and thinking about the paramedic profession, perhaps differently than before. But, if you break down the engaged audience, contextualise the coverage with current developments or announcements relevant to the health sector, and consider the sentiment, media coverage unquestionably plays a big role in how our advocacy activities and priorities are seen.

Media coverage has the power to influence and change opinions, policy and legislation, and while we could go on about this, in summary, media coverage has the power to open doors for the College to be heard by decision-makers who can effect change for the paramedic profession and health outcomes for communities across Australasia.

Media highlights

1 October, Sydney Morning Herald: 'Why this 'invisible' profession wants to step up in the healthcare system', https://www.smh.com.au/politics/federal/why-this-invisible-profession-wants-to-step-up-in-the-healthcare-system-20230823-p5dyvr.html

25 September, Insight+, The Medical Journal Australia, op-ed: 'Health system reform must involve paramedics', https://insightplus.mja.com.au/2023/36/health-system-reform-must-involve-paramedics/

14 September, New Zealand Doctor, op-ed: 'Potential waits to be realised: Paramedicine – a growing force for good in the health system', https://www.nzdoctor.co.nz/article/opinion/potential-waits-be-realised-paramedicine-growing-force-good-health-system

6 September, The Age: 'These paramedics are itching to work. The worst part of their job is sitting around', https://www.theage.com.au/national/victoria/these-paramedics-are-itching-to-work-the-worst-part-of-their-job-is-sitting-around-20230904-p5e1xa.html

29 August, Sydney Morning Herald: 'Nurse and pharmacy prescribing powers to be probed in new review', https://www.smh.com.au/politics/federal/nurse-and-pharmacy-prescribing-powers-to-be-probed-in-new-review-20230818-p5dxl4.html

Key submissions:

- Ahpra Interprofessional collaborative practice statement
- ANZSCO Comprehensive Review - consultation round 2
- Ahpra Targeted consultation on how Ahpra and the National Boards propose to use the new power to issue interim prohibition orders
- NSW Inquiry into Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales
- Ahpra Two further possible changes to the National Boards' English language skills requirements
- NSW Inquiry into the implementation of recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health
- Te Kaunihera Manapou Specialist Paramedic practice
- Te Kaunihera Manapou Accreditation standards paramedicine
- Tas Parliamentary Inquiry into Transfer of Care Delays
- Federal Dept. Health and Aged Care Unleashing the potential of our workforce - Scope of Practice Review

ADVOCACY IN CONVERSATION

The Advocacy in Conversation podcast is hosted by College CEO John Bruning and invites industry experts, influencers, and change-makers to discuss current events, issues and resources impacting the profession. Latest release: A two-part series, "Framing the Framework", with guests College Member Engagement Manager Alisha MacFarlane, Dr Brendan Shannon and Dr Walter Tavares.

* Figures from Good Talent Media report

ADVOCACY IN ACTION a snapshot

We are the largest paramedicine peak body in Australasia advocating for all paramedics working across clinical and non-clinical settings.

We are future-focused and committed to improving person-centred care.

We advocate with decision-makers to build sustainable models of care that improve workforce flexibility, career opportunities, recognition of capabilities, and much more.

50+ Key government and stakeholder discussions

25 Consultation submissions

12 Key media items

155.4+ MILLION* Audience reach through media coverage

483 People responded to our first online College Poll

4 Discussion papers were released inviting the profession to engage in topics that will help shape the future of paramedicine

738 downloads *Advocacy in Conversation* podcast

Date range: July 1 2022-June 30 2023 (*estimated audience coverage rounded up based on publication-wide coverage)

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50 Years Australasian College of Paramedicine

CONTINUOUS PROFESSIONAL DEVELOPMENT: BALANCING THE BENEFITS AND BURDEN OF CONTINUED LEARNING

By **Julie Johnson,** College Education Manager

Paramedicine is rapidly evolving and, with this, the concept of Continuous Professional Development (CPD) has become increasingly important. While the benefits of CPD are undeniable, there can be a perceived burden associated with the relentless pursuit of knowledge and skills. Is this relevant for everyone, from those who have just completed their degree and those who have been in the job for a long time? What are the advantages and the challenges of CPD and how do we strike a balance between the two?

The benefits of CPD

1. Career advancement

One of the most significant benefits of CPD is career advancement. Gone are the days when paramedics worked in ambulances and that was the only option. The profession is evolving; staying stagnant in your skill set can lead to stagnation in your career. CPD helps professionals stay at the forefront of their field, and paramedicine is no different.

THE PROFESSION IS EVOLVING; STAYING STAGNANT IN YOUR SKILL SET CAN LEAD TO STAGNATION IN YOUR CAREER.

2. Improved competence and confidence

CPD enhances your competence and expertise. This goes without saying. The more you learn, the better equipped you become to tackle complex challenges, make informed decisions, and deliver high-quality care. Paramedics are uniquely positioned and need to be able to work effectively in unpredictable environments. When our brains are overloaded, decision-making and confidence suffer.

Undertaking regular learning allows us to construct more stored memory. This is the Power of Scaffolding, the ability to encode new information more effectively, leading to improved knowledge retention, decision-making, and confidence. Just like the muscles of the body work harder in a more demanding situation, such as when lifting a heavier weight, think of CPD as weightlifting for your brain.

3. Adaptation to change

CPD equips paramedics with the skills needed to effectively adapt to changes. It enables them to embrace new technologies, processes, and methodologies, ensuring their career longevity and choice. Now more than ever before, paramedics have the opportunity to influence their own careers.

4. Personal growth

Continuous learning can lead to personal growth and increased self-confidence. As you acquire new skills and knowledge, you gain a sense of accomplishment and self-worth. This personal development can spill over into other areas of life, leading to a more fulfilling and satisfying existence.

5. Networking opportunities

Participating in face-to-face CPD activities involves interacting with peers and experts. These events provide excellent networking opportunities that can lead to valuable connections and collaborations, further enhancing your professional growth and opportunities.

The burden of continuous learning

1. Time and resource constraints

One of the primary burdens of CPD is the time and resources required. Many paramedics already have demanding work schedules and personal commitments. Finding the time and financial resources for additional learning can be challenging. This is one way in which the College supports our members. Once you have membership, nearly all CPD activities are free, excluding conferences and face-to-face events - and even then members receive a discount to attend. We also provide financial support in the way of education grants to attend some of these events.

2. Overwhelm

The fast-paced nature of CPD can lead to overwhelm. Some may struggle to keep up with the latest trends, certifications, and courses. This constant pressure to learn can result in burnout and fatigue. How can we mitigate this? Planning! Your CPD plan is as important as doing CPD activities.

3. Pressure to perform

CPD can create a sense of pressure to constantly perform at a high level. The fear of falling behind or losing your competitive edge can lead to stress and anxiety.

4. Balancing act

Balancing work, a personal life, and ongoing learning can be a juggling act. The burden of trying to excel in all these areas can lead to a sense of imbalance and frustration.

Striking a balance

The key to reaping the benefits of CPD without succumbing to its burdens is finding a balance that works for you. Here are some strategies to achieve this equilibrium:

EMBRACING CONTINUOUS LEARNING IS NOT JUST A PROFESSIONAL OBLIGATION; IT'S A PATHWAY TO LIFELONG GROWTH AND SUCCESS

1. Set realistic goals: Establish achievable goals for your CPD efforts. Be mindful of your limitations, both in terms of time and resources. Spend some time completing your CPD plan and evaluating activities that will actually meet your learning needs.
2. Prioritise learning: Make learning a priority but not an obsession. Allocate dedicated time for CPD and ensure it doesn't encroach too heavily on your personal life.
3. Seek support: Reach out for support. As your professional body, the College can help you plan your CPD, select appropriate activities, apply for grant funding, and reflect on your learning. You can also reach out to your employer for time allocation for study or potentially financial support.
4. Focus on relevance: Choose CPD activities that align with your career goals and the evolving needs of our industry. This ensures that your efforts are productive and meaningful.
5. Reflect and adapt: Periodically assess your CPD strategy and make necessary adjustments. This helps you stay on track and avoid overburdening yourself.

Continuous professional development offers numerous benefits, but it's essential to acknowledge and manage the potential burden it can bring. By striking a balance between acquiring new skills and maintaining wellbeing, paramedics can harness the power of CPD to thrive in their careers while maintaining a fulfilling personal life. Embracing continuous learning is not just a professional obligation; it's a pathway to lifelong growth and success.

A WORD FROM THE COO: **CONTRIBUTION AND COMPASSION**

By **Lauren Daws**, College Chief Operating Officer

As we approach the end of the year, I reflect on what a dynamic 2023 we have had so far, and what is still yet to come in the final two months of the year. Our new Member Engagement Team has hit the ground running, with Regional Engagement Officers now in Victoria and Aotearoa, and are supporting or delivering at least nine more events as we close out the year. As we revitalise our events calendar and spend more time in-person engaging with members, it becomes vividly clear how important your feedback and input is for the College and the profession, and we aim for every voice to be heard.

Australasian Paramedicine Workforce Survey – Landmark Research

The Australasian Paramedicine Workforce Survey, funded by the College, was launched in September, and is the first of its kind for paramedicine. The significance of this survey cannot be overstated as it relies on the active participation of as many paramedics as possible to provide a truly accurate representation of our workforce. This data will help identify the needs of our profession and help us advocate to provide more opportunities, support, and pathways for paramedics across Australasia. Workforce data has not been collected on this scale or in this way before for our profession, so it is a unique opportunity for you to help paint an accurate picture of what our workforce looks like. I encourage all members to complete the survey and to share widely with your colleagues and networks. The more responses received, the better the understanding of our workforce. The survey is open until 12 January 2023, and you can access it at https://paramedics.org/news/australasian-paramedicine-workforce-survey.

Lead, Evolve, Impact – ACP International Conference 2023

The ACP International Conference 2023 was held in Melbourne in September. A wonderful turnout of more than 380 attendees saw a full program of talented and knowledgeable speakers, and I am grateful to all of them for sharing their time, expertise and knowledge with us. A personal highlight for me was the quality and delivery of our research abstract presentations, with a focus on the impact of research in our profession. I would like to acknowledge and thank the work of our ACPIC organising committee, in particular Lucy Oatley and Nigel Barr, and our Conference and Events Manager, Georgia Coetzee, as well as all volunteers and staff who helped put together what was a fantastic event. We now look towards 2024, with our conference calendar coming together. ACPIC 2024 will be held in Sydney in September, with a primary-care focused event in May and an event in Aotearoa. We also look forward to many more local events driven by our member committees and regional engagement team.

Working together with compassion

We had the privilege of closing our 2023 ACP International Conference with Ambulance Tasmania CEO Jordan Emery's insight and attitude on Leading with Love. As we consider what the profession will look like in the future, we are fortunate to have Jordan delve into organisational culture in this Response edition's feature article. Jordan's philosophy aligns with how I aim to lead our operational team and this extends to our work with our valued volunteers and members, without whom none of our work would be possible. Our people are the most important thing about our organisation and across all our facets. I encourage kindness, compassion, support and a commitment to exploring our own implicit biases and potential blind spots. You can read Jordan's interview on page 20.

On that note, I would like to express my gratitude to those who have supported and contributed throughout the year, notably our wonderful volunteer committees and members, those who have supported our education and event delivery, and our dedicated team of College staff.

Warm regards,

Lauren Daws

UNLEASHING THE POWER OF CONNECTION: INSIDE THE MEMBER ENGAGEMENT TEAM'S MISSION TO EMPOWER AND INSPIRE

By **Alisha McFarlane**, College Member Engagement Manager

In a world increasingly driven by digital platforms and disconnected interactions, the College's Member Engagement Team seeks to counteract this trend and restore the value of authentic human connection within the profession. The team comes armed with a passion for cultivating meaningful relationships and revolutionising how the College engages with its members.

This coming year, the team aims to promote and support true engagement, recognising that it is a powerful force that can drive positive change and create a thriving professional community. Our community consists of student paramedics, registered paramedics, allied health colleagues, and all organisations that support our professional practice. Our aim is to cultivate a sense of belonging, inspire participation, and empower all individuals to become active agents of progress.

Using data-driven insights and an acute understanding of member needs, the team has already begun crafting strategies for 2024 to meet the needs of its members. We continue to talk with our members and have increased engagement with our state-based member committees to provide additional support and guidance so that they may thrive in developing more local activities and in-person events. To promote equity, we are expanding our capacity to stream events so that geography is no longer a barrier to accessing professional and educational resources.

Our communication strategies are currently being reviewed. We want to ensure that you can reach us whenever you need help or guidance. We will leverage social media platforms to expand our reach and encourage dialogue. By maintaining active profiles on platforms such as X (formerly Twitter), Facebook, Instagram and LinkedIn, we will share breaking news, college updates, and member opportunities for scholarship and research. These platforms will also serve as avenues for feedback, questions, and community engagement. We hope to see our College app come to fruition in the not-too-distant future.

OUR AIM IS TO CULTIVATE A SENSE OF BELONGING, INSPIRE PARTICIPATION, AND EMPOWER ALL INDIVIDUALS TO BECOME ACTIVE AGENTS OF PROGRESS

While we increase our state and territory-based engagement support in Australia, Aotearoa New Zealand's inclusion and participation continues to ensure collaborative action on common challenges that transcend national borders. The team is taking time to listen to those in Aotearoa to ensure that their specific needs are met. The partnership between the two countries allows us to share knowledge, resources, and best practices. Whether it be clinical scope of practice, equitable access to healthcare or professional recognition for paramedics, Aotearoa's advocacy within the College enables meaningful contributions towards a better and more sustainable future. We, in Australia, hear the voices of our neighbours and will strive to increase the visibility and strength of our Aotearoa contingent within the College moving forward into 2024.

Beyond our assessments and medical interventions, it is often the ability to connect with our patients that enhances the quality of care we provide. As the Member Engagement Team, our goal is to replicate and foster this same narrative in our approach to building our community of practice. We look forward to talking with you this year and listening to your needs as we strengthen our connection to our profession and each other.

Na te whakarongo me te titiro ka puta mai te korero

Through looking and listening, we gain wisdom

WEBINARS, RESEARCH AGENDA, ACPIC AND NEW MEMBERS: **WHAT'S NEW FROM THE COLLEGE'S RESEARCH COMMITTEE**

Research Committee Member Update

After many years of outstanding service, the Research Advisory Committee will bid farewell to Deputy Chair Dr Louise Reynolds at the end of the year, with Dr Nigel Barr stepping into the role. We are also delighted to extend a warm welcome to our new committee members: A/Prof Belinda Flanagan, Dr Brian Haskins, Dr Ben Meadley, Laura Hirello, and Dr Verity Todd. We will continue to introduce new members in the coming issues of Response magazine.

Talking Research Webinar

The College Research Committee is thrilled to introduce the latest instalment of our Talking Research webinar series for 2023: The Patient Experience. Our guest speakers provided valuable insights into researching the patient perspective of care, highlighting the profound impact it has on both the patient and clinician, and how this research plays a pivotal role in advancing the profession.

Hosted by the committee's own A/Prof Scott Devenish, in this session A/Prof Belinda Flanagan delved into the significance of patient-experience research, with a specific focus on the methodology of Narrative Inquiry. Belinda explored storytelling as a medium for data collection, while candidly addressing the associated challenges and limitations of such a method. Robbie King presented his research on the patient experience of non-conveyance, emphasising why rigorously gathered knowledge of the patient perspective of care is necessary to inform paramedic-led healthcare. A/Prof Mats Holmberg brought an international perspective to the session, providing insight into the dynamics that shape healthcare encounters in Sweden and highlighting the importance of understanding the broader implications of studying patient experiences across diverse cultural frameworks.

If you missed this captivating Talking Research event, it is available on the College website at https://paramedics.org/recordings/talking-research-the-patient-experience and counts towards 1.5hrs of interactive CPD.

Our upcoming and final topic for 2023 is How to Choose a Higher Degree Research Supervisor, featuring Dr Paul Simpson, Dr Brett Williams, and Prof Peter O'Meara. They will delve into the crucial decision of choosing the right supervisor for your higher degree research and explore how this choice can profoundly impact the success of your research journey. Don't forget to register for this event on Wednesday 15 November 7.30-9pm AEST, and read A/Prof Liz Thyer and Prof Bill Lord's corresponding article "How to choose a research supervisor" in this issue of Response.

ACPIC 2023

The Australasian College of Paramedicine International Conference (ACPIC) is the peak paramedicine event on the Australasian calendar, offering a wonderful opportunity for paramedicine researchers from around the world to present their research to the broader paramedic community. This year was no exception, with a strong focus on paramedicine research and its impact on the profession.

The quality of the research presentations was truly outstanding, and we would like to express our gratitude to the anonymous judges who assisted in the challenging task of selecting this year's presentation winners. You can read more about the presentation awards and successful College grant applications that were also announced at the conference in this month's College News section of Response.

Research Agenda for Australasian Paramedicine

Those who attended ACPIC 2023 would have seen the presentation by Dr Louise Reynolds on the Research Agenda for Australasian Paramedicine, a recently completed research project aimed at developing consensus-based Australasian paramedicine agenda. Research is important to ensure paramedics provide the best possible patient care and to facilitate the continued development of the paramedicine profession. The development of the Agenda gives meaningful direction for more coordinated, collaborative, and efficient paramedicine research activities in Australia and Aotearoa New Zealand. To find out more, visit https://paramedics.org/storage/news/Research_agenda_australasian_paramedicine.pdf or click on the QR code.

Meet the Researcher: Dr Verity Todd

Verity, a Senior Lecturer in the Paramedicine Department at Auckland University of Technology, has a diverse academic background. She completed her PhD and postdoctoral fellowships in the field of genetics. During her five years as a researcher with Hato Hone St John, Verity made significant contributions to a wide range of quantitative pre-hospital research. She also led novel work on the use of pre-hospital early warning scores in low-acuity patients. Verity is deeply passionate about research aimed at improving care for vulnerable populations, and is committed to supporting emerging researchers in the field of paramedicine. In her downtime, she enjoys spending quality time with her family, cherishing moments together at one of their favourite beaches.

#PARASOUL: TEAM TOOK STEPS TO SUPPORT PARAMEDIC MENTAL HEALTH IN OCTOBER

Supporting paramedic mental health and wellbeing has long been a College priority, and in October members of our Paramedic Wellbeing Working Group stepped up to raise awareness and enlist support for the Black Dog Institute's annual One Foot Forward initiative.

One Foot Forward gives people the opportunity to walk, run or roll in solidarity for the 1 in 5 Australians who experience symptoms of mental illness every year. It's a particularly pressing issue for paramedics, who are reported to have higher rates of mental health problems, psychological distress, depression, anxiety, burnout, post-traumatic stress and higher rates of suicidal ideation than the general population as a result of prolonged exposure to stress and repeated exposure to critical incidents.

Commemorating Mental Health Month, the event ran throughout October and enabled people to show solidarity with friends, family, and colleagues with lived experience of mental illness. It was also a great way of encouraging people to improve their own health and wellbeing through exercise and social connections by being part of a wider community working towards a common goal of raising funds to support mental health treatment, education, and research.

Paramedic Wellbeing Working Group members Clare Sutton (NSW), Sandy MacQuarrie (QLD), Kelly-Ann Bowles (VIC), Jacquie Willis (NSW), Tahlia Harper (VIC) and College Member Engagement Manager Alisha McFarlane (NSW) walked, ran and cycled in both Australia and Aotearoa New Zealand as part of our special #Parasoul campaign to promote the benefits of exercise on mental health and wellbeing and the importance of social connections.

"We're proud to be able to support fundraising for the Black Dog Institute, which is a fantastic not-for-profit organisation that does so much in relation to mental health research, education, treatment, digital services, and advocacy, especially in regard to first responders," Ms Sutton said. "Our aims in taking part in this important initiative are to help people expand their social networks, promote healthy behaviours, and motivate people to take small steps in adopting more active lifestyles.

"It's imperative that we prioritise the mental health and wellbeing of our paramedic community. Mental resilience directly affects our ability to deliver high-quality care. Exercise has been shown to have a beneficial effect on mental health, alertness, concentration, and mood, as well as reducing stress and anxiety, improving sleeps and improving physical fitness."

HUNDREDS GATHER IN MELBOURNE FOR ACPIC 2023

We were thrilled to welcome close to 400 delegates and 80 presenters from throughout Australia, Aotearoa New Zealand and beyond to our International Conference (ACPIC23) last month.

Guests were treated to a comprehensive program that included interactive workshops, engaging panel discussions, diverse themes, and networking opportunities.

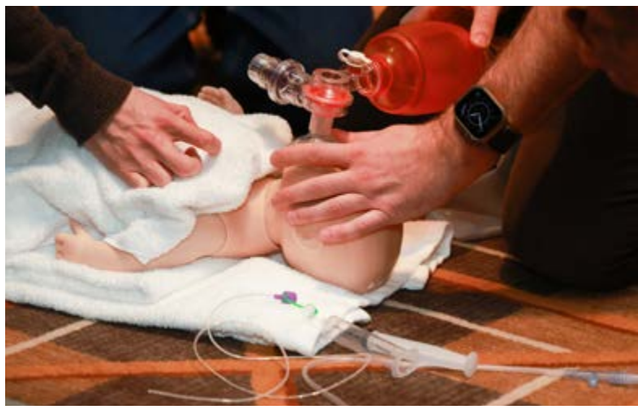
ACPIC is the only dedicated paramedicine conference in Australasia. This year themed "Lead - Evolve - Impact", the event delivered a range of content that stimulated minds and inspired paramedics to create change.

A special Gala Dinner was also held to mark the College's 50th anniversary, and included guest speaker actor Samuel Johnson OAM, co-founder of the charity Love Your Sister, which sponsored the evening's event. Samuel is an ardent supporter of paramedics and through his charitable efforts has helped raise more than 20 million dollars for cancer research. Reflecting on the history of the College, Mick Davis AM ASM, Volunteer Executive Manager Heritage and History - Queensland Ambulance Service, spoke about "The Paramedicine Trifector - 50 years of our College", and College Chair Ryan Lovett explored the years to come in his speech "Looking into the Future".

We would like to extend our gratitude to the ACPIC23 Organising Committee - Chair Lucy Oatley, Matthew Cook, Tim Andrews, Ross Salathiel, Jessica Wissa, Julie Johnson and Nigel Barr - as well as conference partner ZOLL, and sponsors Charles Sturt University, Emergency Services Health, Edith Cowan University, Laerdal, and Guild Insurance.

Our thanks also go to ACPIC23 MC Tegwyn McManamny, and the College team who worked tirelessly to make the event the success that it was.

PRESENTERS: **80**
DELEGATES: **+380**



LEAD–EVOLVE–IMPACT

CONGRATULATIONS TO OUR ACPIC 2023 GRANT RECIPIENTS AND PRESENTATION WINNERS

Amanda Hlushak

Dr Alan Batt

Dr Tim Makrides

The College provides multiple opportunities to foster and build the research capacity of our members. At ACPIC 2023, the quality of the research presentations was outstanding, and we extend a big thank you to our anonymous judges who assisted in the challenging task of selecting this year's presentation winners. We were delighted to congratulate the following presenters in the categories below:

Research Dissemination and Translation Grant

Mostyn Gooley, Palliative Paramedicine: An Interrupted Time Series Analysis of Guideline Efficacy in Victoria, Australia

Michelle Thomson, A Systematic Review of Clinical Practice Guidelines in prehospital pain management for Paramedics

Higher Degree by Research Grant

Amanda Hlushak, Safety of patients not transported to hospital following care from paramedics: An investigation of clinical outcomes and paramedic perceptions

Samantha Sheridan, Fit to graduate? The physical and physiological job readiness of paramedicine students

Richard Armour, Undergraduate paramedic attitudes towards people who use drugs: A three-year, longitudinal study

Lisa Hobbs, ACP HDR Grant Application Lisa Hobbs: Women in Paramedicine: Exploring the experiences of female paramedics in Australia through creative research

Rachel Irvine, Education priorities and interventions to prepare paramedic students for paediatric patients: A research protocol for an e-Delphi study

Jason Betson, Threat versus challenge: Cognitive appraisal and stress response comparisons of final year paramedicine students

Early Career Research Grant

Robin Pap, Development of validated database search filters for paramedicine for EMBASE and CINAHL

We also announced the recipients of the 2023 College Research Grants. There were three types of research grants awarded this year: Early Career Research Grant ($6,000); Higher Degree by Research Grant ($3,000); Research Dissemination and Translation Grant ($1,000). We were thrilled to congratulate the following recipients:

Best of the Best, Highest Quality Research Award ACPIC 2023

Dr Alan Batt

Poster Presentation – People's Choice Award

Ekaterina Puzanova

Poster Presentation Award

Shravan Chandramouli

3MT Presentation Award

Lisa Hobbs

Early Career Researcher Presentation Award

Matt Wilkinson Stokes

Established Researcher Presentation Award

Dr Tim Makrides

Samantha Sheridan

Shravan Chandramouli

Ekaterina Puzanova

Jason Betson

Lisa Hobbs

Michelle Thomson

Lisa Hobbs

Matt Wilkinson Stokes

Mostyn Gooley

Richard Armour

Rachel Irvine

Robin Pap

NEW COLLEGE FELLOWS AND LIFE MEMBERS

College Director, Chair of the Awards and Recognition Committee and Fellow Simone Haigh ASM welcomed our newest Fellows and Life Members at ACPIC 2023. Congratulations to all!

Fellows

Kerryn Wratt - Critical Care Flight Paramedic

David Burns - Intensive Care Paramedic, Paramedic Practitioner

Jon Ferguson - Critical Care Flight Paramedic

Alecka Miles - Community Paramedic, ECU Postgraduate Course Coordinator

David Tingey - Critical Care Retrieval Paramedic

Michael Smith - Executive Director Medical Rescue, Clinical Fellow, Paramedicine, QUT

James Arneman - Intensive Care Paramedic

Amy Gomes - Critical Care Paramedic, QAS

Anthony Hucker ASM - Director - Clinical Quality and Patient Safety, QAS

Paul McRae - Intensive Care Paramedic Rescue, NSWA

Murray Traynor BM ASM - Chief Inspector, NSWA

Matthew Cannon - CEO, St John Ambulance Papua New Guinea

Martin Kelly - Senior Operations Supervisor, QAS

Andrew Bell - Paramedic Team Lead, Royal Flying Doctor Service (WA)

Cameron Edgar ASM - Chief Superintendent, Director Helicopter Operations, NSWA

Dr Garry Huang - Registered Paramedic, Adjunct Associate Professor, Taipei Medical University

John Noble ASM - Extended Care Paramedic, SA Ambulance Service

Dr Angela Martin - Community Paramedic, SA Ambulance Service

Dr Robin Pap - Senior Lecturer in Paramedicine, Western Sydney University

Dr Alex (Sandy) MacQuarrie - Senior Lecturer and Researcher, Griffith University

Life Members

Alan Eade - Former Victorian Chief Paramedic Officer, Adjunct Associate Professor, Monash University

Dr Bill Lord AM - Adjunct Professor, Australian Catholic University, Faculty of Health Sciences, Adjunct Associate Professor, Monash University Department of Paramedicine

AT **CEO JORDAN EMERY'S** VISION FOR TASMANIA'S AMBULANCE SERVICE

Hobart/nipaluna, Muwinina and Palawa Country

When Jordan Emery took the helm as CEO at Ambulance Tasmania in June this year, he brought with him a new vision for the service, one centred on ushering in a new era of cultural change within the organisation that will enable AT to reach its full potential as a contemporary healthcare provider.

WE NEED TO CONTINUE TO MOVE AWAY FROM THIS STRONG FOCUS ON COMMAND-AND-CONTROL-STYLE LEADERSHIP

The groundwork was laid in late 2021 and early 2022 with a detailed internal consultation process that sought to understand people's experiences working for AT. This led to the development of a culture-improvement action plan featuring more than 70 actions across eight key domains that are aligned with the key focus areas of the Department of Health's One Health Culture improvement program.

Those domains are clinical support and clinical standards; workplace values, behaviours and support; leadership accountability; capacity building; systems and processes; communication; operations; and health, safety, and wellbeing.

Mr Emery said the "ambitious" reforms were focused on creating a workforce that felt safe, valued, and empowered.

"I subscribe to the view that culture is what people tell themselves about our organisation and their experience with it. We recognise that part of cultural change is our day-to-day interactions with each other and the behaviours and leadership capabilities of people across our organisation.

"But we also recognise, and it's well supported by the evidence around culture improvement across a range of different industries, that some of the systems and processes in our organisation have contributed to low morale, frustration, and a sense of disempowerment. We really want to work on improving the systems and processes as much as we want to focus on building leadership capability and wrapping our arms around our people."

Acknowledging that road ahead is long and recognising that effecting meaningful change will be an ongoing endeavour as professional and societal expectations continue to evolve over time, he views it as a journey of continuous learning and improvement in that organisational culture space.

That journey means addressing the historical impediments that have stymied AT's growth potential, particularly in terms of leadership style, workforce support, inclusion and respect, and the embracing of innovation.

"The simple reality is that we still have some culture hang-ups that are preventing not just Ambulance Tasmania but ambulance organisations more broadly from achieving their fullest potential. I absolutely think we need to continue to move away from this strong focus on command-and-control-style leadership, including this overemphasis that it's what is required for effective emergency management.

"I think we're kidding ourselves if, as chief executives or senior leaders, we think culture change happens exclusively by us, because the reality is that the culture in Ambulance Tasmania is the sum of all of us. It is the experiences of every single paramedic, volunteer, patient transport officer, corporate staff member, communication centre personnel, doctor, nurse. All of the varied and many roles across the organisation contribute to our culture."

Mr Emery said people's sense of AT culture was defined by their interactions with their peers, their local supervisors and managers, and that all had a role to play in creating a positive workplace culture. And as CEO, it was critical that he model and signal acceptable behaviours, and address instances when those standards weren't met.

Equally important was building a culture of psychological safety in which people could admit to making mistakes, challenge the status quo, and propose new ideas without the risk of being shamed or humiliated. Being a role model to other leaders about how AT should be led would in turn be communicated by example to their teams and have a cascading effect throughout the organisation.

He said the aim was not consensus or unanimous agreement, but rather on allowing for a broad range of views to be heard and respected.

"What matters is not the difference in those views or whether those views are not subsequently adopted; what matters is the decency, respect and dignity which we afford people who offer those different views, and there's space to be able to do that. Let's understand the common humanity between us and celebrate and harness those things to create a great organisation."

Innovation was another key driver of organisational change, particularly in "unshackling ourselves" from long-embedded modes of operating and accepting that the economic, social, political and environmental factors that have contributed to how AT delivered services in past decades were rapidly changing.

CREATING FLEXIBILITY RECOGNISES THE CHANGING NEEDS OF OUR WORKFORCE

The emphasis is on being future-focused which, beyond technological advancements within paramedicine and the broader health sector, involves examining those external factors and thinking about how AT can position itself and both leverage them and thrive. This includes how the organisation can shift its thinking about the increasing demand on ambulance services away from one of system overwhelm and towards one of opportunity.

"For me, that's really what underpins innovative thinking, which isn't necessarily through technological evolution or technological solutions. We have to be willing to harness the innovative potential of all of our people. Relying on leaders of organisations to set the innovation agenda alone will leave us short - we will fall short because so much of our innovative potential exists in our frontline clinicians and workforce who have fantastic ideas for tackling some of our bigger challenges."

Attracting and retaining paramedics is another key objective that will be addressed through initiatives such as greater workplace flexibility and professional growth opportunities. Mr Emery said the aim was to position AT as the employer of choice.

"Being employers of choice is about ensuring that we acquire talent through the lens that we are lucky to recruit these people and not the other way around. It's about creating a culture that's right for people to achieve their fullest potential and contribute positively, and having the systems and processes in place that allow people to balance the demands of their work with the demands of their lives. Creating flexibility recognises the changing needs of our workforce."

He said AT would explore ways to modernise industrial practices to facilitate a shift from strict rostering arrangements that limited flexibility, as well as providing opportunities to rotate people through high-acuity, low-acuity, and community and primary care settings as part of their professional development, improving leave and sabbatical arrangements to support people undertaking different pursuits, and putting in place different structural elements around shift configurations, hours of work, and roster patterns to avoid the staff burnout that is being experienced in ambulance services throughout the country.

"Being stagnant is the enemy of flexibility. Not being prepared to continue to modernise and evolve as workplaces change nationwide and internationally will only see us in this same situation in 25 years' time.

"We also need to ensure that the systems and processes we're designing for the future always keep our people and patients at the centre, because we want to deliver an ambulance service that meets the needs of Tasmanians, not an ambulance service that meets the needs of Ambulance Tasmania.

"We're committed to being part of those things because for us it's about one patient in a whole healthcare system. And the whole healthcare system needs to wrap its arms around the patient so that we can deliver the best care to them, and we won't achieve that if we continue to deliver services in a siloed or oppositional way. This speaks to the transformational nature of the profession."

FEATURE

Dr Marianne Jauncey at MSIC

PARAMEDICS SET TO JOIN NSW'S ONLY SUPERVISED INJECTING CENTRE

Sydney/Gadigal, Gadigal Country

By the late 1990s, Kings Cross in the heart of Sydney was the epicentre of an opioid overdose crisis, recording the highest concentration of deaths nationally. In 1999 alone, there were 677 ambulance call-outs - an average of one every 12 hours - to a heroin overdose, 335 of which were solely to the main thoroughfare, Darlinghurst Rd.

As first responders, the tasks of attending to the bodies and making calls to next of kin fell to paramedics and police. Their experiences, and the lasting impact this had on their collective psyche, helped advocates drive changes in the perception and treatment of drug addiction, its growing recognition as a critical public health issue, and the provision of much-needed health services for people who use drugs.

HAVING A RANGE OF DIFFERENT PEOPLE EMPLOYED HERE HAS ALWAYS BEEN PART OF OUR STRENGTH

Fast forward a quarter-of-a-century, and paramedics will soon be joining the multidisciplinary healthcare team at the state's first and still only supervised injecting space, the pioneering Uniting Medically Supervised Injecting Centre (MSIC) in Kings Cross. This follows approval being granted by NSW Department of Health for registered paramedics to work at MSIC in clinical roles alongside registered nurses. Uniting MSIC also employs a team of health education personnel, who are people from a range of backgrounds, from psychologists and social workers, to Needle and Syringe Program (NSP) workers and those who have worked in homelessness and custodial settings. Some staff also have lived and living experience of drug use and bring this expertise to their work at MSIC.

It represents another step forward for paramedicine and the recognition of paramedics' roles in broader health service contexts. For MSIC, it's another milestone in what has been an often challenging two decades-long journey - one marked by courage and a steadfast commitment to drug policy reform. Uniting, otherwise known as Uniting NSW/ACT, is the services and advocacy arm of the Uniting Church and is the MSIC licence holder. It is the first faith-based organisation in the country to call for decriminalisation of personal drug use as part of its Fair Treatment campaign.

The first formal recognition of the need for safer, supervised injecting rooms came in the recommendations of the 1995-1997 Wood Royal Commission into the NSW Police Service, which identified that people who were renting rooms for sex in the redlight district and who were also injecting drugs had a level of quasi-supervision that in some instances was saving lives. The recommendations acknowledged the reality of people being provided clean injecting equipment on the understanding that it was used for the purposes of injecting drugs, and specifically noted that in those circumstances, to shy away from providing safer and more sanitary premises for the actual drug use to occur was inherently short-sighted.

The recommendations went to a Senate Select Committee, but despite a majority of submissions in support of the provision for safe injecting spaces, it was subsequently rejected. However, following a subsequent 1999 NSW Drug Summit, proposals from local communities wanting to establish their own facilities would no longer be vetoed. It marked a seismic shift in NSW drug policy, and paved the way for MSIC's eventual opening two years later.

I THINK WE WILL LEARN THINGS FROM OUR NEW PARAMEDICS

Dr Marianne Jauncey, MSIC Medical Director and Conjoint Senior Lecturer at the University of NSW's National Drug and Alcohol Research Centre, said in the 22 years since, MSIC had assisted more than 18,000 people, supervised 1.26 million injections, and intervened in 11,205 overdoses. All without a single death.

"When we intervene, that can look like different things - from just having to correct positional asphyxia or decreased breathing and providing supplemental oxygen and some additional prompts to breathe, all the way through to somebody who's ceased breathing altogether and requires external airway resuscitation, a bag valve mask and oxygenation, and naloxone. But critically, there's never been an overdose death."

Dr Jauncey said paramedics had always been a part of MSIC's history; their testimonies at the 1999 Drug Summit helped further the narrative of the need for the establishment of safer, supervised injecting spaces and the adoption of a different approach to drug use. But it wasn't until a 2018 conversation with Dr Paul Simpson, Associate Professor of Paramedicine at Western Sydney University, that the potential for their integration as clinicians into the MSIC healthcare team came to pass.

"I used to go out and do some training with his students because of the fact that we're a relevant service to people who work in this area and that it was paramedics who were on the front line of the overdose epidemic, which was the impetus for our service even opening in the first place.

"I'd show a video and talk to some of his students about heroin overdoses and supervised injecting facilities, and why it's important to recognise and understand the reality of drug dependence, and that it's not criminal issue but a health one. And so we struck up a friendship, and he was the one who first said to me, 'Do you think paramedics could work at MSIC?' I said, 'Oh yeah, they'd be brilliant'.

"The thing that really struck us about this is there wasn't anyone who saw a downside. It's a win for us; it's a win for the nurses, it's a win for the paramedics, it's a win for our health education team. Everybody that we've spoken to has been supportive of it. I think that's part of what was so exciting about it. It's in our DNA, having a range of different people employed here has always been part of our strength."

MSIC is open 80 hours across a seven-day week, from 9.30am to 10pm Monday to Friday and 9.30am to 6pm on weekends and public holidays, and is staffed by two teams of part-time workers - with the addition of paramedics they will now be referred to as the clinical and health education teams. The new clinical team of about 35 people will work under the Nursing Unit Manager and will be comprised of registered nurses and registered paramedics.

"And all of them also need to be able to work in Stage Three, which is the after-care area, which could be a site where an overdose occurs, but is also very much about proactively engaging with people; providing them with unconditional positive regard. One of the crucial things that we do is welcome people exactly as they are, that is absolutely fundamental to what we do."

MSIC is also critical in providing referral pathways for people who are often disconnected from broader health and social welfare networks and services.

"That's a really crucial aspect to our role. It's not just about reducing the morbidity and mortality associated with drug overdoses and taking injecting off the streets, it's also about being a gateway into other services of treatment, care and support."

Dr Jauncey said the addition of paramedics to the clinical team would not change how clients were managed or how overdoses and adverse events were managed, but rather would expand the clinicians available to respond, including

"We are envisaging paramedics working seamlessly as part of the clinical team. All staff have to be trained up and work in all stages of the service, and they rotate through the service on any one shift. Their roles are quite similar in that they need to be able to register someone if they're a new client, be able to process them when they come for a visit, supervise them in the Stage Two (injecting) area, respond to an overdose or an adverse event, and talk to people about various aspects of treatment, care, and homelessness, legal, first aid and primary healthcare issues.

amending practice guidelines to enable paramedics to administer intramuscular naloxone when required. Importantly, the integration into the MSIC workforce has had broad support.

"We've got support from people on the front line, we've got the support of all of our team here, we've got support from the relevant unions, the nurses are in support of this. So we're very excited about it.

"I think we will learn things from our new paramedics, and I would hope that they can learn stuff from us. That's a win in my book."

PARAMEDICS IMPROVING HEALTH AND LIVES FOR WA AGED CARE RESIDENTS

Perth/Boorloo, Whadjuk Nyoongar Country

For Phil Martin, MercyCare Executive Director - Aged Care Services, the decision to integrate paramedics into the health workforce at the organisation's residential facilities in Perth 18 months ago was an easy one.

The post-Covid nursing shortage in the aged care sector and difficulties in attracting nurses to work in an environment where wages weren't as competitive as those offered by hospitals had placed MercyCare staff under increasing pressure to meet the healthcare needs of their residents.

With "everyone fishing in the same pond" for nurses, an alternative solution was required, one that met the facilities' clinical practice needs and MercyCare's organisational objectives, and that both supplemented and complemented their hardworking but weary workforce.

As a former St John WA paramedic, Mr Martin knew well the skills and capabilities of paramedics and their ability to provide high-quality, person-centred care, and believed they would be an ideal fit for MercyCare.

"We noticed that a lot of our clinical staff were quite burnt out," he said. "It had been quite a difficult two years and we noticed that people were looking for something a little bit different, a change of pace, not the same old, and we thought this might be an opportunity for paramedics who have somewhat limited options outside of ambulance services in Australia at the moment.

THAT'S THE BIG, HIGH-LEVEL IMPACT THEY'RE HAVING

"We wanted a consistency of care. We didn't want to use an agency; we wanted to use our own people. We wanted a set of clinical skills that could enhance the group. We were looking for not just someone who could come in and do the clinical skills and leave, but someone who could actually enhance the knowledge of the team Itself and then lift that up.

"So we thought, let's give it a try. We started with four paramedics at two of our homes and that went really well. Then we went out again about six months ago and recruited another 10. So we've got quite a few now."

Mr Martin said they targeted three key cohorts: New graduate paramedics who were struggling to find work with ambulance services and who, during Covid restrictions, were unable to work overseas because of border closures; fly-in-flyout (FIFO) paramedics working in mining who were based in Perth and looking for extra work on their down time; and late-career paramedics who were tired of shift work but lacked opportunities to utilise their skills and experience in other areas of healthcare.

At present, the paramedics are predominantly employed on a casual basis, working eight-hour shifts across MercyCare's five residential facilities in the Perth metropolitan area on schedules that best align with their permanent jobs. They are part of clinical teams alongside a GP and registered and enrolled nurses.

"We have done a skill matrix for them, knowing the skills they have with a state ambulance service, and we offer them additional skill assessments for them to do any other skills they're interested in. We've got a list of likely skills they'll need, and they'll pick and choose which ones they'd like to become qualified in and our nurses will support them with that, sign them off, and then they're good to go."

That list includes chronic wound care, bowel management and attaining specimens, urinalysis, stoma care, and catheter insertion.

"They're the skills we would upskill through education in consultation with the paramedic if they're interested in it. If not, they can focus on medications or other skills."

Daily tasks are assigned by a facility doctor or nurse manager in accordance with their individual competencies and clinical preferences. This includes dispensing medications and medical assessments.

Mr Martin said the paramedics' specialist skills and experience in emergency care enabled them to quickly recognise deterioration in residents, insights which they in turn were able to pass on to other care staff.

"They're also bringing that what people might refer to as 'soft skills', that really good connection, building that communication, that empathy that they need to apply within that first few minutes of the job on the road to build trust to make a person feel comfortable and relaxed. They've got that like an art form, so they're bringing that into the home and really connecting with the residents and making them feel at ease and comfortable. And, of course, they're pretty handy to have around when someone stacks it or something goes bad. That's not the majority of their work, but it is reassuring. That's the big, high-level impact they're having."

For veteran paramedic Darren Warby, whose ambulance career spanned two decades with St John WA and who is now working at Peel Health Campus, a general hospital south of Perth, the decision to work casually for MercyCare offers him "the best of both worlds".

"I can work at a hospital where I'm using my skills clinically for emergency-type work, but I also have this avenue where I can treat and see residents on a more long-term basis and develop that rapport and those relationships. It's a really good balance for me," he said.

"I was used to working on the front line with emergency work. I thought it would be really great to spend time with the elderly in aged care and have more one-on-one time with them and provide a different type of care. It's an entirely different scope of practice."

IT BRINGS US A FAR BETTER OUTCOME FOR OUR RESIDENTS

As one of the first intake of paramedics, and one of the longest serving, at MercyCare, he's now overseeing the integration of incoming paramedics.

"The MercyCare leadership is quite visionary in being able to see that this is a niche that we can fill and that will complement the services and level of care that we provide for residents."

Mr Martin said there were now 14 paramedics helping to support 380 residents across their five residential facilities, and he is determined to employ more.

"We definitely want to keep going. Having paramedics in the homes, bringing that expertise, is worth it. It brings us a far better outcome for our residents."

Darren Warby caring for MercyCare residents

GENERATION GAPS: **FOR HATO HONE ST JOHN PARAMEDICS, RESIDENTIAL AGED CARE CRISIS INCREASES DEMAND FOR SERVICES**

Tāmaki Makaurau/Auckland, Aotearoa New Zealand

PROBABLY ONE-IN-FOUR JOBS WOULD BE TO A REST HOME

An ageing population, health workforce shortages and the shuttering of much-need facilities in Aotearoa New Zealand's aged care sector are placing growing pressure on the nation's hospitals, emergency departments and ambulance services. For Hato Hone St John, it means paramedics are increasingly spending more time responding to out-of-hospital senior care.

According to the Ministry of Housing and Urban Development, in the next 30 years the population of seniors will rise from 17% of the population to 24%. The Aged Care Association of New Zealand reported that in the past year more than 1000 beds were permanently closed and another 1200 temporarily closed due to staff shortages in what has become a crisis in residential aged care.

For Hato Hone St John Extended Care Paramedics Taranaki-based Jesse Walmsley and Auckland-based James Kendrick, presentations at aged care facilities currently make up an estimated quarter to a third of their daily workload.

"In an ECP role, I would say probably at least one-in-four jobs would be to a rest home and some ambulance shifts would be the same," Jesse said. "I don't work on an ambulance as much as I used to, but certainly in some areas where I've worked on an ambulance, probably 40% percent of the work is to rest homes."

"Anecdotally to those of us who work on ambulances and in operations, it does seem like the calls to rest homes are a huge part of our daily work, and often times it does seem like the patient could have been managed better in the community with a little bit of extra planning or access to other services."

Those statistics and challenges were echoed by James, who said the majority of his work involved older populations.

"I think looking after the aged in general, if we just talk about elderly patients, it's definitely 80-90% percent of our workload if we count people over 65; the majority of our patients are elderly. When I'm on the emergency engines, I'd say about a third of our workload would be aged care or healthcare facilities.

Jesse Walmsley and James Kendrick

"At the start of a night shift, you'll be guaranteed to be going to a retirement home, and if you geographically live in an area where there are multiple - there's a few stations in Auckland which work between three big ones - you're probably just going to do rest homes all night."

He said the challenges facing the aged care sector meant paramedics had essentially become a "fill-in service" - a situation born out of pressing need rather than providers' neglect and fuelled by the acute shortage of qualified healthcare staff unable to provide such routine procedures as male catheterisation, which represent the bulk of attendances.

"Especially in Auckland, we've found a large amount of rest homes don't have nurses who are available to catheterise males, so they've identified us as being that fix," James said. "The general consensus is we shouldn't need to be going to a rest home to provide routine care - a routine catheter change for a male should be normal - but if a nurse is unavailable and we don't go, they go to hospital and sit there for a prolonged time."

In south Taranaki, the system is more streamlined. Relationships with staff have been established at aged care facilities and primary care clinics that enable direct calls to be made to ECPs for phone triage rather than via ambulance communications. ECPs can then visit if appropriate and often provide treatment on site without the need for hospital referrals.

"Because of that, we've successfully treated things like skin tears and community acquired pneumonia, and handled end-of-life-care patients," Jesse said. "We've gone down and kept them in the rest home rather than having them go to hospital.

"Not all the rest homes are on board with that, even though we've tried education. I think maybe staff turnover contributes to that, and maybe just a bit of a lack of engagement with understanding what's available. But at the moment, with the pressures on EDs and with ramping, we're actually being empowered a lot more to leave people where they are and treat them at scene and make other plans, either through telehealth by involving the GP, a district nurse or an ECP."

In addition to catheterisation and the unblocking of catheters, the call-outs to residential aged care routinely involve wounds, skin tears, injuries from falls, and infections such as cellulitis, UTIs and pneumonia. Most can be treated in the facilities without the need for transportation to already overwhelmed hospitals and emergency departments.

AT PRESENT, WE'RE FILLING IN THE GAPS

Jesse said systemic change was needed to allow for the integration of paramedics in residential aged care health workforces to address the staffing shortfalls and to be on hand to provide an immediacy of care and more effective referral pathways to ease the pressure on ambulances services.

"There's no reason why a large rest home complex or village couldn't employ a couple of paramedics to provide some after-hours care or some additional care. I think it would take pressure off the nurses and it would allow them to allow nurses to work to their strengths, particularly oversight of medications and general care. The acute, urgent work could be handled by an autonomous clinician who can deal with acute changes, and I think that would stop a lot of ED admissions, and it would stop a lot of ambulance calls."

James said that such an initiative would provide benefits for both aged care staff and residents, with paramedics on site on hand to respond to those presentations that have traditionally been handed off to ambulance services.

"At present, we're filling in the gaps. We could do so much without the need for a GP or doctor's intervention that could be completed full circle by the paramedic."

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Major Dental	$1500	$3000
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IS IT COMPASSION FATIGUE?

By **Stephanie Nixon**
QAS Advanced Care Paramedic
Charleville, Bidjara Country

A recent EMS conferences Australia presentation in Queenstown by Amanda Abbass, a lecturer at Monash University, on compassion fatigue and burnout sparked my interest in this subject and has led to this article.

We have all heard the phrase "compassion fatigue". This phrase is used to describe work-related stress and exhaustion within the healthcare profession and within caring roles. The term can be confusing, as it can cause misplaced concern that the more compassionate someone is, the more likely they are to become fatigued and burned out. This is not exactly the case (Hofmeyer et al., 2020). More than decades ago, neuroscientists concluded that compassion does not cause fatigue and is in fact helpful at reducing stress (Singer & Klimecki, 2011). They recommended the term be replaced with one that aligned to the real issue - empathic distress fatigue. This article will discuss the differences between sympathy, empathy and compassion, and why empathic distress fatigue is a real representation of the issues faced by healthcare professionals and others in caring professions.

What is sympathy?

Sympathy is described as when someone has feelings of pity or they feel sorry for another person who is in distress/pain/discomfort (Jeffery, 2016). When someone is being sympathetic towards a person in these circumstances, they often take a self-orientated perspective of the situation.

Common starting phrases heard when someone is showing sympathy are "at least ..." or "it could have been worse, you could ..." (Brown, 2013). At its core, sympathy reflects relief at not being in the same situation as that person. Sympathy drives disconnection and makes the person feel like they are not being understood or cared about, and can make them feel shame for even having these feelings in the first place (Brown, 2019). In a paramedic context, misplaced sympathy may be met with distrust on behalf of the patient as it may unintentionally make them feel as if they are the problem. They may not wish to open up and may feel as though they don't deserve help.

COMPASSION IS HEALTHY IN THE LONG-TERM AND HAS BEEN SHOWN TO REDUCE STRESS

What is empathy?

Empathy, on the other hand, is the ability to "feel with" others when they are experiencing distress, pain or discomfort while actively recognising that the emotions experienced by us when we do this are external to ourselves (Hofmeyer et al., 2020). Empathy occurs when similar networks and neurons are activated in the brain of the helper that are being experienced by the person in distress. Empathy is essential to forming connection and supporting people in their time of need, a situation paramedics are often placed in. This empathetic connection is achieved through four skills: perspective taking, staying out of judgment, recognising emotion, and communicating that emotion (Brown, 2019).

Perspective can be obtained by reflecting on our past experiences, or by imagining how we might feel if a particular situation were happening to us. It is also described as walking in someone else's shoes or seeing the world through someone else's eyes.

Staying out of judgment is describing the situation in a neutral way. This means avoiding inflammatory questions or statements such as "Why did you make this happen?" or "You shouldn't feel this way, it's not that bad". Staying out of judgment might be seen in action when paramedics acknowledge a difficult situation or experience through which a patient is going, even when they cannot themselves relate.

Recognising emotion is a skill most paramedics use daily. The most prominent emotion shown by a person in distress is generally the one used to guide the rest of the clinical experience.

Communication of the emotion denotes how a clinician might communicate to foster an empathetic connection with a person in distress. They might revisit neutral acknowledgement of the experience, or they might draw on some of the emotions they have recognised and expand upon them. By naming and communicating an emotion (for instance, "I can see that you are currently upset" or "I can see that you are agitated"), the person can reflect on the emotions they are portraying and help them feel more understood.

A great video by Dr Brene Brown explains the difference between sympathy and empathy: https://youtu.be/1Evwgu369Jw.

What is compassion?

Compassion is "feeling for" others who are suffering, and involves empathy, understanding the person's perspective and having pro-social behaviours such as the motivation to act with compassion to relieve the distress (Hofmeyer et al., 2020). Literature has linked compassion to helping, reward and forgiving behaviours that activate networks in the brain that protect against stress (Hofmeyer et al., 2020). Compassion is healthy in the long-term and been shown to reduce stress.

What is a healthy empathetic response?

A healthy empathetic response is feeling with others while still being able to separate ourselves. A Hofmeyer found that there were three main points that made up a healthy empathetic response (Hofmeyer et al., 2020).

1. Taking on the other person's perspective.
2. Being self-aware.
3. Being able to emotionally regulate.

These three things were found to be important to allow connection and fuel compassion. When these are not being met, there was found to be a high likelihood of empathic distress fatigue.

Why empathic distress fatigue and not compassion fatigue?

The notion of empathic distress fatigue is when we are no longer able to separate the emotions from ourselves and instead become overwhelmed, withdrawn and disconnected due to self-focused negative neural pathways (Hofmeyer et al., 2020).

While empathy is based on being able to "feel for" the person in distress and creates a connection, empathic distress fatigue is in contrast the inability to separate ourselves and our own feelings from the person suffering. This can lead to feeling overwhelmed. These overwhelming feelings of distress can manifest into the need to withdraw from distressing situations, disconnection from those who are suffering, and can result in depersonalising behaviours and burnout (Hofmeyer et al., 2020). However, empathic distress fatigue can be reversed by turning empathy into compassion through the use of compassion training (Singer & Klimecki, 2011).

As suggested earlier, the notion of compassion fatigue can be misleading for health professionals. Compassion fatigue, while catchy, doesn't accurately reflect the underlying cause of the perceived fatigue. Rather than compassion, empathy and lack of regulation is the problem. Compassion is the answer.

Why does this matter?

It is essential that those in roles in which empathy is a regular occurrence are aware of how the continuous emotional strain can have a negative impact if there is a struggle to separate themselves from the emotional distress of the people they attend. This idea of compassion fatigue doesn't hint at the root cause or the way to move past this debilitating condition. Empathic distress fatigue has meaning and tangible ways of moving forward. Those in caring professions should look out for the signs of empathic distress fatigue and know that there are ways available to improve their emotional regulation and steer them back towards compassion, which has the benefits of reducing stress and improving the longevity of clinicians. We need to look after ourselves so that we can look after others. You can't pour from an empty cup, so how will you fill yours?

Monash university runs a "Compassion training for healthcare workers" four-week online course for anyone interested in this avenue of further education and training. This course covers information on compassion, how to transform empathy into compassion, five moments of compassion, challenging situations and how to develop routines to sustain compassion. This course was developed by Dr Debbie Ling with co-facilitators Professor Craig Hassed and Dr Richard Chambers. More information is available at: https://www.monash.edu/study/courses/find-a-course/compassion-training-for-healthcare-workers-pdm1150.

EMPATHIC DISTRESS FATIGUE IS IN CONTRAST THE INABILITY TO SEPARATE OURSELVES AND OUR OWN FEELINGS FROM THE PERSON SUFFERING

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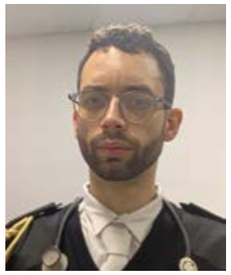
PERCEPTION RISK IN PARAMEDICINE: CAN PARAMEDIC SCIENCE AID DRIVING TECHNOLOGY DEVELOPMENT?



By **Joshua Ferdinand**
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Perception risk, long identified in driving, refers to the different ways drivers and motorcyclists view the road and perceive risks. It's something that we innately acknowledge, but now researchers have used technology to find and quantify differences in their visual attention even on the same road.

As paramedics and advanced drivers, we are well accustomed to the risks of the road. However, our patients and resident population may not be. One of the leading causes of death in people under 45 is a land transport accident (see Figure 1). Unfortunately, this tragic type of death has increased by 6% from 2022 to 2023. Although we are trained to recognise congenital conditions, mental health conditions and other pathologies that cause death, there is limited to no training on preventing these road-related deaths.

Figure 1: Leading underlying causes of death in Australia (by age group) 2018–2020

Age group (years)	Rank 1st	2nd	3rd	4th	5th
Under 1	Perinatal and congenital conditions	Other ill-defined causes	Sudden infant death syndrome	Accidental threats to breathing	Selected metabolic disorders
1–14	Land transport accidents	Perinatal and congenital conditions	Brain cancer	Other ill-defined causes	Suicide
15–24	Suicide	Land transport accidents	Accidental poisoning	Other ill-defined causes	Assault
25–44	Suicide	Accidental poisoning	Land transport accidents	Coronary heart disease	Other ill-defined causes
45–64	Coronary heart disease	Lung cancer	Suicide	Colorectal cancer	Breast cancer
65–74	Lung cancer	Coronary heart disease	Chronic obstructive pulmonary disease	Colorectal cancer	Cerebrovascular disease
75–84	Coronary heart disease	Dementia incl. Alzheimer's disease	Lung cancer	Cerebrovascular disease	Chronic obstructive pulmonary disease
85 and over	Dementia incl. Alzheimer's disease	Coronary heart disease	Cerebrovascular disease	Chronic obstructive pulmonary disease	Heart failure

Heart failure = Heart failure and complications and ill-defined heart disease.
Source: AIHW National Mortality Database (Table 53.2)

To put this into perspective, 12.6% of total mortality of 1–14-year-olds is attributed to land transport accidents. In 15–24-year-olds, this number skyrockets to 18.7% and 7.1% in 25–44-year-olds. There's clearly an issue here that we, as health professionals in this environment, have an obligation to address.

There are campaigns exploring suicide reduction such as R U OK? Day, and while more work is needed in mental health, there are specialists who work in this area.

As pre-hospitalists, we represent the healthcare professionals who work predominantly on the road. The National Road Safety Strategy has the ambitious target of reducing road fatalities by 50% by 2030. However, while it pains me to be cynical, it is highly unlikely the current strategy will be able to achieve this.

What can we do to help reduce these tragic deaths? There are a few approaches we can explore:

1. Aid in the development of traumatic death statistics. Currently, despite the growing number of deaths by road, the federal government doesn't keep detailed statistics on this.
2. Participate in the various studies Monash University's Accident Research Centre (MUARC) conducts. They aim to improve our understanding of serious injury incidents on the road.
3. Actively participate in our own industry research, focusing on these critical care scenarios, particularly with high-energy traumatic events. Currently, it is unclear whether earlier interventions could improve patient outcomes. This gives us scope to explore many things, from our extrication strategies and pharmacological support to direct to radiography options.
4. Ambulance services could develop protocols for driver support and training following low-impact collisions and incidents.
5. Undertake pre-hospital research to uncover the causes and likelihood of collisions. For example, are drivers involved in a primary collision likely to have secondary collisions?

Will present and future technologies be able to fix this? In 2023, it's challenging to discuss anything without considering artificial intelligence (AI). The rapid advancement of technology has thrust change upon us whether we like it or not. From soccer to spaceflight, automation is changing how we interact with the world. Many of you may have a vehicle with adaptive cruise control, assisted braking and other autopilot features. MUARC analysed police crash report data and found that about 8% of fatalities could be prevented if all light vehicles had Autonomous Emergency Braking (AEB). Even if this was mandated today, it could take around 20 years for the technology to be in most vehicles.

ONE OF THE LEADING CAUSES OF DEATH IN PEOPLE UNDER 45 IS A LAND TRANSPORT ACCIDENT

There are always human factors to consider. Many people baulked at the introduction of airbags in the later part of the 20th century. Major automobile manufacturers even lobbied governments against regulation that required airbags. Nowadays, I think we have all learned to embrace technology more, and I would be cautiously optimistic of the AI-driven ambulance that allows clinicians to attend to patients while a sophisticated network of sensors maps the route to a definitive care centre.

Driving technology is fast advancing, and with it comes new challenges. Airbags present a risk to would-be rescuers when someone is trapped and they have not been deployed. Likewise, risks will exist with AI. Could a car restart the engine after a collision and try to drive if there is sufficient damage to the processors and sensors? What are our risks when extricating someone from an incident involving an electric vehicle in extreme weather conditions? We are advised to be aware of the risks of lithium-ion (Li-ion), but how can we know if the lithium particles might explode? Will such events in the future be a preventable cause of mortality?

Generally, in the world of EMS, the only ions we consider are those of the cardiac conduction system. These infinitesimally small electrically charged particles are fundamental for all of our life functions, from the automaticity of the heart to complex thoughts and emotions. Such particles moving across membranes are the essence of how we interact with the world and how the cosmos conducts change.

We already see paramedics working in a range of medical and research specialties. With our existing understanding of science, we are facing an opportunity for paramedicine to continue its evolution into the wider scientific community and find ways to aid the development of technology to prevent injury.

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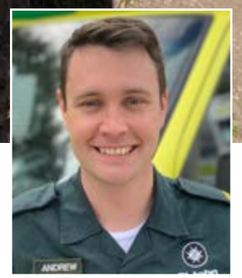
MOUNTAIN TRAINING SHAPES NEW VISION OF INTEGRATED OUT-OF-HOSPITAL CARE



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In my student paramedic years, I found myself trying to rationalise that fundamentally I was a paramedic, and that to be a better paramedic I would have to reduce the time I spent outdoors.

I spent more time around professional paramedics who did the same, reading stories of fellow emergency health professionals also doing the same, and observing non-health-emergency staff defining their identities by their employment.

However, being fortunate enough to have competed my undergraduate pathway while working for an emergency ambulance provider, many of my memorable collegial discussions have been with practitioners who spend any free time or dollar they have finding creatively risky ways to questionably descend geographically risky inclines.

THE TIME SPENT ON THESE MOUNTAINS HAS SOMETHING TO TEACH US ALL

After the benefits afforded by a few years of experience, postgraduate study, and reconnecting with some of the things important to me, I came to the conclusion there must be some parallels between the lessons of medicine and the outdoors that teach us about careers in health practice.

In a journey to find like-minded people, I came across the New Zealand Society for Mountain Medicine and became involved in their Training Intern (TI) elective. TI electives are a placement chosen by final-year medical students in a field of their choice, ideally one that will make them a more all-rounded practitioner.

Traditionally, electives have focused on international hospital placements, learning alternative methods and influences through placements with HEMS providers, eastern medical systems, or doing fields of medicine that aren't offered, such as tropical or dive medicine.

For the past five years, TIs from Aotearoa New Zealand have been restricted to electives within our shores. The Society saw an opportunity to deliver an elective with multiple agendas: One, to orient students to the pre-hospital and wilderness medicine approach in Aotearoa New Zealand; second, to use the mountains as a facilitator for practitioner wellness; and finally, to create chance to enhance the skills relationships of first medical contact providers.

Not only was this programme something I felt lacking in my own professional journey, it was also something I felt all patients could benefit from.

In practice, this was six weeks of guest speakers, simulations, climbing, mountaineering, skiing, lectures and interdisciplinary networking. For some, it might have been closer to a holiday than study, and for the faculty there were times where it probably felt more like work than the anticipated holiday. With a faculty of paramedic and medical colleagues, supported well by professional outdoor guides and mountain patrol staff, the course slowly began to address each of the outcomes for the students as the weeks went past.

In the second week, as the mist lifted on the foothills of Christchurch, I began to believe more and more in the multifactorial agenda, and wondered where paramedics fit into medical training. After a week of questioning the value of my knowledge, I stood in front of a group of intelligent young people, facilitating a discussion on modifying assessment approaches.

Together we theorised that, much like creating an abseil station or deciding to cross a river, the level of risk practitioners take is up to them, and we will quickly find ways that work, don't work, or are only suitable for particular circumstances. We acknowledged how short a career could be if we lacked the personal resilience the outdoors was teaching us, and the increasing frailty of the climate and geography gave perspective to our own frailty if we don't try and modify our approach to control what we can and to survive what we cannot.

Of course, we philosophised the standard topics: Whether paramedics needed a larger scope, whether doctors needed to engage more with paramedics, and whether the health system should be fixed through more doctors or more paramedics.

Ultimately, the balanced conclusion we all accepted was that integrated training was going to be the future of health, irrespective of foundation training. The time spent on these mountains has something to teach us all, and if they can teach us regardless of our foundation training, paramedics and doctors have a place in each other's training.

Much like the UK Faculty for Pre-hospital Care paved the way for multidisciplinary colleges, courses like this give us a chance to grow as a profession and develop Australasian out-of-hospital care. It would be naive to think paramedics are the only people who can teach us or grow our field, as it seems paramedics might be able to contribute to medicine, too.

Ultimately, growth as a profession will come from growth as a person, and for most of us, the mountains will always facilitate our growth as a person.

PARAMEDICS CAN PROVIDE A MUCH-NEEDED WORKFORCE BOOST FOR AGED CARE SYSTEM CRISIS

By **Sascha Baldry**, Senior Specialist Paramedic, Co-Chair College Community Paramedicine Working Group

By **David McLeod**, Senior Specialist Paramedic, Co-Chair College Community Paramedicine Working Group

Introduction

The aged care crisis in Australia refers to the numerous issues and challenges facing the country's aged care system, which provides personal care and support services to older Australians in both residential and community settings.

These ongoing and systemic issues include inadequate staffing levels, poor quality of care, a lack of transparency and accountability, and a growing demand for services due to an ageing population. The crisis has been exacerbated by the COVID-19 pandemic, which has highlighted systemic failures and resulted in high rates of infections and deaths among aged care residents.

The government has acknowledged the need for reform and has announced various measures, including increased funding and regulatory changes, to address the crisis. However, there is still much work to be done to ensure that older Australians receive the high-quality care they deserve.

Background

Studies conducted in Australia have examined some of the challenges and possibilities facing the aged care sector now and into the future. The research literature covers many areas relating to residential aged care. This includes issues such as increasing numbers of avoidable hospital transfers (Marincowitz et al., 2022), the devastating impact of the COVID-19 pandemic (Royal Commission into Aged Care Quality & Safety, 2020), the staffing crisis, and programs designed to ameliorate the growing cost burdens associated with the increasing aged care population (Fan et al., 2018).

PARAMEDICS ARE IDEALLY SITUATED TO MEET MANY OF THE NEEDS OF THE AGED CARE SECTOR

One study by Eager et al. (2020) examined the impact of staffing levels on the quality of care in aged care homes in Australia. The study found that inadequate staffing levels were associated with poorer quality of care and increased risk of adverse events, such as falls and medication errors. An editorial by Ibrahim (2020) unequivocally states that the older, frail population living in residential aged care facilities requires a robust combination of skilled healthcare providers who improve the quality of life for residents, and that this group of providers is unlikely to be found in one place or composed of one provider type.

A review by the Royal Commission into Aged Care Quality and Safety (2021) identified a range of issues with the aged care sector, including a lack of transparency and accountability, and inadequate funding, and a fragmented system that fails to meet the needs of older Australians. The review called for significant reforms to the sector, including increased funding and regulatory changes to improve the quality of care and ensure that older Australians receive the support they need.

Overall, the research literature highlights the need for urgent action to address the challenges facing the aged care sector in Australia. The COVID-19 pandemic has underscored the need for significant reforms to improve the quality of care and ensure the well-being of older Australians.

Proposal

Given the current critical shortage of registered nurses in Australia, combined with the challenges of recruiting and retaining nursing staff in the aged care sector, it is imperative to explore alternative models of care to meet the needs of residents.

The aged care sector in Australia is facing several risk points, including a shortage of qualified and experienced staff. Beginning in October 2023, residential aged care facilities will be mandated to provide an average of 200 minutes of care per resident per day, with 40 minutes of that time being provided by a registered nurse. Meeting these requirements will necessitate an additional 9,000 full-time equivalent aged care staff across the sector, according to an estimate by StewartBrown. Unfortunately, there are not enough nurses available to provide 40 minutes of care per resident per day, which could potentially exacerbate any quality of care issues in aged care facilities.

The utilisation of paramedicine clinicians in aged care is a potential model that has yet to be fully examined. With the expansion of paramedic registration, paramedics are increasingly employed in various healthcare settings beyond jurisdictional ambulance services. Internationally and in Australia, primary, community, and extended paramedic models of care have been implemented which capitalise on the highly qualified paramedic workforce to deliver flexible, high-quality, and cost-effective healthcare services. Paramedics possess the necessary education and experience to deliver emergency care, as well as low-acuity care in diverse settings, including aged care facilities, patients with a range of medical syndromes, mental health issues, substance use disorders, and palliative and end-of-life care needs.

Considering these challenges, it's important to emphasise that the integration of paramedics into the aged care sector should not be seen as a replacement for nurses, but rather as a means to enhance the overall quality of care provided to older Australians.

Paramedics bring a unique set of skills and capabilities to the industry that can complement the efforts of other healthcare professionals. By collaborating with existing healthcare teams, paramedics can contribute to a more holistic and well-rounded approach to care, especially in situations where nursing staff may be stretched thin due to staffing shortages.

This collaboration not only helps meet the mandated care requirements but also brings a fresh perspective to the challenges faced by the understaffed aged care industry. By leveraging the expertise of paramedics alongside nurses and other healthcare professionals, we can work towards improving the quality of life and well-being of older Australians in residential care.

Approximately 2,400 student paramedics complete their paramedicine degree programs each year, with jurisdictional ambulance services hiring only 1,200-1,400 graduate paramedics annually. To become registered with Ahpra,

paramedics must first complete an undergraduate paramedical science degree accredited by the Paramedicine Board of Australia. Once registered, they must undertake 30 hours of annual continuing professional development and meet the ongoing requirements set by the Paramedicine Board. Paramedics can also pursue postgraduate studies to expand their knowledge and skills in critical care, community care, primary healthcare, extended care, and as a paramedic practitioner.

Potentially there are more than 1,000 work-ready graduate paramedics available to help alleviate the aged care health workforce shortage. Since 2014, the majority of these paramedics have relocated to the United Kingdom and other countries, who have utilised attractive recruitment campaigns to help address their workforce shortages. Many of these international health services are tasked with the provision of primary healthcare services to their populations. A significant proportion of these skilled paramedics are seeking to return to Australia now or in the future, but the limited jurisdictional ambulance service roles make it challenging for many to secure paramedic positions in Australia.

The Paramedicine Board of Australia does not provide a specific scope of practice for paramedics, leaving it to jurisdictional ambulance services and private providers to define the capabilities of clinicians based on their experience and qualifications. As stated by the Paramedicine Board, an individual practitioner's capability is determined by their skills, training, and competence. It is the ethical and professional responsibility of each registered paramedic to maintain recency in their practice and ensure that they are suitably trained and competent to perform the tasks required of them. The non-scope nature of the National Law, commensurate with that of registered nurses, offers opportunities for workforce flexibility and innovation, and recognises the broad range of clinical and non-clinical activities that paramedics can undertake in various roles and settings, including advanced, expanded, and emerging areas of practice.

Community paramedicine

Community paramedicine is a model of healthcare delivery that aims to provide primary healthcare services and prevent emergency department visits or hospitalisations by utilising paramedics in a community setting for both planned and unplanned healthcare.

Community paramedics provide services such as chronic disease management, medication management, health assessments, and health education to patients who have limited access to healthcare services. They work collaboratively with healthcare providers, social workers, and community organisations to improve patient outcomes and reduce healthcare costs.

Research has shown that community paramedicine programs have been successful in reducing hospital readmissions and emergency department visits, improving patient satisfaction, and increasing access to primary healthcare services. In Australia, community paramedicine programs have been implemented in some areas, such as rural and remote communities, to address the healthcare needs of the population. A global definition of a community paramedic has recently been published by Shannon et al (2023) and this provides the basis for understanding the community paramedic role in healthcare and the ways in which a community paramedic could contribute valuable skills and knowledge to the aged care sector.

Implementation

Community paramedics can offer crucial advantages to aged care by providing timely intervention to prevent hospitalisation and enable patients to stay in their homes or residences, which is often preferred by patients and their families.

Community paramedics also collaborate with other healthcare providers, including general practitioners, nurses, and physiotherapists, to provide comprehensive and individualised, ongoing care. This team-based approach ensures that patients receive optimal care that meets their unique requirements. As a result, community paramedics are becoming increasingly recognised for their role in improving health outcomes and reducing the burden on the healthcare system.

If an organisation, such as an aged care provider, decided to employ paramedicine clinicians, internal policies could be modified to enable them to undertake the same functions as senior clinical staff, such as administering medicines, including restricted medications. Competency assessments could be leveraged for registered paramedics in accordance with the same standards as registered nurses.

Additionally, it would be appropriate to conduct the same pre-employment clinical assessments for registered paramedics as for registered nurses. Therefore, organisational policies may require some minor adjustments to allow registered paramedics to provide optimal care and support for residents while meeting the same standards as other clinical staff; however, the aged care workforce would gain autonomous, competent and skilled clinicians that would bring significant benefits to the sector.

Funding models

In Australia, the funding models used for the aged care sector are the Australian National Aged Care Classification (AN-ACC) and the Home Care Packages Program (HCPP). AN-ACC is used to provide funding to residential aged care facilities, while HCPP provides funding for home care services for older people who wish to remain living in their homes.

Both funding models are administered by the Australian Government Department of Health and are designed to provide older Australians with access to quality aged care services that meet their individual needs. The funding models are subject to ongoing review and refinement to ensure they remain relevant and effective in meeting the changing needs of the Australian population.

BY COLLABORATING WITH EXISTING HEALTH-CARE TEAMS, PARAMEDICS CAN CONTRIBUTE TO A MORE HOLISTIC AND WELL-ROUNDED APPROACH TO CARE

Community paramedics could potentially be funded using the Australian National Aged Care Classification (AN-ACC) and the Home Care Packages Program (HCPP) in Australia.

The AN-ACC provides funding to residential aged care facilities based on the needs of the residents, and these needs could potentially include the services provided by community paramedics, such as chronic disease management and rapid health assessments. The inclusion of paramedics in the registered nurse care hours will open opportunities to redesign the way care is provided.

Similarly, the HCPP provides funding for home care services for older Australians, and community paramedicine services could potentially be included as part of these packages.

However, it's important to note that the funding arrangements for community paramedicine services in aged care would ultimately depend on the specific policies and funding priorities of the relevant government agencies and health departments.

Conclusion

There are substantial challenges facing the Australian residential aged care sector, now and into the future. Meeting these challenges will require a responsive and mobile healthcare workforce that can deliver high quality care to the most deserving members of our communities. It is vital that every potential avenue is examined and leveraged to maximise that response.

Paramedics are ideally situated to meet many of the needs of the aged care sector, but in order to achieve the full potential of this skilled and educated workforce, policy and governance structures must be appropriately funded and supported by government. It is a worthy and achievable goal.

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EDUCATION

TRANSLATING PARAMEDIC EDUCATIONAL RESEARCH INTO LEARNING: **THE VALUE OF STUDENT PROJECTS**

By **Bronwyn Beovich**
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Some of the best ideas for research are generated as a result of observation and experience. This makes clinical paramedicine a potential source of endless questions and curiosity. Are we using the best methods? Can we improve clinical practice? Can we improve patient outcomes? Are we being the best practitioners we can be? These questions are probably common for most paramedics, but for some, these unanswered questions are a great motivation to undertake research training. This was the case for a paramedic who enrolled in the Master's course within the Department of Paramedicine, Monash University.

Paramedics are frequently called to out-of-hospital cardiac arrests and, despite their best efforts, many result in death. In patients who receive attempted resuscitation by emergency medical services, only 28% have a return of spontaneous circulation at hospital arrival, and 13% survive to hospital discharge/30 days (Bray et al., 2022).

In the event of an unsuccessful resuscitation, it is a responsibility of the paramedic to declare death. Friends or family of the deceased may also be on scene, resulting in a situation where the paramedic must inform them that the patient has not survived. While cardiopulmonary resuscitation and defibrillation are relatively well-researched and remain cornerstones of paramedic management, what happens when these efforts fail is less understood (Myall et al., 2020). Currently, many paramedics rely on their own experiences to inform their actions (Fernández-Aedo et al., 2017; Mainds & Jones, 2018).

In Australia, when paramedics attend and the patient does not survive, how do they communicate with those who remain? Our Master's student reported that he had witnessed many approaches to communication with significant others after death of the patient, and he recognised that many paramedics felt unprepared, not knowing the best way to approach the situation. So, we undertook a project to answer the following questions: How do paramedics interact and communicate with significant others during resuscitation and after the death of the patient, and do they feel prepared in these situations? Initially a scoping review was undertaken which aimed to explore the impact of these types of conversations on both the paramedics and the bereaved. Results of this scoping review (unpublished) were that paramedics:

- Perceived a lack of education and training in supporting the bereaved - paramedics stated that they relied on personal experience and "on the job" guidance.
- The act of death notification was viewed as a critical part of caring for the bereaved.
- There was a separation of roles of the focused clinician performing the tasks of resuscitation and the empathic, calm paramedic supporting the bereaved.
- There was a possibility of increased stress and discomfort depending on personal experiences and the circumstances of death.

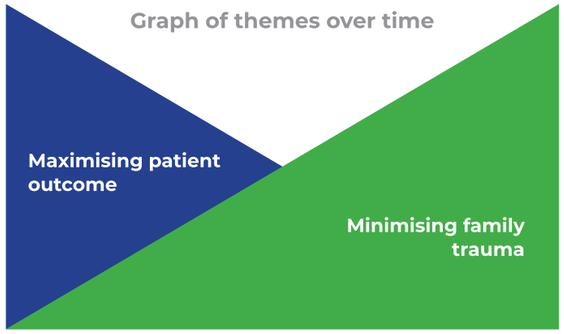
In addition, the following views of the bereaved were identified:

- A deep appreciation of human compassion and support.
- Open, honest communication is valued

Based on the results of this scoping review, we commenced a qualitative study to explore how Australian paramedics navigate interactions and the changing needs of the patient and the bereaved. Ten individual, semi-structured interviews facilitated deep exploration of paramedics' experiences, views and perceptions in this area. After undergoing Reflexive Thematic Analysis (Braun & Clarke, 2019), the two major themes that were identifies were: (i) Maximising patient outcome, and (ii) Minimising psychological trauma for significant others. These themes were found to be influenced by both paramedic engagement (in turn influenced by experiences, beliefs, education) and also the increased difficulty inherent in communicating across cultures.

Maximising patient outcome and minimising psychological trauma to significant others were not mutually exclusive during resuscitation and often resulted in competing communication goals. Communication aimed at maximising patient outcome was focused on providing optimum patient care, where the needs of the patient were prioritised over the needs of significant others at this time. Time-critical decisions needed to be made which resulted in concise, clear, direct communication styles being used.

However, as successful resuscitation became increasingly unlikely, the needs of family and friends at the scene became an increasing priority for paramedics. Communication goals shifted from maximising patient outcome to minimising psychological trauma for significant others during and after the resuscitation attempt. A visual way to appreciate the temporal relationship of these two very different forms of communication is represented below:



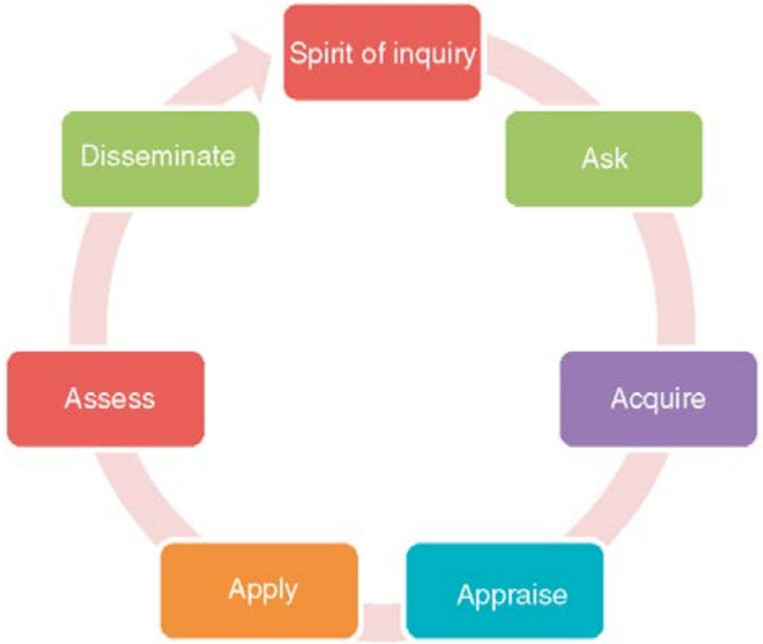
To minimize psychological trauma for significant others, paramedics tended to provide temporary emotional support for people on scene, and subsequently looked to transfer this role on to family members, friends or neighbours. The communication required to provide empathy and care during these early stages of grief may be challenging. It is a far more nuanced process compared with intra-resuscitation communication and requires emotional intelligence and responsiveness.

The results of this project were published (Risson et al., 2023) and subsequently presented at our departmental staff meeting, which prompted quite a bit of reflection and discussion about the clinical scenarios in which the students participated. The academic staff realised that most of the students' clinical scenarios ended in one of three ways; the patient was managed on scene and not transported, the patient was managed on scene and then transported to hospital, or the patient died. In the case of patient death, the actual scenario tended to end at that moment (of course with subsequent reflection, feedback and debriefing). However, we realised that there was little space given to the communication skills underpinning the difficult conversations which almost inevitably follow an unsuccessful resuscitation.

It was evident that once this gap in our scenarios was identified, it was vital to incorporate this element throughout our undergraduate program. It has been established that translating the results of research into practice is an essential process in educational and clinical healthcare to facilitate effective education and evidence-based practice (Thomas & Bussières, 2021) as it has the potential to improve outcomes for the student, patient, healthcare provider, and the wider community.

We utilised a staged process whereby a review of the current status of scenarios was undertaken, followed by identification of units that were appropriate for inclusion of the additional communication feature. Once this was completed, scenarios were developed by the unit coordinators in collaboration with the undergraduate coordinator.

These enhanced scenarios were then gradually implemented in the undergraduate program, primarily for the second and third-year students. We plan to gather ongoing data from students regarding their views of the additional post-death communication aspect of scenarios, use this to appraise our educational intervention, and continue to improve our educational offerings in the undergraduate program. The activities that have, and continue to be undertaken, may be illustrated by the following framework.



The seven steps in an evidence-based practice framework (Bowles & Gosling, 2021)

This process has been conducted since the generation of the initial research idea and it demonstrates the value of even small student research projects to change practice. This change may be clinical or educational, but all with the same objective of improving paramedic practice and, in this case, outcomes for not only those left behind by the death of a loved one, but for the paramedics themselves.

“To [those] who devote [their] life to science, nothing can give more happiness than increasing the number of discoveries, but [their] cup of joy is full when the results of [their] studies immediately find practical applications.” - Louis Pasteur

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HATO HONE ST JOHN STREAMLINES CAREER PATHWAYS FOR PARAMEDICINE STUDENTS

Tāmaki Makaurau/Auckland, Aotearoa New Zealand

Hato Hone St John has adopted a series of innovative new internal training, qualification and employment pathways for paramedicine students that are designed to better meet both the organisation's operational needs and students' expectations.

Serving as a holistic framework, these pathways are helping to streamline the transition from university to employment with the organisation's services and easing the financial and systemic burdens on students through the provision of paid employment and a flexible schedule aligned with academic timetables.

They include the Emergency Medical Technician programme that enables students to become EMTs qualified to work on ambulances while still at university, and specifically the Ngatea programme in the Hauraki-Coromandel region that enables Auckland University of Technology students to work in ambulances with mentors, with support from stations and managers, to ease the transition into working independently as clinicians while providing them with the same professional opportunities; and the National Graduate Employment Pathway, which centralises graduate employment from a national level and is advertised around semester dates and encompasses onboarding and mentoring.

"In the EMT programme, they can join us as a volunteer right at the start of their study, and they can come and volunteer in our ambulance environment, support with events, and work on an ambulance," said Hato Hone St John Tertiary Relationship Manager Jono Cash. "As soon as they've completed their 18 months of study, they can apply to become EMTs, and if they successfully gain their EMT Authority to Practice, apply to join us as a casual or full-time employee. So they're potentially getting paid for their final 18 months of study, and during their time as an EMT they're working on our ambulances as clinicians.

THEY CAN TRANSFORM THEIR VOLUNTEER JOURNEY INTO CASUAL PAID WORK THROUGHOUT THEIR STUDIES

Hato Hone St John Ngatea programme graduate Sam Whale

"To get them to full-time employment, we now have the national Graduate Employment Pathway, so we advertise that at the start of the year in their third year. We interview in the middle of the year and, if an applicant is successful, we have a job offer ready for them to start immediately on graduation or when it suits them."

Opportunities are also available to volunteer in the event health services space, where students can hone their first aid and emergency response skills. In 2022, Hato Hone provided services for approximately 3,000 events, including concerts, sporting events, horse races, and school functions.

"We're involved in every single category of events within Aotearoa and can be seen at hundreds of events every month. It's all part of ambulance operations, and once they do that volunteer journey, they're supported through all their courses to be able to become a first responder - the driving course, operations management, risk management; they're supported with mentorship and orientation to working in an ambulance above and beyond their placement."

Jono said that at the 18th month mark of their study, they were eligible to apply for Emergency Medical Technician Authority to Practice. They could cross-credit their studies and then undergo an internal clinical assessment to ensure they were competent. They were then able to be an EMT with Hato Hone St John and could start work as a paid clinician when they secured a paid position.

"They can transform their volunteer journey into casual paid work throughout their studies, so they're earning while they're learning in their final 18 months of study, and then it's just transition into full-time work once they're finished."

For Ngatea programme graduate Liz Drennan, working alongside and being mentored by paramedics and being given the opportunity to work in an ambulance and a First Response Unit boosted her confidence, learning and skills. It also enabled her to gain the experience needed for her to gain her EMT Authority to Practice.

One she achieved her EMT qualifications, she was offered a casual contract at Ngatea station, which opened up further opportunities and resulted in her being offered a summer secondment in Whitianga and then a one-year secondment in Waihi, where she also studied to complete a Bachelor of Paramedicine.

"I am now completing my paramedic internship in Waihi, which I was lucky to get right after graduating. I believe coming through the Ngatea programme and broadening out to other stations in the district allowed me to gain confidence to complete the next steps to gain my Paramedic ATP this year."

Fellow graduate Sam Whale said the programme set her up for success in her career by allowing her to become operationally ready to join the workforce.

"Working between the local rural communities and being a short drive to both Auckland and Hamilton provided the perfect mix of both metro and rural work, helping me build my experience. I went through the training programme at the same time I was attending university, so this allowed me to apply my newly learned skills to a practical setting.

"As I progressed through my degree, the training programme provided me with the confidence to run my own truck, as well as teach and mentor the next group of students through the programme. In turn, this built my leadership skills, setting me up perfectly for my paramedic internship after graduation."

Jono said that in the past 18 months, more than 150 students had taken part in the Ngatea programme and more than 80 students in event health services.

"In the last 24 months, we've had more than 250 students involved throughout the country in our volunteer journey. And we're working on developing some more robust programmes to ensure that students continue to have opportunities with us throughout their whole degree to set them up for a really successful career in paramedicine."

Tāmaki Makaurau/Auckland,
Aotearoa New Zealand

RURAL INTERPROFESSIONAL HEALTH PLACEMENTS PROVE LIFE-CHANGING FOR PARAMEDICINE STUDENTS

For third-year Auckland University of Technology (AUT) paramedicine student Noam Whiteside, the opportunity to take part in the university's interprofessional rural health programme (RHIP) in Whakatāne on Aotearoa New Zealand's North Island changed not only his understanding of rural healthcare and health equity, but also his potential future career path.

Noam is one of a cohort of AUT undergraduates who have joined the two rural immersion placement programmes run out of four sites across the country: The University of Auckland programmes out of Whakatāne and the Hokianga, and the University of Otago out of Tairawhiti (Gisborne and Wairoa) and Greymouth.

Launched in 2012 and funded by Te Whatu Ora Health New Zealand, the main aims of the RIHPs are to address

STUDENTS GAIN EXTENSIVE INTER-PROFESSIONAL CLINICAL SOCIAL-ISATION AND UNDERSTANDING

a health workforce shortage in rural communities by supporting students to gain clinical experience in rural settings, and for students from different health disciplines to learn together and develop collaborative practice skills.

The five-week placements are targeted at students in the final year of health studies across a range of different health disciplines, including paramedicine, medicine, nursing, midwifery, speech language therapy, pharmacy, dentistry, oral health, dietetics, physiotherapy, social work, podiatry, medical laboratory science, health psychology, medical imaging, and occupational therapy. They share accommodation, which enables them to spend time with fellow health students outside of formal work settings and in turn build and grow professional connections.

Mel McAulay, Programme Leader/Senior Lecturer in AUT's Paramedicine Department at the School of Clinical Sciences, said key learning objectives included understanding the principles of rural health care, Hauora Māori, long-term condition management, and interprofessional healthcare. AUT paramedicine students have been involved in the RHIP since 2018.

"Paramedicine, like other health disciplines, has traditionally learned and worked in a siloed environment and had a limited understanding of the roles of others," she said. "As paramedicine grows as a profession and paramedics progressively work in 'non-traditional' settings, the importance of understanding and collaborating with other health professions becomes increasingly important as we work together to improve healthcare outcomes across our most vulnerable rural and remote communities.

"During their time in the programme, students complete their allocated clinical paramedic placements for the semester. This includes their frontline ambulance shifts and placements required within the Paramedic Primary Health Care course. They also attend programme-specific learning sessions specific to rural and Māori health and 'shadowing' placements with other health professions to see any differences and/or similarities between the health professions, and therefore grow their understanding of other health professions and enhance interprofessional engagement and build relationships."

To date, AUT has sent approximately 40 paramedicine students on RHIP placements, a number of whom have been employed back into those regions and other rural areas as a direct result of their experiences. Mel said the students gained invaluable experience and lifelong benefits, particularly in terms of a deeper understanding of Māori views of health. They also exited the programme with increased awareness of their own biases and cultural viewpoints and a greater understanding of the increasing disparities in rural healthcare.

"Through the rural health programme students gain extensive interprofessional clinical socialisation and understanding, which is a positive shift away from the traditional model of educating health students in silos with little to no understanding of the role of fellow health professionals in the patient's journey, and in their own eventual workplace."

For Noam, his five-week stint in Whakatāne, working both in the town and in surrounding communities, living with and working alongside other health professionals, and becoming immersed in Māori culture and seeing first-hand the many health inequities facing the community, enabled him to gain a breadth of experience that living and working in Auckland had not afforded him.

IT'S CHANGED THE PATH OF MY CAREER

While his university studies had included courses on Māori and Pacifica cultural awareness and competency, his experiences opened his eyes to the realities facing communities in rural areas, where a lack of access to healthcare services and long-standing mistrust of health services meant poorer health outcomes and the disproportionate prevalence of conditions such as diabetes, heart disease, stroke, high blood pressure, chronic pain and arthritis.

"It never really hit home. I understood and recognised the health inequities, but in Auckland we've got such a massively diverse population that it was hard to understand, so going down there and actually seeing this in a population that's almost 50% Māori was the best learning I've had. No lecture works the same as actually going and being immersed in it. It's completely different when you're actually talking to the people who are experiencing those things."

Such was the impact of Noam's time in Whakatāne that his future career plans have undergone a radical change. He had originally envisioned spending a year or two in the UK after graduating and then returning to work in Auckland. Now his sights are firmly set on settling in a rural area of the country when he returns from overseas.

"It really shifted my perspective on things. I thought it was going to be good, but I didn't think it was going to have a real impact on me, but it's changed the path of my career."

It's a sentiment shared by other students who have taken part in the programme, who highlighted an increased understanding of each other's roles, greater awareness of the benefits and challenges of working rurally, and an increased willingness to work in a rural area.

"Living and working in a rural community has given me insight into how crucial health roles are to providing care while understanding a patient's environment, their needs and their emotional state to healthcare in rural communities," said another participant. "The RIHP gave me an understanding the difference in practicing in a rural setting. The multidisciplinary approach showed me gaps in my scope of practice and the role of other health professionals in bridging those gaps."

"The RHIP was a fantastic opportunity to work together with a group of aspiring health professionals," another said. "Too often the crossover between the health professions is fleeting, with insufficient time for one another to grasp the scope and capacity of each other's profession. The RHIP allowed me to gain a broad insight into what my fellow health professionals do on a daily basis and allowed us to all understand the role we play in the life of our patients. The culmination of the programme saw us leave with a newfound appreciation and respect for the part we all play in the larger picture of health".

HOW TO CHOOSE A RESEARCH SUPERVISOR?

By **Liz Thyer**, Associate Professor in Paramedicine, School of Health Sciences, Western Sydney University

Dr Bill Lord, Adjunct Professor, Australian Catholic University, Faculty of Health Sciences, Adjunct Associate Professor, Monash University Department of Paramedicine

Let's assume that you have identified an unanswered question about paramedicine. Perhaps you have a passion to expand knowledge in a particular area or have found an opportunity to improve evidence that informs practice. What is the next step you need to take on your research studies journey?

Research in paramedicine is usually undertaken to build the foundation of knowledge that supports practice. The desire to undertake research may arise from unanswered questions or from a need to reform or explain. This research may be clinical, seeking to change patient management, or could consider educational interventions, management practices or patient experiences. It may benefit paramedics to support practice, health and wellbeing or new models of professional practice. Irrespective of the specific question, the research outcomes will eventually aim to improve the quality and safety of care for patients and the broader community.

Once you have your topic of interest, you will need to check that you meet admission requirements for your intended level of study, such as a Master of Research (MRes) or a Doctor of Philosophy (PhD). It is also useful to have undertaken some preliminary research of the peer-reviewed literature that aligns with your interest. In doing this, you may note university departments or academics that specialise in these areas as they will appear as authors of the papers you have reviewed. This can provide guidance on which university you wish to approach to undertake your research.

One of the first recommendations is to consider supervisors working in your **field of intended** study. This may not be a paramedic academic. For example, a proposed study of paramedics' methods of making diagnostic decisions may require supervision from the field of psychology, whereas a study that investigates the influence of shift work on paramedics' diet may require expertise from the field of nutrition and dietetics.

In addition to the study area, the next consideration is the **study methods**. If you are seeking a supervisor for a PhD, it is useful to know whether your research is likely to involve quantitative or qualitative methods, or a combination of both. An eminent researcher who specialises in clinical studies of analgesics (quantitative) may not be the best person to support your research of the patient's experience of paramedic management of their pain (qualitative). This consideration may be less important for a Master of Research project when you are still learning research processes and may need to have a discussion about suitable methodology with your prospective supervisor.

Importantly, most research supervision occurs as a team. The principal supervisor has overall responsibility for ensuring that you are making satisfactory progress, that ethics approval is obtained, and that you are complying with all conditions that affect your enrolment. They are your key contact and are also responsible for engaging a supervisory team that will help you meet your goal. A PhD team may consist of a principal supervisor and one or more additional supervisors selected due to their content knowledge or methodology expertise. Principal supervisors need to be accredited by their university. It takes time and supervisory experience to reach this point, and as such it's important to realise that not all paramedics with PhDs are accredited to act as a principal supervisor.

It's essential to clarify your expectations of the supervisory team and know what you prioritise - this may be different for each student. You should consider expertise in your field of interest and a successful track record in supervising students if this is available. Speaking with current or past students may help inform your decisions. Supervisors may not be able to tick every box on your team specification list but are ideally humble enough to realise their own shortcomings and draw together a cohesive team to work with you and provide the support you require.

Here is a list of recommendations that may help to start the journey of locating a supervisor and having a conversation about your goals and expectations.

How to start your search

Your principal supervisor may be a paramedic who has topic expertise and accreditation to supervise. There are now many paramedics who are potential supervisors. One way to identify these individuals is to search the Paramedic PhD website (https://www.paramedicphd.com/registers/supervisor-register). This is a self-reported registry of PhD candidates and potential supervisors who have completed their PhDs, therefore it is not exhaustive. Contact details are included, and this provides a useful path to contact a potential supervisor.

There are many other ways of finding a supervisor, especially if you are considering someone who is not a paramedic. These include:

- Attending conferences - these might be paramedic-specific or aligned with your precise area of interest.
- Asking around in your own networks to see where others might be studying.
- Connecting with professional organisations that may be able to provide an introduction to a potential supervisor.
- Signing up for the Research Mentoring Program offered by the College (https://paramedics.org/research/mentoring) or through your own organisation. This program doesn't link you with a supervisor, but it will link you with an experienced researcher who can help you navigate the process.
- And finally, searching your topic area through Google and LinkedIn and sending an introductory email to a potential supervisor.

Meeting your supervisor

When you find a supervisor who is interested in your research and has indicated their potential availability, arrange to meet with them. Ideally this is in person, although many students will complete their entire research study being supported through online meetings as they live distant from the supervisor.

Do not restrict yourself to only local supervisors; instead, the important thing to determine when you meet is if you actually **get along**. Research is a long journey. It will have times of high stress and at times you will disagree with your supervisor. You need a professional relationship that will weather these times.

You also need to establish whether your potential **supervisor has the capacity** to take on another research student. Access to timely feedback from supervisors is a common student complaint, which is often due to the workload of the supervisors. Consider the supervisor's eminence versus their availability. There are advantages to both, and this links back to personalities and expectations. Those who are more available may be newer to the field and therefore still developing their publication and grant track record but may be able to commit more time to meetings and regular feedback. Those with eminence will have strong networks and good support for publishing and grant applications; however, due to their position they may not be as available or responsive.

Research alignment for topic and methodology

Your supervisor must have expertise in the field of research you are proposing. They may not be an expert in the application of the field of study within paramedicine, but they should be able to assist in recruiting members of the supervisory team who have discipline-specific knowledge. They should be able to identify the key researchers and where research is moving and understand the profession. Look at whether your proposed methodological areas align, and that the supervisor can provide the necessary specific guidance.

Work styles

Most conflict occurs due to niggling issues: Not responding to emails, differing timeline expectations, or not giving the type of feedback expected. Clarify the type and anticipated frequency of meetings, timeline for responses, and type of feedback that will be provided. Be clear about your expectations of all supervisors and their expectations of you from the very beginning of the relationship.

Trust, humanity, and professionalism

Your supervisor will provide guidance for a very large project. In the early stages of the project, you will often accept guidance and suggestions from a position of limited knowledge - being able to do this is built on a foundation of trust. Additionally, if you are completing a PhD, this might be an eight-year journey part-time, during which lots will happen in life outside of research. A supervisor who is empathetic to these hiccups along your research journey will lead to a much less stressful experience.

After initial meetings and speaking with colleagues and past students, you will need to decide whether the supervisor, and the proposed supervisory team, represents a good fit for you, your project and your future research study goals. If the answer is yes to these questions, you have found your research supervisor.

ASSESSING THE IMPACT OF SHIFTWORK IN AUSTRALIAN PARAMEDICS (ASAP) PROJECT

By **Laura Hirello**
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Nobody likes shift work. Even those few who prefer night shifts lament the early mornings that day shifts bring. The constantly changing routine is a grind. Not just because it interferes with family life, hanging out with friends, and other social activities, but because rotations are physically and mentally challenging to work. Some people may tolerate shift work better than others, but I've yet to meet anyone who enjoys it.

The challenges of night shifts are not just anecdotal. There is science that explains why it is so grueling to constantly change your schedule. We have all heard of circadian rhythms - the natural changes and oscillations the body experiences on a 24-hour cycle. Circadian rhythms control when we feel alert and when we feel sleepy. This system is guided by, and reacts to, light cues throughout the day. Sun and artificial bright lights cue alertness and wakefulness, while dim lights and dark conditions cue relaxation and sleep. Staying up all night in dark environments goes against your body's natural rhythm. Add in intermittent exposure to artificial light in overly bright hospitals and nursing home rooms, and the result is what sleep scientists call "circadian rhythm disruption". If that isn't bad enough, this disruption, along with the challenges of sleeping between night shifts, can impair sleep.

When our circadian rhythm is disrupted and sleep is impaired, the impact is more than just feeling tired. Disturbances to sleep and circadian rhythm lead to impaired attention, memory, and decision-making ability. The experience of working rotating shifts is less like getting a poor night's sleep and more akin to chronic jetlag. The disruption not only impacts cognitive function, but other hormonal and bodily cues, including hunger, digestion, and emotional processing. Shift work can be so disruptive to regular functioning, it can lead to a sleep disorder, aptly called shift work disorder.

Paramedicine is still in the early stages of defining what "paramedic work" looks like. We know paramedic work involves critical thinking, decision-making, and rapid integration of information. Sometimes patient conditions are straightforward, with clear priorities and treatment paths. More often, paramedic calls are complex, requiring continual reassessment and adaptation to changing information and circumstances. All this decision-making is done while also delivering treatments and carrying out physical tasks, often requiring coordination, balance, and strength. While this is unfolding, paramedics are employing soft skills - communicating with patients and families, navigating potentially challenging conversations about health, and managing personnel on scene.

We know shift work impairs cognitive performance. Not only are simple cognitive tasks like attention and memory impaired, but so are more complex processes, including emotional awareness, information integration and task switching. Paramedics engage in complex mental, physical, and emotional skills at all hours of the day, but so far no one has examined exactly how shift work impacts paramedic performance.

If we do not understand how shift work effects paramedics and the practice of paramedicine, we will not be able to manage its impacts. A significant part of the paramedic job, whether realised or not, is balancing and mitigating risk. If a patient is having a STEMI, defibrillation pads are immediately applied to help mitigate the risk of a potential cardiac arrest. Right now, there is no risk mitigation for shift work, despite its potential to generate significant risks for both paramedics and the patients they care for.

We cannot address what we don't understand, which is why a team of researchers at Monash University is working on a project to identify and understand how shift rotations impact paramedic work performance. Assessing the impact of Shiftwork in Australian Paramedics (ASAP) is a project dedicated to learning more about how shift work, and the resulting circadian rhythm disruption, impacts paramedic decision-making and work performance. This project aims to shed light on the impact of shift work on paramedicine, not just to improve patient safety, but to help paramedics increase their wellbeing and career longevity. To learn more about Project ASAP, and follow along with its progress, please visit: https://sites.google.com/monash.edu/projectasap/home.

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50 YEARS OF AMBULANCE LAW

By **Michael Eburn**

https://australianemergencylaw.com/

The inaugural meeting of the Institute of Ambulance Officers (Australia) was held in Canberra on 30 July 1973. This was the birth of what became the Australasian College of Paramedicine. The College has celebrated its 50th birthday this year. With 50 years of the College, we can look back to see how ambulance, and paramedicine, have been treated at law in the past 50 years.

Changes in the 1970s

Dr Townsend reports that the first ambulance services Act was the *Ambulance Transport Services Act 1919* (NSW).[1] That Act was repealed and replaced by the *Ambulance Service Act 1972* (NSW), just one year before the birth of the College. This Act created the NSW Ambulance Board. Members of the Board were entitled to be paid fees and expenses, but this was not a full-time government or public service position.[2] Employed ambulance officers, however, were public servants appointed under the P*ublic Service Act 1902*.[3]

Ambulance services were defined as :services relating to the work of rendering first aid to, and the transport of, sick and injured persons".[4] That definition has been repeated in subsequent legislation and is still the definition that applies today.[5]

The Act prohibited any person from providing ambulance services without the consent of the Board. There were exceptions from this prohibition for the St John Ambulance Brigade (as it then was), the Royal Flying Doctor Service and an accredited mines rescue unit. The words of the 1972 Act are still reflected in the modern legislation.[6]

Townsend identifies that in the early days of ambulance work, the minimum qualification was a St John Ambulance first aid certificate;[7] a far cry from the three-year degree required today for entry-level paramedics. She identifies how changing technology and demand for services also led to demands for increased training.[8] By the late 1970s, after the establishment of the Institute, Victorian ambulance officers were completing a Certificate of Applied Science (Ambulance Officer).[9] The other significant development in the 1970s was the introduction of the intensive care ambulance with highly trained officers now called "paramedics".[10]

The 1970s therefore saw significant changes in ambulance officer training and service delivery, and it is consistent with this changing status that the Institute was also formed in that time.

In the early 1990s, paramedic training began the move to university training. "In 1994 the first degree qualification was developed for ambulance officers at Charles Sturt University in NSW; a similar program was offered by Victoria University the following year."[11]

Case law

The standing of paramedics is reflected in the case law. The first widely reported case involving ambulance services was *Cattley v St John's [sic] Ambulance Brigade*.[12] The plaintiff was a 15-year-old boy injured at a motorcycle event. He was attended by St John volunteers. He suffered incomplete paraplegia and alleged this was due to the negligence of the St John members in the way they initially treated and assessed him. Prosser J said that any person:

> ... holding himself out as a first-aider trained in accordance with the manual I referred to, would be negligent if he failed to act in accordance with the standards of the ordinary skilled first-aider exercising and professing to have that special skill of a first-aider ...
>
> If in any situation the first-aider acts in accordance with the First-Aid Manual and does so with ordinary skill, then he has met the test and he is not negligent.

One might query the relevance of this case given that a) it is English, and b) it related to volunteer first-aiders rather than ambulance officers and, as noted above, even by 1982 (when the injury occurred) ambulance officers were moving beyond first aid as their treatment standards.

The reasoning in *Cattley* however, was not dissimilar to the reasoning in the first reported Australian case involving allegations of negligence by an ambulance officer.[13] In *Worley's* case, the plaintiff had an anaphylactic reaction to a bee sting. The treating paramedic administered adrenaline IV as required by the treatment protocols adopted by NSW Ambulance. The patient had a rise in blood pressure and suffered an intracranial haemorrhage. Justice Barr, at first instance, said:

> Each [ambulance] officer has a set of protocols. Each set is kept up to date. Each officer is required to follow the requirements of the protocols. There is no discretion to do otherwise. Each officer who attends a patient is required to sign a completed Patient Report Form. The form must list by number the protocols that apply.[14]

On appeal, Basten JA said:

> Ambulance officers are not medical practitioners, let alone specialists in emergency medicine. Their training is by no means insignificant, but it does not equip them with the theoretical knowledge which would permit a fine evaluation of alternative treatments. In a case such as the present, their two functions were to stabilise the condition of a patient, so far as their skills and resources permitted, and to ensure his speedy transfer to an available hospital. There was no complaint in relation to their performance of the transfer function.[15]

Like the first-aiders in *Cattley's* case, ambulance officers in 1998[16] were expected to know and follow their protocols. There was no discretion. If they applied the protocol they could not be negligent.

Fast forward to 2020 and the decision in *Queensland v Masson*.[17] This case made it all the way to the High Court of Australia, where the court had to consider the professional standing of a modern paramedic. Chief Justice Kiefel, along with justices Bell and Keane, said (emphasis added):

> The standard of care expected ... was that of the ordinary skilled intensive care paramedic operating in the field in circumstances of urgency. Self-evidently, this is a less exacting standard than that expected of specialists in emergency medicine. The Court of Appeal correctly observed that intensive care paramedics cannot be expected to make fine professional judgments of a kind that require the education, training and experience of a medical specialist. **This is not to say, however, that an intensive care paramedic is not expected to exercise clinical judgment**. The guidance in the CPM [Clinical Practice Manual] is posited upon the assumption that ambulance officers will exercise clinical judgment and that officers may depart from its guidelines where the departure is justified and is in the best interests of the patient.[18]

And later:

> Intensive care paramedics are expected to exercise clinical judgment in applying the guidance contained in the CPM. If, as the trial judge found, [the paramedic's] decision to administer IV salbutamol to Ms Masson reflected his judgment that her high heart rate and high blood pressure were contra indications for adrenaline, the fact that that judgment was supported by a responsible body of opinion within the medical profession would be inconsistent with finding that [he]... failed to apply reasonable care.[19]

Justices Nettle and Gordon said:

> In the urgent reality with which [the paramedic] was presented, he was faced with the dilemma of choosing between the administration of adrenaline, which he correctly understood would carry a real risk of worsening the patient's condition, and salbutamol, which did not carry that risk. Consistently with a responsible body of medical opinion, he chose the latter, and such evidence as there was of practice among paramedics was that it was not an inappropriate decision. The reality was, as [the trial judge] said, that this was a decision which could reasonably, in light of the competing risks, have gone either way. No breach of duty of care was established.

In 1988, a paramedic was directed to use adrenaline IV. He "did not 'chose' the mode of administration or the rate of administration. What he did was to apply Protocols 8 and 201, according to their terms".[20] By 2002 (the year of Ms Masson's seizure), clinical practice guidelines had replaced protocols. The CPM advised paramedics to "consider" alternative treatments and to make a call based on their professional skill, knowledge and judgment. Provided the paramedic had considered the relevant issues and made a decision supported by a responsible body of medical and paramedical opinion, there could be no finding of negligence.

In 2020, the High Court recognised that paramedics were health professionals called upon to exercise clinical judgment and to apply their skills and knowledge. They are not medical practitioners; they are paramedic practitioners. Evidence from medical science, which informs all healthcare practice, is relevant but so is the opinion of paramedic peers when considering whether a paramedic's actions were reasonable in all the circumstances.

Professional registration

The most significant development in 50 years of paramedic law has been professional registration. When paramedics joined the ranks of the medical and nursing professions to be regulated by the *Health Practitioner Regulation National Law* they took a major step forward. As registered health professionals, it is the opinion of paramedic peers that helps define what is appropriate professional conduct. It is up to the profession to define the scope of professional practice and what defines and distinguishes paramedicine from the other professions.[21] Paramedics are now recognised by virtue of their standing in the profession not because of their employment and only fit and proper persons with appropriate qualifications, recency of practice and a commitment to ongoing professional learning can be called a "paramedic".

Conclusion

In 50 years, paramedics have moved from little more than first-aid automatons expected to apply their protocols without discretion and held only to that standard - did they follow the book - to health professionals. Professionals trusted and expected to exercise their judgment and to bring their knowledge and skills to bear for the benefit of their patient. Where paramedics choose to take their profession and their recent professional standing is up to them.

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By **Peter Dent**, Former Paramedic, Ambulance Victoria
Editor of The Beacon, Ambulance Historical Society of Victoria
Melbourne/Naarm, Wurundjeri Country

THE DEADLY DECADES: CARNAGE ON VICTORIA'S ROADS

Car accident in front of Ringwood Post Office, circa 1960s. Photo: Ringwood and District Historical Society

Many people today will be unfamiliar with the term "The Deadly Decades" - the period spanning the 1960s and 1970s, with some overlap into the early 1980s. It was a time when road deaths and trauma, combined with cardiac deaths, reached crisis point. If an ambulance wasn't attending a fatal road accident, there was every chance it would be attending a fatal cardiac case.

This prolonged and catastrophic period was marked by thousands of deaths, significant trauma, and grief, and forms a significant part of Victorian ambulance history. It also had a profound psychological toll on the ambulance officers of the day, who were often under-staffed and under-resourced.

There were many contributing factors. Prior to 1966, hotels in Victoria closed at 6.15pm, the 15-minutes' grace from 6pm allowed patrons to finish (or scull) their drinks. This was known as "the 6 o'clock swill". There were also limited drink-driving laws and enforcement. Inebriated drivers would take to the road for the homeward journey following their "after-work detour".

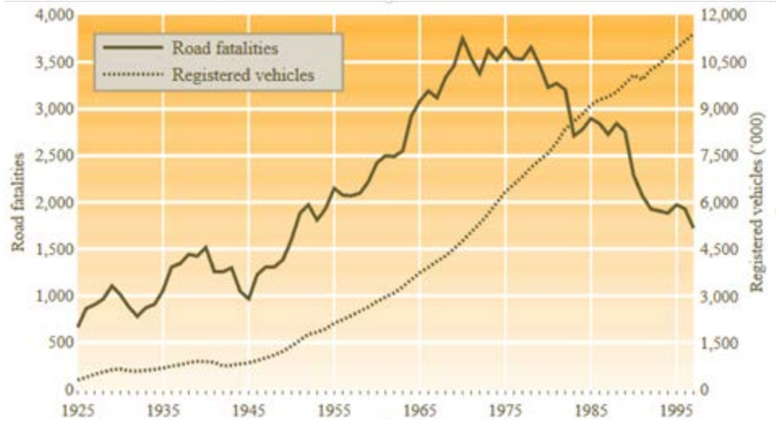
Ambulance crews would wait in expectation of road accident callouts from 6.30pm, which would consistently begin and continue for at least a two-hour period from Monday to Saturday (there was no Sunday hotel trading back then). Wet road conditions would exacerbate the situation. Other main contributing factors were poor road conditions and the absence of seatbelts in vehicles, as well as a lack of many other vehicle safety inclusions, such as padded dashboards and door sills, and headrests. The injuries sustained due to these omissions were horrendous - unrestrained bodies and heads flung with force on to steel dashboards and into windscreens, people tumbled with force inside a rollover, or catapulted out of the vehicle. Even in moderate vehicle collisions, most passengers were subject to severe or fatal injuries. However, with urgency in 1970, Victoria passed legislation on compulsory seatbelts in passenger vehicles, and other states soon followed.

The early days of this legislation were not without problems; seatbelt installation was haphazard and was initially unregulated. Vehicles of this era had no provision for seatbelt floor anchorage points, and as a result the anchor point in most cases was in the low-gauge steel floor of the vehicle. When there were collisions, this unsuitable and weak anchor point would give way and render the seatbelt ineffective and unable to protect against forward thrust and other forceful body movements from injury.

One evening, I attended a collision at the intersection of White Horse and Middleborough roads. A Volkswagen Beetle had collided with another vehicle. Seatbelts were owner-fitted in the VW. A large woman had been sitting in the front passenger seat, and on impact the floor anchorage immediately gave way and she was catapulted though the windscreen and killed.

After a series of deadly malfunctions, the legislation was amended to specify the mandatory installation of seatbelts in existing vehicles that required inspection approval. Newly manufactured vehicles had factory-fitted seatbelts;

The horrific road toll both in Victoria and throughout the rest of Australia peaked in these years.



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however, in the early days some were only lap belts, which were only partially effective and were later replaced with lap/sash seatbelts. This design required manual adjustment and were untidy laying on seats. In 1975, inertia seatbelts came into being, a notable advancement.

In 1969, Victoria recorded an overwhelming 1034 road fatalities. The Melbourne Sun-Herald led with the headline:

THIS PROLONGED AND CATASTROPHIC PERIOD WAS MARKED BY THOUSANDS OF DEATHS, SIGNIFICANT TRAUMA, AND GRIEF

"1034 - how many more?" However, that shocking number was surpassed in 1970, when 1067 people were killed on Victorian roads, notwithstanding the 1000s of critical and other scaled injuries.

These figures equated to 20 fatalities a week in Victoria alone. Nationally in the same year (1970) there were 3798 road deaths. In the following five-year period from 1971 to 1975, there were an average of 910 road deaths per year in Victoria. This era of road deaths and injury in the state remains unsurpassed.

The number of road accidents occurring 24/7 placed heavy demands on our ambulance operations, making it a regular procedure for two-man crews to split up and run "one up" to cover the demand for ambulance attendances. In the case of a single officer attending, a police officer or responsible member of the public would be asked to drive the ambulance to hospital while the officer tended to the injured en route to hospital.

Single paramedic-staffed ambulances were a standard operational procedure at regional ambulance services, often with no back-up. For Melbourne and metropolitan personnel, it wasn't unusual for those rostered on night shift or off duty to be called earlier in the evening to come on duty to assist with a heavy accident workload and run "one up", often meaning a 12 to-14-hour shift.

Road accidents, injuries, fatalities and cardiac cases overwhelmed our state ambulance operations and resources. Yet, on reflection, all delivered commendable outcomes considering the staffing, facilities, medical resources and equipment of the era. Other emergency service counterparts played a critical and supporting role at accident scenes. Fire brigades were essential in cases of fuel-spillage rescues and other potential hazards for ignition and explosion, and for victim extraction. Police were vital in traffic control and monitoring on-looker behaviour.

During these decades, within the Greater Melbourne and metropolitan area it was not unusual for ambulances to attend multiple-victim road accidents and call for back-up. Victims were then transported to the nearest public hospital, which at times would create an overflow situation in the hospital casualty (emergency) department. This left them placing themselves on "bypass", leaving ambulance officers to take patients, at times in a critical condition, to an accepting hospital.

Regional ambulance services rarely had the back-up resources of their metropolitan counterparts in the event of multiple injuries and/or road fatalities. This meant ambulance personnel were at times faced with the terrible decision of who would be given an opportunity to survive - decisions that would linger for a lifetime.

PARAMEDIC CAREER MANAGEMENT: THE LONG GAME

By **Dr Claire Cooper**
Senior Clinician/Clinical Psychologist, Fortem Australia

Paramedicine is a career that can be both fulfilling yet punctuated by potentially traumatic events and challenging situations. Many paramedics proudly consider their professional role a fundamental part of their identity, yet are simultaneously forced to reckon with negative impacts of this same role on their personal life and that of their families.

This paradox spans the entire paramedic career and is particularly pronounced when a paramedic decides it is time to transition from their role, which in many cases may have been tightly held for decades. This time of transition can be particularly challenging to a paramedics' mental health and sense of self.[1] Furthermore, there are signs many first responders - both employed and volunteer - are reevaluating the longevity of their careers in the wake of recent major disaster events and the COVID-19 pandemic,[2] which has the potential to further increase incidence of transition-related impacts.

A DECISION TO CHANGE CAREER DIRECTION CAN BRING WITH IT A PROFOUND SENSE OF LOSS AND UNCERTAINTY

We know the importance of supporting paramedics during their career, but the research indicates the presence of a gap in the support we offer paramedics around the time of transitioning from service.[3] It is crucial to shine a spotlight on this latter part of the career continuum to ensure the people caring for us also receive the care they need.

Unique challenges of paramedicine

Paramedicine encompasses a range of unique challenges such as exposure to critical incidents, high rates of workplace violence and injury, increased rates of PTSD and suicide, the detrimental impacts of shift work, and challenging workplace demands.[1,4] These challenges can greatly impact mental health and can be compounded if there is a perceived lack of support from managers and peers.[1,4]

We know that paramedics are at a greater risk of psychological distress than the general population, and can experience stigma around support-seeking.[1,5] This distress can be particularly pronounced during and after transition from the service; instances of PTSD, depression and binge drinking are significantly higher around the time of retirement for emergency services workers in Australia.[1]

Strengths of paramedics

On the flipside, there are a multitude of skills that paramedics develop and hone over their career that can be applied to life after service, potentially opening the door to new opportunities.

Strengths such as communication and listening, empathy, staying calm under pressure, critical-thinking, problem-solving and decision-making skills, stamina, and overall resilience are all qualities synonymous with paramedics. A departure from the role that a paramedic has always known can be confronting, but can also be an opportunity to lean into values and become clearer about who they are, where they want to be, and what support they need to be able to get there.

Why change can be so hard

Whether a paramedic is looking to retire, considering different roles in the organisation, medically discharging, changing to a different field or anything in between, the challenges associated with taking the first step may at times seem insurmountable.

A decision to change career direction can bring with it a profound sense of loss and uncertainty; where does all the time and sacrifice, push and pull, high and low, and intangible investment and experience go when it comes time to shift gear? The losses of professional identify ("the uniform"),[6] purpose, and social connection have been identified in the literature as being particularly pertinent to first responders, including paramedics, considering transitioning out of the profession or into retirement.[7]

According to Newton's law of inertia,[8] objects with more mass have greater inertia and are more difficult to bring to a stop (think of a freight train barrelling down the tracks). If we apply this analogy to the huge weight of the paramedic role in terms of psychological, physical and emotional load, it stands to reason that there can be resistance to stopping or changing, and that simply slamming the brakes on might not be effective for everyone. Having a range of methods in place to support a gradual slowing and redirection of motion can be a logical and effective approach.

Through acknowledging and addressing the grey areas, the heaviness and the uncertainty of moving out of a role that has been all-encompassing, it is possible to validate, normalise and support paramedics to leave their role with dignity and respect while feeling supported and valued.

It could be argued that the unique challenges that come with being a first responder transitioning out of service, in the context of a gap in tailored support options, necessitates innovative solutions that champion skills, potential and opportunities.

Fortem Australia's Career Management Program

Fortem Australia recognised the need for greater support for first responders, including paramedics, who were transitioning out of their current role in the service, and in response developed and piloted the Career Management Program (previously the Transition and Employment Program). The overarching aim of the program is to support the healthy, positive and timely transition of those leaving their role.

The Career Management Program model looks beyond the narrow window of transition to embrace an innovative holistic approach to support, which aims to promote a dignified transition for first responders while highlighting the value of their service and their future potential (in a new career or in their personal life). It also offers a range of services designed to address the key issues of wellbeing and retention, including individual case management, training and education workshops, wellbeing resources and a community portal. Fortem Australia also offers psychological support and wellbeing programs in addition to the Career Management Program.

The development of these tailored services and resources was guided by evidence-based theories relating to career-planning processes, systems, transition, counselling and values-based career decision-making.

Fortem has piloted the Career Management Program across multiple ambulance services in Australia, providing more than 100 paramedics with support to harness, champion and redirect unique skills into future endeavours while honouring the value of their contribution during service. At the commencement of the pilot trials a majority (60%) of participants identified a lack of feeling valued by their agency, validating the importance of including this focus in the program.

Promising preliminary results suggest the program may also have the potential to reduce psychological distress, improve wellbeing, increase confidence in vocational capacity, reinvigorate first responder careers, support longevity in service and potentially reduce medical discharge.

Paramedics are an essential part of our society. They bring exceptional skills and experience but are faced with inherent challenges in their roles that can have very real impacts on their lives. When their time in the service comes to an end or they feel at a crossroads, it is important that they are supported to transition out of the service in a way that ensures they feel valued and supported, while recognising the skills that made them an amazing asset to the community in their paramedic role.

THERE ARE A MULTITUDE OF SKILLS THAT PARAMEDICS DEVELOP AND HONE OVER THEIR CAREER THAT CAN BE APPLIED TO LIFE AFTER SERVICE

Supporting first responders to leave the service with dignity, respect and a sense of their inherent value is a key tenet of Fortem's Career Management Program, and invaluable feedback from participants to date suggests we are on track to fulfil this goal and provide meaningful support:

"I have valuable skills to offer.

I can be happier.

I am capable of experiencing life outside of the service."

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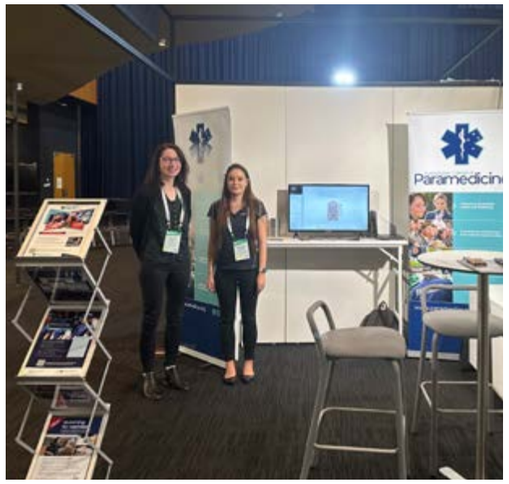

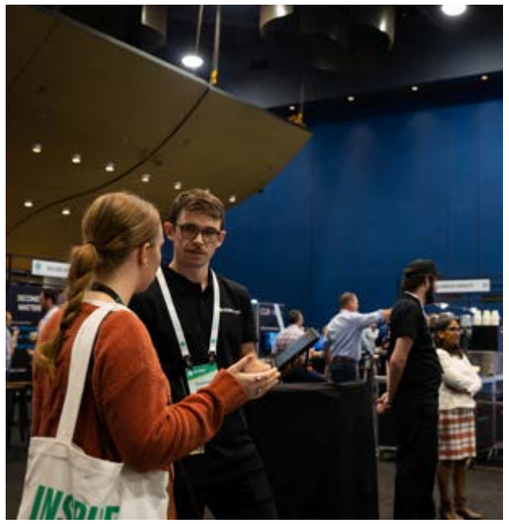

THE COUNCIL OF AMBULANCE AUTHORITIES

2023 CAA CONGRESS – INSPIRE, INNOVATE, ELEVATE

In conjunction with Queensland Ambulance Service (QAS), the annual Council of Ambulance Authorities (CAA) 2023 Congress took place from 1-3 August in Brisbane, Australia.

The CAA Congress is recognised as Australasia's premier event for the ambulance sector, bringing together top leaders, decision-makers and senior management teams from ambulance services, and health and emergency management sectors from not only Australia, New Zealand and Papua New Guinea, but also this year we were joined by international guests from as far afield as the UK, Canada and Singapore.

The CAA Congress has been running in various formats since 2009 and has consistently served as a platform for thought leaders, experts, professionals and vendor partners in the ambulance sector to convene, collaborate, and shape the future of our industry.

This year's Congress, themed "Inspire, Innovate, Elevate", offered an engaging program that explored advancements, best practices, and innovative strategies in emergency medical services. There were many opportunities to engage in insightful discussions and gain valuable insights from renowned speakers who are at the forefront of emergency healthcare.

Including the team from the Australasian College of Paramedicine, Congress also hosted more than 40 exhibitors and displays filled with new innovations, new technology and new ideas for delegates to explore and learn more about.

As well as the more formal plenary sessions, the team at CAA made sure there was plenty of time for all attendees to connect with peers and other stakeholders, including various networking events and social gatherings. Based on feedback received so far, we here at the CAA firmly believe that Congress fostered a vibrant atmosphere of camaraderie that will inspire fruitful partnerships that will continue well into the future.

As ever, the list of presenters included insightful speakers and subject matter experts from a diversity of backgrounds and experiences who inspired further leadership development innovation.

Based on the key pillars of CAA's Five Year Strategy, the program provided a broad range of topics for delegates to engage in, including Role of Ambulance Services, Demand Management, Workforce and Sustainability. You can find more information on the speakers, presenters and topics on the CAA website.

Plans are already underway for the 2024 CAA Congress, which will take place in Melbourne, Australia, hosted in partnership with Ambulance Victoria. We warmly invite readers of Response to join us in August next year.

STROKE OF LUCK

When Melbourne father Sebastian Gangemi arrived for work on a May afternoon, he never expected his life was about to change forever.

The 52-year-old was in the break room at a Metro Tunnel city construction site when he suddenly lost movement in his hand.

“I was holding a cup of coffee and the next minute I’d dropped it,” Mr Gangemi said. “Thankfully my colleague saw it happen and realised very quickly I wasn’t ok. My face had drooped and within minutes our first aid officer phoned Triple Zero (000).”

Two ambulances were dispatched, including the Mobile Stroke Unit (MSU), a custom-built stroke ambulance with a specialised team able to assess and start clot-dissolving treatment on patients before they arrive at hospital.

Once the MSU arrived, the crew, which included a neurologist and stroke nurse, confirmed Sebastian had suffered a severe stroke.

Ambulance Victoria (AV) paramedic Kim Quah said Sebastian’s symptoms were very concerning.

“When Sebastian was brought to the MSU, he was unable to speak and move the right side of his body,” Ms Quah said. “We always hope that patients make a full recovery and continue on with their lives without any disabling symptoms, but at the end of the day there is no way of predicting the outcome.”

Ms Quah said Sebastian was in the right place at the right time.

“Sebastian was very fortunate to have colleagues around him at the time of his stroke and that they were aware of the symptoms and called for help immediately,” she said.

“He was also lucky that the MSU was dispatched simultaneously, and that our team could assess, scan, diagnose and administer the clot-busting medication in the driveway outside his workplace.”

Sebastian was transported to the Royal Melbourne Hospital (RMH) where he underwent clot retrieval surgery. He has made a good recovery and already returned to work part-time.

The MSU crew was able to reunite with Sebastian and his colleagues as part of National Stroke Week.

“As a paramedic, I don’t often have the chance to follow up with patients after they are discharged from the hospital,” Ms Quah said. “It was highly rewarding to know that I was part of a team that played a role in providing best care to Sebastian.”

Sebastian Gangemi (2nd from right and centred below) with the MSU crew members

She said the case highlights the importance of knowing the F.A.S.T. stroke signs.

“When it comes to stroke, the phrase ‘time is brain’ is frequently used,” Ms Quah said. “Every individual played a crucial role that day; due to early access to the appropriate help, Sebastian had the best chance to make a full recovery.”

Mr Gangemi said his stroke had given him a new lease on life.

“I know how lucky I am and it was also a real wake-up call for my friends and colleagues,” he said. “Many of them have been to their GP for a check-up after seeing what happened to me.”

The MSU, a joint venture between the RMH, the University of Melbourne and AV, has treated 3,114 patients since 2017, with 55% of patients being diagnosed with a stroke or mini-stroke.

The MSU team consists of two paramedics (including a MICA paramedic), a CT radiographer, a stroke neurologist and a stroke nurse specialist.

SAAS WELCOMES ITS LARGEST NUMBER OF PARAMEDIC INTERNS

In October 2023, SA Ambulance Service (SAAS) welcomed its largest ever paramedic intern group, PI323.

SAAS Chief Executive Officer Rob Elliott said the group of 48 new recruits - 16 more than 2022 - will help boost the capacity of available paramedics to respond to patients in South Australia.

“We are excited to have our largest ever group of paramedic interns on board to help us continue providing the best possible care to South Australians,” Mr Elliott said.

“I am confident their training during their intensive induction period, coupled with the 12 months they will spend on the road supervised by their fully qualified peers, will give them the best possible start for fulfilling and rewarding careers.”

The 48 new recruits will spend six weeks completing induction and clinical education to prepare them for the full spectrum of issues they can expect to encounter during their internships and throughout their careers.

Program Manager, Career Education and Clinical Oversight Aaron Caudle said the six-week SAAS induction program for paramedic interns was designed to provide a safe and supportive learning environment for new recruits while they put their theoretical knowledge of paramedicine into practice.

“During their induction, our new paramedic interns learn the clinical aspects towards their journey of becoming fully fledged paramedics and the functional elements of working on the road,” Mr Caudle said.

“They receive tailored training in everything from infection control to trauma and out-of-hospital cardiac arrest while also developing the skills they need to deal with manual handling, challenging behaviours, de-escalating situations and safely driving an ambulance in emergency conditions.

“Reflective-based practice is an essential part of safe and successful paramedicine, and the SAAS internship program is renowned for instilling these core values and embedding them into practice, ensuring new recruits are providing safe and quality patient centred care.”

Paramedic Intern Kate is one of the new recruits. She recently graduated from Flinders University and will be stationed in Adelaide’s northern suburbs during her intern year.

“I always hoped that I would get started and build my career as a paramedic with SA Ambulance Service. I’ve heard a lot about how supportive the SAAS internship program is and I can’t wait to see what the year ahead has in store,” Kate said.

“Many of us studied together at university, so being able to share this experience with friends and benefit from their continued support is really special.

“I enjoy helping others and love the thrill of no day being the same. It is still early days, but I believe we all have a really rewarding career ahead of us.”

Once their induction is complete in November, the new SAAS interns will begin 12 months of supervised practice on the road. Five will be stationed at regional centres Mount Gambier, Gawler and Port Augusta, while the remaining 43 will join crews at Adelaide’s metropolitan stations.

NEW RADIO NETWORK GOES LIVE AT AMBULANCE TASMANIA

The Tasmanian Government Radio Network (TasGRN) is a single, unified, and digitally encrypted network to service the radio communication needs of Tasmania's emergency services, land management and electricity industries.

On Monday 9 October, the TasGRN went live at Ambulance Tasmania across the whole state after major efforts to test the equipment, train staff and implement the new network.

Ambulance Tasmania Chief Executive Jordan Emery said the service now has world class, digitally encrypted and secure communications in a way that it has never experienced before.

"It's a massive uplift in how we will undertake radio communications, not just within Ambulance Tasmania but right across our emergency services and other state government partners," he said.

"It's been a mammoth task and people have done an enormous amount of work over many years to make it a reality."

Project Lead Anna Ekdahl said Ambulance Tasmania relies on its radio network to maintain essential communications with crews while they are providing pre-hospital medical care to the community.

"The TasGRN has transitioned Ambulance Tasmania from an aging analogue radio network to a modern, secure digital radio network with the capability to talk directly to not only other emergency service organisations but also our land management and infrastructure organisations," Ms. Ekdahl said.

"It was incredibly challenging implementing a project of this scale into an organisation that provides a critical 24/7 service to Tasmanians. The demand for ambulance services doesn't stop no matter how critical a project activity or deadline, and getting ambulances to patients is always the priority, so resource availability does not always align with project activities.

Photo credit: Richard Bugg

"My highlight has been working with a dedicated group of Super Users from different areas and roles. The initiative and enthusiasm from this group certainly kept us focused on what we were delivering and helped get us through some of the many challenges we faced throughout the project."

"I want to extend a huge thanks to our TasGRN project team, a special shout out to our TasGRN Super Users who have really helped us understand how to make this technology work best in our organisation," Mr Emery said.

Areas of Ambulance Tasmania, such as the Critical Care and Retrieval, have been testing and using the new handsets and network for a few months prior to the Go-Live date.

The TasGRN was incredibly useful in August when multiple emergency services were deployed to rescue a woman in the Great Western Tiers in central Tasmania.

Intensive Care Flight Paramedic Rob Brittle said communications capability is often limited in these types of areas due to the old network, but the TasGRN made life much easier for the crews.

"The quality of the communication was excellent as we could provide real time clinical and logistical information to the State Communications Centre and that information could be forwarded to other emergency services to assist with the case," Mr Brittle said.

"Reliable statewide radio communication across all our CCR platforms is the biggest gain.

"The new network allows us to listen in enroute to road crew situation reports, we can speak directly to crews on the ground about safe landing options and contact different rescue agencies all in real time."

On the Go-Live day at 8am, Mr Emery made the final broadcast on the old legacy network and then welcomed Ambulance Tasmania to TasGRN surrounded by staff and the TasGRN project team.

Paramedicine Board – Ahpra

For all the latest news from the Ahpra Paramedicine Board, visit: Paramedicine Board https://www.paramedicineboard.gov.au/

Paramedicine workforce survey from the Australasian College of Paramedicine

The Australasian College of Paramedicine is funding a survey of the paramedicine workforce in Australia and Aotearoa New Zealand. The survey aims to identify trends across demographics, fields of employment, intention to upskill, intention to leave the workforce, and other key variables to produce a comprehensive picture of the workforce.

The project is being led by Western Sydney University (Western) in association with Auckland University of Technology (AUT) and Edith Cowan University, with ethics approval from Western and AUT. Researchers are hoping to hear from paramedics registered with the Australian Health Practitioner Regulation Agency (Ahpra) or the Kaunihera Manapou Paramedic Council, as well as those providing paramedicine services outside jurisdictional ambulance services.

This survey is voluntary, anonymous and will close on 12 January 2024. Take the survey at https://surveyswesternsydney.au1.qualtrics.com/jfe/form/SV_77pPndpll2eA7Nc

Paramedicine Board forum explores the future of the profession

The Paramedicine Board of Australia recently hosted a one-day forum to explore the future of the profession. Senior state and Commonwealth representatives, public and private sector employers, education providers, community groups and regulatory bodies attended the forum and contributed to the discussion on how educators, regulators, governments, and employers can work together to maintain the high level of patient care that is expected from paramedics.

Registration news

Fees for the 2023/2024 period remain unchanged and remain at $240. Online renewal is now open, and paramedics have until 30 November 2023 to renew their general or non-practising registration on time.

Registrations for graduates are also now open.

More information can be found at https://www.paramedicineboard.gov.au/

Latest workforce data released

The Board has released its quarterly data report. To 30 June 2023, there were 24,164 registered paramedics nationally. 23,582 of these had general registration and 582 had non-practicing registration.

By gender, the national percentages are 49.1% female (11,874), 50.8% male (12,280) and <0.1% (10) not stated, intersex or indeterminate.

For further data breakdowns by age, gender, registration type and principal place of practice, visit https://www.paramedicineboard.gov.au/News/Statistics.aspx to read the report.

Kaunihera Manapou Paramedic Council

The fourth and final pānui l newsletter for the year is now available. You can access it at https://www.paramediccouncil.org.nz/

The 2024 Kaunihera hui dates will be:

- Friday 23 Pēpuere | February 2024
- Friday 3 Mei | May 2024
- Thursday 25 and Friday 26 Hūrae | July 2024
- Friday 20 Hepetema | September 2024
- Friday 29 Noema | November 2024

In addition to set hui dates, teleconferences for urgent mahi may be held throughout the year.

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