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REACHING FOR THE SKY:

A career high for Flight Intensive Care Paramedic **P24**



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## COVER

Gateway Health/Ambulance Victoria paramedics Lauren Rudd and Alicia Turnbull.

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.





# THE IMPORTANCE OF WORKFORCE DATA FOR PARAMEDICINE

with **Ryan Lovett**, College Chair

Welcome to the Spring edition of Response.

I am delighted to share insights from the recent Australasian Paramedicine Workforce Survey 2023-24. This comprehensive survey provides invaluable data that is crucial for understanding and addressing the needs of our workforce. The findings highlight both the challenges we face and the opportunities we can seize upon to enhance and empower the paramedicine profession.

Like a national census, workforce data is the backbone of effective workforce planning and policy-making. It offers a detailed snapshot of the current state of our profession, including demographics, career trajectories, work motivations, and conditions. This data is essential for identifying trends, predicting future needs, and ensuring that our workforce is well-supported and equipped to meet the healthcare demands of our communities.

Unsurprisingly, the survey has identified several areas in which the profession is leading, most notable being education standards; however, this same data also shows us where we have work to do and where we need to allocate more support and more effort.

One of the significant challenges identified is the gender disparity in management positions. While the majority of paramedics under the age of 40 are female, those in management

roles are predominantly male. This indicates a need for targeted initiatives to support and promote female paramedics into leadership positions, and therein lie opportunities such as implementing mentorship programs, leadership training, and policies that promote gender equality to help bridge the gap in management roles and create a more balanced and diverse leadership team.

## WORKFORCE DATA IS THE BACKBONE OF EFFECTIVE WORKFORCE PLANNING AND POLICY-MAKING

Another challenge is the high level of carer responsibilities among paramedics. More than two in every five paramedics have caring responsibilities for children under the age of 16, and one in every five cares for an adult family member. This dual burden can impact paramedics work-life balance and overall wellbeing. Addressing this issue requires flexible work arrangements and support systems to help paramedics effectively manage their professional and personal responsibilities.

Additionally, the survey highlights the need for greater representation of Māori and Aboriginal and Torres Strait Islander peoples within the workforce. While Māori workforce participation is higher in Aotearoa New Zealand, it still

lags behind overall population data. In Australia, only 3% of paramedics identify as Aboriginal and Torres Strait Islander. Enhancing diversity and inclusion within our workforce is crucial for providing culturally competent care and reflecting the communities we serve.

Despite these challenges, the survey data also presents numerous opportunities for growth and improvement. One key opportunity is the development of targeted recruitment campaigns to attract a more diverse workforce. By focusing on recruiting Māori, Aboriginal and Torres Strait Islander peoples, and individuals from culturally and linguistically diverse backgrounds, we can enhance workforce representation and ensure that our services are inclusive and equitable.

The data also underscores the importance of flexible work arrangements. By offering part-time positions, job-sharing opportunities, and remote work options, we can support paramedics with carer responsibilities and improve their work-life balance. This, in turn, can enhance job satisfaction and retention rates within the profession. This was highlighted in the survey where career intentions were discussed, with more than half of respondents indicating they would remain in paramedicine for 5-10 years while half of that number indicated they would do so with their current employer.

We need to work to make paramedicine a more sustainable long-term career proposition, acknowledging that traditional employment models for paramedics do not support this. This is a key driver for the College to work tirelessly to expand roles for paramedics outside of traditional

emergency ambulance shift work and provide opportunities to practice that support paramedics in each stage of their lives.

The Australasian Paramedicine Workforce Survey 2023-24 provides a wealth of data that will be instrumental in shaping the future of our profession. By addressing the challenges and leveraging the opportunities highlighted by this data, we can create a more inclusive, supportive, and resilient workforce. It's vital that we continue to prioritise the wellbeing of our paramedics and strive for excellence in the care we provide to our communities, helping build a stronger and more vibrant paramedicine profession.

Stay safe.

# LEADING AND INFLUENCING CHANGE IN PARAMEDICINE

with **John Bruning**, College CEO



Today I reflect on the significant strides we have made in advocating for the paramedicine profession. Advocacy is not a one-time effort but a continuous journey that requires persistence, collaboration, and strategic action. Over the past few months, we have been at the forefront of several key initiatives that underscore the importance of advocacy in leading and influencing change.

I recently travelled to Aotearoa New Zealand for meetings with the New Zealand Health Minister, Dr. Shane Reti, and Associate Minister, Casey Costello, where we discussed the paramedicine workforce. These high-level engagements are crucial for influencing policy decisions and securing support for initiatives that benefit the profession. A follow-up briefing document was provided which should see paramedicine included in the upcoming health workforce plan. Additionally, various meetings were held with key stakeholders in Aotearoa, including employer groups, academia, regulators, and key College members, strengthening our network and reinforcing our advocacy efforts.

We have been working with other key primary healthcare professions to establish the Primary Health Care Alliance. This collaborative effort aims to strengthen primary health care services and ensure that paramedics are recognised as integral members of the healthcare team. By joining forces with other health professions, we can advocate more effectively for policies and practices that benefit both paramedicine and the communities we serve.

Our participation in consultations on Advanced Practice Areas of Endorsement with the Paramedicine Board of Australia has been another critical advocacy effort. These consultations are essential for defining and expanding the advanced scope of practice for paramedics, allowing us to better meet the evolving needs of our communities. It is only early stages in this process, and we look forward to working closely with the Paramedicine Board and other stakeholders to enact this endorsement process to benefit the profession.

In collaboration with Palliative Care Australia, we submitted a joint proposal highlighting the opportunity for paramedics to undertake a more significant role in palliative care. This submission underscores the unique

skills and capabilities of paramedics in providing compassionate and timely care to patients with life-limiting illnesses. Advocacy in this area not only enhances patient care but also broadens the scope of practice for paramedics, opening new avenues for professional growth.

The College recently released position papers on critical issues such as student placement poverty and the sustainability of paramedicine as a primary and urgent care workforce. These papers provide evidence-based recommendations and highlight the challenges faced by the profession. By bringing these issues to the forefront, we can advocate for necessary changes and support the professional journeys of paramedics and students.

The announcement in May by the National Rural Health Commissioner of collaborative work with the College and other stakeholders to create a National Rural and

## THE PAST FEW MONTHS HAVE DEMONSTRATED THE PROFOUND IMPACT OF SUSTAINED ADVOCACY IN LEADING AND INFLUENCING CHANGE WITHIN THE PARAMEDICINE PROFESSION

Remote Paramedicine Framework is a testament to the power of sustained advocacy. This framework aims to create a vital structure for the employment and utilisation of paramedics in rural and remote areas, ensuring paramedics are able to effectively work and deliver high-quality care in these areas.

Finally, we are in the final stages of creating a Draft Clinical Practice Framework for Paramedicine. This framework will provide clear guidelines and standards for clinical practice, enhancing the quality and consistency of care provided by paramedics. Advocacy in this area ensures that our profession remains at the cutting edge of clinical excellence.

The past few months have demonstrated the profound impact of sustained advocacy in leading and influencing change within the paramedicine profession. Through strategic collaborations, high-level engagements, and evidence-based recommendations, we have made significant strides in advancing our profession and improving patient care.

Stay safe and well.



# ALL EYES ON PARAMEDICINE



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

From Auckland to Christchurch, remote Queensland to the heart of Sydney, governments, peak bodies and decision-makers are looking at the paramedicine workforce through a different, and more informed, lens.

This quarter, in collaboration with Western Sydney University, Auckland University of Technology and Edith Cowan University, we proudly released the first Australasian Paramedicine Workforce Survey Report 2023-24. The report has drawn

attention from ministers, health departments, healthcare providers, media outlets, and leaders from within the profession. The survey findings, however, are only as strong as the breadth of respondents, so we strongly encourage members and non-members to provide responses to the next survey, with details to be released at ACPI24.

In June, we published our position statement on paramedics in primary and urgent care. We are increasingly meeting with governments, service providers, and other professions from across healthcare to explore ways to improve patient access and outcomes by identifying community healthcare needs, address legislation and funding barriers, and utilise paramedics in team-based care settings.

Recent top-level meetings of this nature include: College CEO, John Bruning met with Aotearoa NZ Health Minister Dr Shane Reti to discuss ways to improve integrated planning of paramedics in primary care settings and workforce planning; College met with the Office of the Rural and Remote Health Commissioner (AU) to announce the collaborative development of the National Rural and Remote

Paramedicine Framework, and; the College contributed to the Primary Health Care Alliance (AU) of which we are a proud member. This alliance held its first congress in Adelaide last month with special guest speakers Assistant Minister for Health and Aged Care Ged Kearney, Shadow Minister for Health and Aged Care Anne Ruston, Chief Allied Health Officer Anita Hobson-Powell, Prof. Mark Cormack Independent Lead for the Scope of Practice Review. Furthermore, this alliance shows our commitment to interprofessional collaboration, career opportunities for paramedics, and health reform. We look forward to updating our members on the efforts of this alliance.

There are, of course, many more behind-the-scenes discussions, workshops and forums at which College staff and our dedicated and passionate member-representatives meet with a range of decision-makers to discuss opportunities. While it is impractical to delve into the specifics of each conversation, the overarching sentiment shift that we see is that the health sector at large views paramedicine as a sustainable healthcare workforce. This perspective recognises paramedics' capabilities both in and beyond emergency response and acknowledges the high level of trust communities and individuals have for paramedics. There is much work to do to integrate paramedics more broadly across healthcare, and the College, the peak body for paramedicine, is driving much of what is required to impact change.

## ADVOCACY IN CONVERSATION

Hosted by John Bruning CEO

PODCAST

Industry experts, influencers and change makers discuss current events, issues and resources impacting the paramedic profession.

[www.paramedics.org/advocacy](http://www.paramedics.org/advocacy)

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## Placement Poverty Advocacy in Conversation podcast

PODCAST

Join us as we shed light on the critical issue of the "placement poverty" faced by paramedic students. Expert guests include Professor Scott Devenish, Australian Catholic University and Chair of the Australasian College of Paramedicine Deans, emergency paramedic and PhD candidate Matt Wilkinson-Stokes, and Cameron Powers from the National Rural Health Student Network.

Take a listen: <https://paramedics.org/podcasts/64>

## Advocacy key activities

Below are just some of the key activities the College has actively engaged in during the last quarter:

### Position Statement:

- Paramedics: A sustainable healthcare workforce supporting team-based primary and urgent care across Australasia: <https://paramedics.org/news/position-statement-paramedics-in-primary-and-urgent-care>

Submissions/consultations/workshops: Thank you to all our dedicated members who represented the College at various forums and workshops:

- Australia: Unleashing the Potential of our Health Workforce: Scope of Practice Review Round 3. Ongoing
- ABS ANZSCO reclassification consultation. Ongoing

- Paramedicine Board of Australia – Areas of Practice Endorsements consultation process. Ongoing
- Draft Allied Health Workforce Strategy Forums
- Department of Health, Digital Health Strategy (workshops)
- Safer Care Victoria, Integrating Registered Paramedics into Primary Care Roundtable, led by CPO Dr Louise Reynolds

### Media coverage:

- NRHA Partyline: Paramedics provide innovative primary healthcare solutions for rural and regional communities: <https://paramedics.org/news/nrha-partyline-paramedics-innovative-healthcare-solutions>

- ABC News: What to know about using ambulance services interstate when you're travelling Australia: <https://www.abc.net.au/news/2024-07-19/are-ambulance-services-covered-by-insurance-interstate/104114124>
- Several media outlets, including the ABC, syndicated the media item regarding "Paramedics in palliative care framework". See collaboration between College and Palliative Care Australia media release: <https://paramedics.org/news/media-release-paramedics-palliative-care>
- Health Services Daily reported on the Workforce Survey Report.

## Coming soon:

Watch out for these upcoming announcements, opportunities and activities:

- Clinical Practice Guidelines report
- Clinical Practice Framework - group forums (Auckland/Tāmaki Makaurau, Aotearoa New Zealand)
- Rural and Remote Paramedicine Framework - engagement opportunities
- More on "placement poverty".



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# TRANSFORMING PARAMEDICINE LEADERSHIP: THE ADAPTIVE LEADERSHIP PROGRAM

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

One of the common messages we hear from members and employers is about the challenges faced by paramedics when moving from a predominantly frontline, on-road role into a leadership role within their organisation.

Often these roles are very operationally focused, but all involve navigating complex environments while guiding a team or colleagues through that environment at the same time. This experience can sometimes be daunting, overwhelming and lead to feelings of being "out of my depth" or, the term many will be familiar with, "imposter syndrome".

This is a crucial gap in career development that, if addressed, has the potential to greatly impact efficiency,

culture and wellbeing, and organisational outcomes. This gap is precisely what our Adaptive Leadership Program aims to bridge.

Our program, delivered by Dr Ananth Gopal and Tom Henderson of Polykala, has run successfully over the past few years, with the most recent cohort moving through the program in 2023. Participant feedback has been extraordinary and I wanted to share the impact of the program for participants on their leadership journey.

*"There was such a degree of passion and engagement that came across from them [the facilitators] ... it was infectious. It was just like, wow. Straight off the bat, you're totally engaged."* - Rich Jones, 2023 participant

*"The course was phenomenal. It blew me away. I couldn't stop talking about it. I couldn't stop sharing what I'd learned with my peers and my managers. It was just like nothing I'd ever sat in before... the way it was run, the way we learnt, the way we got to interact with people from different states, different backgrounds ... I think I would encourage anyone to do this course, regardless of where they come from, or what background in ambulance they're in. I think [they'll] get so much out of it. I certainly did."* - Catherine Wentworth, 2023 participant

So what is Adaptive Leadership? Ananth and Tom explain it as follows:

"Adaptive leadership reimagines leadership as a practice, rather than a position.

It draws on a core idea from evolutionary biology: That organisms and species must (1) conserve what's working for them, (2) let go of what's holding them back, and (3) grow new behaviours and traits that enable them to thrive in new conditions. This approach may assist individuals, companies and sectors adapt and flourish in fast-changing environments and make meaningful progress on intimidating and hard challenges.

"This understanding of leadership doesn't say that the practice of leadership must look or sound a certain way. Quite the contrary. You don't need to be the CEO, have a loud voice, or have people think of you as 'charismatic'. We do not believe that leadership is something you are born with. For us, leadership is a skill to be learned, honed, and applied where we want to make a difference. It's a set of social skills and awarenesses that allow humans to work together and tackle tough challenges and thrive."

The program's key learning outcomes are designed to foster a deep understanding

of adaptive leadership within the paramedicine context. Participants will learn to read the landscape of their challenges, regulate the disequilibrium in change, and generate innovative approaches to complex problems. They will also develop the interpersonal skills essential for leading and collaborating with people and gain new perspectives through our immunity to change and peer consultation methodologies.

We move beyond theoretical sessions and focus on practical application, offering hands-on strategies and opportunities for participants to experiment with new ways of thinking and behaving.

The program comprises seven modules, each addressing a critical aspect of leadership and personal development. From the foundational principles of adaptive leadership to the nuances of diversity, inclusion, feedback, negotiation, coaching, resilience, wellbeing, and immunity to change, the curriculum is comprehensive and transformative.

For those seeking a more personalised journey, there is an optional one-on-one coaching package. This structured conversation series with trained Polykala coaches helps participants set and achieve their goals, bridging the gap between their current state and their aspirations.

Embracing the Adaptive Leadership Program is not just an investment in individual growth; it's a commitment to enhancing the performance, culture, and outcomes of your organisation, and equips participants with the knowledge and skills to lead with confidence and competence.

Program applications are open now – visit <https://paramedics.org/leadership-program> or contact [leadership@paramedics.org](mailto:leadership@paramedics.org)



2023 Adaptive Leadership Program cohort

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# EMBRACING THE JOURNEY OF PROFESSIONAL GROWTH WITH COLLEGE EDUCATION



By **Julie Johnson**,  
College Education  
Manager

As paramedics, we are entrusted with the responsibility of engaging in evidence-based practice and continuously monitoring our actions through reflective processes. Embracing professional development and reflective practice is not just a necessity; it is a journey that requires our relentless commitment.

This journey of growth necessitates regular self-reflection and active participation in relevant professional development opportunities, serving as a catalyst for our advancement as dedicated practitioners.

Reflective practice is not merely a static process; it is a dynamic and ongoing journey that demands our unwavering dedication. By critically reflecting on our strengths and limitations, we uncover invaluable insights that drive our pursuit of learning and development, enlightening our professional practice.

It is through the application of our acquired knowledge that genuine learning transpires, enriching our professional journey with each experience.

In the process of developing and planning education, numerous considerations are made regarding how we present College activities. Have you ever experienced the sensation of being completely saturated with information, as if your mind couldn't possibly accommodate more?

Cognitive overload occurs when you are faced with difficulties in effectively processing and retaining new information during the learning process. This can be addressed through various cognitive strategies and learning techniques.

The concept of cognitive load presents itself as a vital consideration in our professional

development. By mastering the art of managing cognitive load, we can ensure the delivery of professional development activities that empower learning without overwhelming the learner.

Thoughtfully curating relevant content and sequencing it appropriately forms the cornerstone of this endeavour, facilitating a seamless and enriching learning experience and instilling confidence in our learning process.

## IT IS THROUGH THE APPLICATION OF OUR ACQUIRED KNOWLEDGE THAT GENUINE LEARNING TRANSPIRES

Professional development is not just a destination; it is a lifelong commitment to growth and excellence. Embracing reflective practice, mastering the art of managing cognitive load, and immersing ourselves in a continuous learning journey empowers us to adapt and refine our professional practice.

Through this relentless pursuit of growth, we enrich our own journey and uplift those whose lives we touch with our unwavering dedication.

If you have not investigated our learning library yet, we encourage you to try one of the self-paced online courses available at <https://paramedics.org/eLearning>.

### Need a little help or guidance?

Come and chat with our education team at ACPIC24 and let us help you curate your own personal and professional learning plan.



# NAVIGATING LITTLE LIVES THROUGH CPD

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

Registered paramedics and paramedic students gathered at the University of Tasmania's Rozelle campus on July 8 for the "Little lives workshop: Paediatric and obstetric emergencies".

This unique event, hosted by the College, aimed to deepen participants' understanding of paediatric and obstetric care in the out-of-hospital setting. With a focus on practical skills and evidence-based approaches, the workshop provided a platform for knowledge exchange, networking, and professional growth.

Our "Little Lives" CPD workshop was crucial for paramedics as it provided evidence-based knowledge and practices in managing paediatric and obstetric emergencies. By focusing on these critical areas, the workshop enhanced paramedics' skills and confidence, ensuring they are better prepared to deliver comprehensive and effective care to mothers and children in emergency situations, ultimately improving patient outcomes." - Kristina Salib

### Paediatric assessment fundamentals

The evening session kicked off with a comprehensive review of paediatric assessment. CNC Linda Truskett and CNE Jonathon Hamilton led an engaging session on age-appropriate assessment techniques. Participants learned to adapt their approach based on developmental milestones, vital signs, and communication strategies. Interactive case studies brought theoretical concepts to life, emphasising the importance of accurate assessment in paediatric emergencies in order to deliver optimal patient-centred care.

### Managing complicated birth presentations

Professor Belinda Flanagan, an experienced midwife, nurse and paramedic, shared practical insights

into managing complicated birth presentations. Attendees explored scenarios involving breech births, shoulder dystocia, and postpartum haemorrhage. Practical simulations allowed paramedics to practise emergency birthing techniques, reinforcing the critical role they play during childbirth outside hospital walls.

## THESE WORKSHOPS PROVIDE OPPORTUNITIES FOR PRACTICAL LEARNING, SKILL REFINEMENT, AND EXPOSURE TO REAL-WORLD SCENARIOS.

"Paramedics must be adept at managing emergency births because they often serve as the first and sometimes only line of care in critical moments, ensuring both mother and baby receive immediate interventions when every second counts. Additionally, respecting a woman's autonomy over her decision-making and maintaining good communication are crucial for fostering trust and providing compassionate, patient-centred care during such a vulnerable time." - Belinda Flanagan

### CPD and the College

Paramedic practice has significantly evolved in the past two decades, necessitating robust Continuing Professional Development (CPD) strategies. Participants at the Little Lives workshop reflected on

their experience and commented on the need to access CPD events such as these:

"If you ran this workshop every six months, I would attend each and every time. Opportunities like these seem rare and are so important for the jobs that are stressful in nature and attended infrequently." - Andrew, participant

The college recognises the need for more hands-on workshops as they are acknowledged to play a crucial role in enhancing paramedics' skills, knowledge, and clinical competence. These workshops provide opportunities for practical learning, skill refinement, and exposure to real-world scenarios. They are a place of safety to make mistakes, learn from our peers and subject matter experts, and walk away with an educational experience that will ultimately positively impact the communities that we serve.

Stay tuned for more great opportunities for engagement over the coming months! Suggestions for practically based workshops are welcome. Please email any suggestions for subject matter content to [alisha.mcfarlane@paramedics.org](mailto:alisha.mcfarlane@paramedics.org).





# WHAT'S NEW FROM THE COLLEGE'S RESEARCH COMMITTEE



## Australasian College of Paramedicine Research Symposium 2024: Influence and Inspire

The Research Symposium 2024, held at the Australian Catholic University's Brisbane Campus, featured expert-led research workshops and provided an excellent platform for novice and emerging paramedicine researchers to share their innovative findings in areas such as education and training, paramedic and patient safety, work performance, clinical practice, and patient care.

We extend our thanks to all attendees for their active engagement and to the researchers who presented their work. Congratulations to our presentation winners:

- Highest Quality Research Presentation: Rachael Vella
- Early Career Research Presentation: Sooaad Dahoud
- Higher Degree by Research Presentation: Laura Triffett
- Undergraduate Presentation: Adrian Lockhart
- Poster Presentation: Samantha Sheridan
- People's Choice Award: Stephanie Nixon



## Australasian College of Paramedicine International Conference 2024: Paramedicine's Evolution – Embracing the New Era

ACPIC24 is the premier event on the Australasian calendar, offering a wonderful opportunity for paramedicine researchers to present their research to the broader paramedic community. The Research Advisory Committee is pleased to announce the research presentation schedule, which can be found on the College website at <https://paramedics.org/ACPIC24/schedule>.

We would like to thank all researchers who submitted an abstract and extend our congratulations to the successful ACPIC24 applicants. Don't forget to secure your ticket to the conference, which are now available to purchase at <https://paramedics.org/ACPIC24/register>.

### 2024 College Research Grants

The Research Advisory Committee are thrilled to announce the successful applicants for the 2024 College Research Grants:

- Early Career Research Grant: Dr Madeleine Juhmann and Sophia Flanagan-Sjoberg, Flinders University; Development of a national implementation strategy for the Palliative Paramedicine Framework to standardise best practice across Australia.
- Early Career Research Grant: Dr Robbie King, Australian Catholic University; Enhancing paramedic empathy towards vulnerable geriatric patients: A digital story.
- Higher Degree by Research Grant: Kirsty Reekers, Auckland University of Technology; Associations between Māori ethnicity and emergency medical services attendance for adult patients with diabetes-related emergencies admitted to hospital in Aotearoa New Zealand: A retrospective observational study.
- Higher Degree by Research Grant: Anthony Sibbald, Auckland University of Technology; Relationships between patient characteristics and the treatment of trauma-related pain by emergency medical services: An Aotearoa New Zealand observational study.

For more information about the next funding round, please visit <https://paramedics.org/research/grant>.



### Talking Research Webinar

Hosted by Prof Scott Devenish (Australian Catholic University), the second episode of the Talking Research webinar series for 2024, 'The Research Agenda for Australasian Paramedicine', explored the significance and impact of having a unified research agenda. Our Australasian and international guest speakers, A/Prof Paul Simpson (Western Sydney University), A/Prof Ian Blanchard (Alberta Health Services, Canada) and Dr Fiona Sampson (University of Sheffield, UK), shared their experiences with paramedicine research agendas developed in Australia, Canada and the UK, discussing the transformative impact these agendas have had on their research outcomes.

Our third Talking Research topic, 'Navigating research hurdles', hosted by Dr Verity Todd (Auckland University of Technology), delved the often undiscussed obstacles faced on the path to sustaining a research career. Our guests, Prof Belinda Flanagan (University of Tasmania), A/Prof Ben Meadley (Monash University) and Dr Louise Reynolds

(Australian Catholic University), revealed how they navigated and overcame unforeseen hurdles during their research careers. Don't forget to read the corresponding article in this issue of Response 'Overcoming Challenges in Paramedicine Research'.

All our Talking Research webinars are recorded and accessible at <https://paramedics.org/recordings?category=Talking%20Research>, and count towards 1.5 hours of interactive CPD. Short on time? Catch up with our new Talking Research podcast, available at <https://paramedics.org/recordings/TRmay22> and on your preferred podcast platform.

### NEW: Research Reviewer Registry

The Research Advisory Committee is establishing a Reviewer Registry to enhance the review process for College research activities. We are seeking volunteers with expertise in paramedicine and a strong grasp of scientific rigour. Junior reviewers will benefit from professional development opportunities, including guidance and support throughout the review process. Participation as a reviewer is a valuable contribution to the field and can be highlighted on your CV.

To register your EOI, please visit <https://paramedics.org/research>.

## MEET THE RESEARCHER:

### Professor Belinda Flanagan

Belinda is an Associate Dean and the Head of School for Australia's first School of Paramedicine at the University of Tasmania, bringing 15 years of experience as an academic in the tertiary sector. She is a Registered Paramedic and Registered Nurse/Midwife. Her primary research areas include obstetrics and neonatal care, grief and bereavement, education, and various public health topics. Belinda has 29 years of experience as a paramedic, having worked with both the Queensland Ambulance Service and the New South Wales Ambulance Service since 1994.

Outside the university, she engages in humanitarian work with NGOs in low-income countries, focusing on rural emergency obstetrics training and other public health initiatives. She has worked as an educator and clinician in Nepal, Timor-Leste, southern Africa, and Papua New Guinea.



Belinda is dedicated to valuing the patient voice in research and is a strong advocate for empowering patients to be active partners in the care provided by paramedics.



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# RESEARCH SYMPOSIUM 2024

Influence and Inspire: Advancing the Paramedicine Research Agenda for Australasia

By **Georgia Coetzee**, College Conference and Events Manager

From 18-19 July, the College hosted the Research Symposium at the Australian Catholic University (Brisbane campus). This year's theme, "Influence and Inspire: Advancing the Paramedicine Research Agenda for Australasia", underscored the pivotal role of paramedic research in shaping and advancing emergency care. The symposium provided a platform for novice and emerging paramedicine researchers to share their innovative findings, demonstrating the potential of their research to bring positive change to the field and enhance the standard of care delivered by paramedics.

### Day 1: Workshops and networking

The first day was dedicated to workshops, exclusively for in-person attendees. With around 70 participants, attendees had the opportunity to attend three out of six workshops, covering a range of topics from "AI-powered research proposal creation" to "Writing a higher degree by research application" and "How to review a paper." These workshops were designed to equip attendees with practical skills and knowledge to advance their research careers.

Following the workshops, attendees gathered at a rooftop bar at Brisbane Airport, just in time to enjoy a beautiful sunset. The networking event was a highlight, with high spirits and a great atmosphere, providing a perfect setting for attendees to connect and share ideas.

### Day 2: Presentations and panel discussions

The second day of the symposium was packed with insightful presentations and engaging discussions. Eighteen researchers presented their abstracts, showcasing a wide array of innovative research in paramedicine. The day also

featured three panel discussions on "Higher Degree by Research", "Clinical Trials in Paramedicine" and "Engaging Consumers in Paramedicine Research". These panels provided valuable insights into the current trends and challenges in paramedic research. Additionally, online attendees joined us on day two, broadening the reach and impact of the symposium.

A keynote presentation by Dr Bill Lord, "Celebrating Research", highlighted the achievements and future directions of paramedic research. Dr Robin Pap's presentation on the Research Agenda for Australasian Paramedicine provided a comprehensive overview of the agenda's development and its key items, followed by considerations for its implementation. College Advocacy and Government Relations Manager Jemma Altmeier's presentation, "Advocating for Paramedicine: Evidence in Action", emphasised the importance of research in strengthening advocacy efforts.

### Feedback and Acknowledgements

As with every conference, the College conducted a survey to gather feedback and ensure continuous improvement. The feedback was overwhelmingly positive, with attendees particularly appreciating the networking opportunities. The smaller, focused nature of the conference allowed for meaningful interactions during break times and social events.

### Thank you

The success of the symposium would not have been possible without the contributions of many individuals, groups and organisations. A heartfelt thank you goes out to all the amazing speakers, workshop hosts, and poster presenters. Special thanks to the Australian Catholic University for sponsoring the venue and to Simovation for sponsoring the social drinks and exhibiting at the event. The symposium organising committee - Brian Haskins, Nigel Barr, Scott Devenish, and Robin Pap - along with the broader College Research Committee, played a





## COLLEGE ELEVATES TONY WALKER TO LIFE MEMBER



Prof Tony Walker with College Chair Ryan Lovett (left) and CEO John Bruning (right)

The College recognises the significant impact and contribution that specific individuals have made within the profession through elevation of membership level within the College.

There is no higher award that the College can bestow than elevation to Life Membership - a gesture that recognises a lifetime of commitment and dedication to the advancement of the profession and to the advancement of the College.

Last week at the CAA Congress Awards for Excellence dinner, our Chair, Ryan Lovett, and CEO, John Bruning, were delighted to present Tony Walker with Life Membership of the College.

Prof Tony Walker ASM has almost four decades of experience in the ambulance and emergency services sector, working across a range of senior clinical, operational and leadership roles, notably as Chief Executive Officer of Ambulance Victoria from 2014 to 2022.

Tony first joined the College in 1986, and has continued his membership and active support of the College for 38 years. A registered paramedic, Tony is a Fellow of the College and holds various distinguished academic roles. Tony has been awarded the Ambulance Service Medal for his significant contribution to the development of ambulance services at a state and national level, and the National Heart Foundation President's Award and Australian Resuscitation Council Medal (ARC) for his significant contributions to improving cardiovascular health and resuscitation practice and outcomes. He was a finalist for the Australian Mental Health Prize in 2019 in recognition of his work in improving paramedic mental health and wellbeing.

We are thrilled to elevate Tony to Life Member of the College, and in doing so we acknowledge and thank Tony for his immeasurable contribution over nearly four decades.

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- Submissions may be primary research of quantitative, qualitative or mixed-methods design, or commentaries and scholarly perspectives
- International submissions with a regional focus are encouraged
- Submissions must adhere to *Paramedicine's* guidelines
- Accepted submissions published online and in a special edition in March 2025
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## PILLARS OF THE COMMUNITY: CP@CLINIC PARAMEDICS BRING NEW DIMENSION OF HEALTHCARE TO REGIONAL COMMUNITIES

Mildura, Latji Latji/Barkindji Country, Wodonga, Dhudhuroa/WayWurru Country

For the past two years in northeastern Victoria, community paramedics have been quietly reshaping how healthcare is delivered to traditionally underserved regional communities in the region.

The Community Paramedicine at Clinic (CP@clinic) Program, a joint initiative between La Trobe University and McMaster University in Canada, is enabling paramedics operating out of Mildura and Wodonga to use their knowledge and skills beyond emergency health responses to focus on preventative and rehabilitative health.

McMaster University has a well-established and evi-

### A LOT OF PEOPLE HADN'T BEEN TO A DOCTOR IN TWO OR THREE YEARS AND NOW THEY'RE SEEING US ON A REGULAR BASIS

dence-based CP@clinic program. In its first international adaptation, the program was initially piloted in Australia in collaboration with La Trobe University and Sunraysia Community Health Services (SCHS) in 2022, and later with Gateway Health in Albury-Wodonga.

CP@clinic provides free community clinics led by paramedics, who undertake chronic disease screening, health education and onward referrals. The model improves access to care, increases quality of life, eases pressure on ambulance services, hospital emergency departments and GP clinics, and improves overall health literacy in the community.

At present there are two paramedics working at each of the Victorian health services who provide easy walk-in access to healthcare, and their impact has been immediate and much welcomed by the public and other primary and allied health professionals.

Professor Evelien Spelten, from the Violet Vines Marshman Centre for Rural Health Research at La Trobe University and community paramedicine program coordinator, first heard about the CP@clinic model while on a study program for La Trobe with McMaster University. She was introduced via Professor Peter O'Meara. During the trip she met with Dr Gina Agarwal, a professor in the university's Department of Family Medicine whose team has led the development and evaluation of the CP@clinic program, which now extends across Canada.

"I thought, actually that would fit really well with some of the challenges that we see in rural health, so I managed to persuade the then CEO of Sunraysia Community Health Services, Simone Heald, to consider this as a possible intervention ... Simone is a very committed innovator in community health."

Discussions with then Victorian Chief Paramedic Officer Alan Eade, paramedics and SCHS began the process of mapping out how the model would work and the potential barriers to implementation.

Dr Ruth Hardman, a post-doctoral researcher with SCHS, said initial funding piggybacked off the governmental financial support that was provided during the COVID-19 pandemic to enable non-traditional workforces to support more vulnerable populations during the pandemic.

Clinics were set up around the Mildura local government area in community spaces targeting older and economically vulnerable

adults with chronic health conditions where people already felt safe and where there was easy walk-in access.

"We ran a pilot trial which started in August 2022, then we did data-gathering around health conditions, GP access, healthcare access, things like that. In July last year, we did a series of interviews with participants and with paramedics, and we put together a report that is published on that trial," Dr Hardman said.



From there, they received a four-year \$1.4 million Innovative Models of Care grant, a federally funded Department of Health grant that allows for long-term evaluation. It supports rural and remote regions where there are health workforce shortages and a need for more creative ways of using the available health workforce.

With the support of community health services, who fund paramedic salaries, the grant has enabled expansion across Mildura region and now, in collaboration with Gateway Health, to set up clinics in and around Wodonga. Two more community health organisations are due to join the program.

"The idea is to do these small clinics at these different locations, and often they're linked up to things like food relief or other community support services," Dr Hardman said.

"For the paramedics, it's about connecting them with the resources that are available. They go in there, do the assessments and a lot of health promotion and health education looking at things like blood pressure and diabetes risk, but also linking them up with services."

Dr Hardman said because more than a third of the initial cohort didn't have a GP, connecting them with healthcare services was vital. Because SCHS is a holistic community health clinic employing health professionals across different disciplines, there was a range of services and referral options available, including drug and alcohol, mental health, Aboriginal health support, refugee health, chronic disease and diabetes.

"It has a very wide range of different services, and I would say they have been absolutely embraced by the community health service because they do outreach. I think that's where paramedics are great at being out in places and being the first person out in those sorts of environments. They're able to really connect and draw people in.

"The clinical staff within the community health centre really like the fact that they've got paramedics and that they can connect them to people and care-coordinate them in a way that that wasn't happening previously."

Ambulance Victoria (AV) paramedic Travis Coombes, who grew up in Mildura, was the first paramedic employed at SCHS in 2022. After 13 years on-road with AV, he wanted to move into a different role beyond emergency response and the shift work involved.

"And after doing a bit of research into what the community paramedic role was about, it was definitely something that really interested me in trying to focus more on preventative health than dealing with things once they get to a crisis point."

At present there are eight clinics operating in Mildura and surrounding towns, staffed by Travis and new graduate paramedic Courtney Orwell, each with different challenges, different ways of life, and different socioeconomic and cultural dynamics, with each clinic individually adapted to the specific needs of each community. Some operate weekly and others fortnightly, both in open-access community spaces and retirement villages.

"For all the public ones, we're there every week and we make sure that the times stay the same every week and people can just drop in whenever they want. On average, we see between six to 12 people per clinic every week. Sessions roughly go for about 45 minutes for an initial private consult and 15 minutes for those returning, and so all our clinics are set up with a private consult room. People can walk in, no appointments, just come in for a health check, and if they've got any problems, they can come and chat to us. That gives us a better understanding of the context. They might suggest that they're doing it tough and we can try and help them."

### EVERYWHERE WE GO, PEOPLE ARE EXTREMELY THANKFUL FOR US BEING THERE



There are nine key diagnostic areas in the CP@clinic database, with health assessments including risk factors for diabetes, hypertension, cholesterol, falls, and heart disease, as well as lifestyle factors, financial security, and mental health, to determine if there is a chronic disease or a predisposition to chronic disease that is not being managed or is hindered by individual financial hardship. This enables the paramedics to set them on the path to longer-term health management and continuity of care through referrals to other clinicians.

Travis said one of the greatest benefits was in seeing people take an interest in and gaining a better understanding of their overall health and wellbeing.

"A lot of people hadn't been to a doctor in two or three years and now they're seeing us on a regular basis. They're exercising more, they're interacting with other people more, and coming to one of our clinics actually becomes a social outing for them because they wouldn't have had that otherwise; they'd just be staying at home.



"We've got a guy who's a Type 2 diabetic, and he stopped drinking soft drink. That was a massive win. Prior to coming to see us, he didn't have a GP, he didn't have a diabetes educator. There were so many other things that he didn't have any assistance with, and now he's got the medicine he needs and is getting so much better health-wise and also interaction-wise.

"Everywhere we go, people are extremely thankful for us being there, and they're totally on board, and it's a real change in my working aspect - that before you would just pick up people and take them to the hospital, that was it. Here you get to see them every week, and it's seeing the changes in them, and they're so happy with things now."

The initiative is also fostering greater community connection and social cohesion, with visitors to the clinics - many of whom are socially isolated - forming friendship groups in what have become truly communal spaces.

The public health and social benefits of the SCHS experience are being mirrored at Gateway Health in Wodonga,



"The manager at the Corryong Foodshare wrote a beautiful email to our boss thanking us because we actually had a very unwell client we had to call an ambulance for. They said that the client wouldn't be alive if it wasn't for us because we recognised that he was ill. He was in to get some food from the Foodshare and we assessed him and called the ambulance. There was just one single officer at Corryong and it would have taken an hour to get a backup from Tallangatta to drive, so we actually drove the ambulance in, being also employed by Ambulance Victoria."

And while the CP@clinics have been overwhelmingly welcomed by the communities in which they operate, many locals fear that the program will be short-lived.

"When I walk into a clinic and I talk to people who've attended, their very first question is, and this has happened multiple times, when is this going to stop? Is this going to stay? People in rural areas are so used to doing pilot after pilot of something that then disappears," Professor Spelten said.

"It's so ingrained in their perception of how healthcare is provided that you know they rave about the service, but they always ask that question. It breaks my heart. And I think that's pretty fundamental in how we deliver healthcare and that's part of why La Trobe is involved as well because it's about health equity, especially in the rural context.

"The evidence is everywhere that it works. And we have now been given four years to build up and consolidate that evidence."

## THE EVIDENCE IS EVERYWHERE THAT IT DOES WORK

where fellow AV paramedics Lauren Rudd and Alicia Turnbull have set up three walk-in clinics in the town itself, and one each in Corryong, Wangaratta and Chiltern. The pair undertake the same health assessments and provide the same referral pathways, and are also building the interpersonal connections that have often been lacking, particularly for vulnerable populations.

"It's not just meant to be about the medical side of things; it's about social connection. We've opened up six clinics so far, most of them piggyback off existing programs such as food shares in neighbourhood houses, exercise groups and craft groups, where people are already coming in for food or social connection," Lauren said.

She said through the clinics they had been able to pick up a number of previously undiagnosed health conditions among people who either lacked the financial means or were unsure how to navigate the health system and weren't connected to GPs or other health providers, including hypertension, diabetes, and mental health issues.

"It's very complex, they don't know that there's free counselling available or bulk billing," Lauren said. "They can't afford to see a GP so they haven't seen a GP in a long time, so we've got a massive resource folder and we can refer them into these services at Gateway Health. It's such a fantastic service in itself with all of its specialised services."

The last clinic the pair set up in Wodonga is in a 46-unit low-income public housing block. The block had a community centre that residents had been unable to access since the pandemic.

"We got in, we've had it cleaned by the Department of Housing and we get the key and open it up," Alicia said. "People come in, and the residents who have been quite socially isolated and have kept to themselves are loving it. Gateway Health funds some catering, so they're bringing sandwiches and slices, people are coming in and they're getting their health check and they're having a sandwich, having a social connection and then leaving, and that's been really special, just really addressing that social isolation that they've all had since COVID.

# HATO HONE ST JOHN'S FIRST EV PATIENT IS 'DELIGHTED' WITH THE EXPERIENCE

By **Amy Milne**, External Communications Specialist, Hato Hone St John

Canterbury/Waitaha, Aoteroa New Zealand

Jewellery shops have been known to make some people break into a sweat, but for Hamilton man Bernie Snook, on this occasion it didn't have anything to do with diamonds.

Bernie and his wife Susan had gone to a jewellery shop in the mall to get his watch fixed when suddenly the 64-year-old felt very unwell.

"It all happened quite quickly," Susan said. "Bernie became very heated and just started saying 'I've got to get out of here!'"

The couple exited the jeweller's shop to get some air and then Bernie's eyes "just rolled back. I panicked a bit and didn't know what to do."

A passerby, a mall security guard, and a pharmacist from Life Pharmacy came to their assistance and phoned 111. They were told an ambulance would soon be dispatched, but when Bernie's condition deteriorated, they phoned again, and the call-taker advised an ambulance was being sent immediately.



## THE EV EMERGENCY AMBULANCE IS THE FIRST IN AUSTRALASIA

That ambulance happened to be Hato Hone St John's first electric (EV) emergency ambulance, and the Snooks' call was the very first incident the vehicle and crew had responded to and transported to the emergency department.

The couple had seen a story about the vehicle in the paper that day and were pleased to see it arrive on scene.

"When Colin (one of the two paramedics who responded to the call) said we were going in the EV, we were just delighted," Susan said. "We're all for EVs. We have a hybrid. I think it's the way to go really."

"Yes, there's no other way really," Bernie added.

The Snooks were impressed with the layout and comfort of the treatment area inside the Ford E-Transit. There was a comfortable seat for Susan so she could stay close to Bernie during the journey to hospital.

They were also impressed at all the high-tech equipment and how everything was "within reach" for the paramedics Josh Stannard and Dr Colin Tan.

"All the gear and monitoring equipment was just amazing," Susan said. "It's also so quiet, which is great for communication."

Bernie agreed. "It was great - an excellent service. When I went into resus at the hospital, most of the work had been done," he said.

Bernie is now back at home recovering from the medical event and said while he loved the EV, he's in no great rush to go for another ride in it if he can avoid it.

The EV emergency ambulance is the first in Australasia and was designed and fitted out in Hamilton at Action Manufacturing.

Dr Colin Tan, Hato Hone St John Paramedic and Head of Service Improvement and Sustainability, said the EV was being trialled in Hamilton over the next year, where its range, clinical capability and functionality would be closely monitored.

All of it has been made possible thanks to ASB Bank, which put forward the funds to power the project.

"The trial is well underway, and I would like to thank the crews and dispatchers stepping up to the challenge as this is a learning process for all of us," Dr Tan said. "I look forward to doing more shifts on the vehicle and hearing the feedback from our people."





Daniel Calder and Katy Morgan

# HIGHBROOK MEDICAL PARAMEDICS PROVE TO BE A 'ROARING SUCCESS'

Auckland/Tāmaki Makaurau, Aotearoa New Zealand

With the primary healthcare system under pressure in Aotearoa New Zealand, health workforce shortages, and the traditional model of out-of-hospital care unable to keep pace with an ageing population presenting with more complex health needs, a growing number of GP clinics are adopting innovative new models of multidisciplinary practice and welcoming paramedics into extended care teams.

For Highbrook Medical Clinical Director Dr Daniel Calder in East Tāmaki, Auckland, the decision to employ paramedics was premised on the recognition that change was needed in order to provide more holistic, comprehensive and

responsibilities of the role.

"We sat down and talked about what is it that a paramedic can do in a GP clinic, what are the pinch points for us in terms of what the patients are needing. And it became quite clear that this was an exciting opportunity that we wanted to explore. And Katy came on board."

In addition to Katy, who has worked full-time for Highbrook Medical for the past 18 months, the practice has also employed another paramedic on a part-time basis. They have joined an extended care team that includes nurses, pharmacists, a health improvement practitioner operating in a mental health role, and a health coach.

"And I have to say it's been a roaring success. We're collectively looking after the patients that are coming through our doors. We've had excellent feedback from patients. Patients appreciate the service and the timeliness, and I think our clinical colleagues also really appreciate that the way that it's not a completely different domain, there's a lot of overlap but also are some differences in terms of expertise as well."

Katy works in the practice's acute walk-in clinic, where no appointments are necessary and people are able to seek immediate treatment. The aim for Dr Calder was to strike the right balance between scheduled care – pre-booked GP and nurse appointments – and unscheduled/ unplanned care.

"From a patient point of view, that's really important if they have an acute health need," Dr Calder said. "There's somewhere they can go. That's alleviating pressure elsewhere in the system. In New Zealand, we've obviously got a huge issue with emergency department capacity. They are very stretched, and each patient that we can successfully manage out of hospital is not only a good thing for the ED department, it's also a very good thing for the patient because otherwise they would have lengthy waits."

While initially a steep learning curve, Katy is now well-set-

ted into her role, and sees between 12 and 21 patients per day. The main presentations involve colds and flu, musculoskeletal injuries, hand and shoulder injuries, chest pains and minor skin and wound injuries.

the regular GP. If I'm worried about whether and infection is anaemic or infectious processes, I can do an initial work-up, arrange investigations where needed such as blood tests, start them on a treatment regime and get them reviewed in a timely

term conditions," Dr Calder said. "It's important because we're still very much in the 15-minute model when it comes to GP appointments and the patients have a lot that they want to cover in those 15 minutes."

For Katy, working in the acute clinic offers immense professional satisfaction in delivering a better quality of care for short, medium and long-term patient care and for patients with lower-acuity conditions.

"I get the chance to follow up, which is really exciting because whenever you get treated them in the ambulance, you often didn't get a chance to either go back to the hospital or you didn't see the results. You didn't know what happened with that patient, and it's been really beneficial to be able to see how they're progressing."

For Dr Calder, the benefits to both patients and the clinic are clear.

"The old model isn't working any more. From my point of view on the management team, we've certainly seen the benefits of having paramedics on board."

## EACH PATIENT THAT WE CAN SUCCESSFULLY MANAGE OUT OF HOSPITAL IS NOT ONLY A GOOD THING FOR THE ED DEPARTMENT, IT'S ALSO A VERY GOOD THING FOR THE PATIENT

Her scope of practice is quite broad, working under a specifically designed Standing Order that enables her to dispense symptomatic and therapeutic treatments, including antibiotics and pain relief.

"I can cover basically most infections," she said.

The walk-in clinic also alleviates the pressure on the clinic's GPs, allowing urgent acute health issues to be immediately addressed and follow-up appointments booked if required.

"We have a system where we've got some one to three-day day follow-up appointments that I can utilise with

manner to make sure it is improving. Or if it's not, then they can get an appointment with the GP."

If there are any issues with the medications or a medication review is needed, patients can be referred to the clinic's pharmacist, who will examine their history and then advise the GP. There are also long-term care nurses and a health coach for lifestyle matters.

"It means that when a patient comes to see me as a GP, their acute infection or acute pain issue, or a variety of different things, might have then been resolved, so I can then focus a bit more on the long-

## WE'RE COLLECTIVELY LOOKING AFTER THE PATIENTS THAT ARE COMING THROUGH OUR DOORS

responsive healthcare to better meet the evolving needs of the community.

"There was a mismatch between what we were wanting to offer and what we were able to offer, and so as a clinic we were interested in looking at how can we do things a bit differently, and we've really embraced the idea of having an extended care team.

"That traditional model of GP and nurse may have worked okay in previous times, but now it's not really fulfilling all that we want to do for our patients and the community, so we've had a very deliberate approach to it. We looked at a variety of models and we knew that paramedics had lots of clinical skills and patient-facing skills and I really was interested in seeing how this could strengthen the services that we provide."

Discussions with former Hato Hone St John Extended Care Paramedic Katy Morgan and the clinic's General Manager followed to determine the parameters, functions and

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# REACHING FOR THE SKY: A CAREER HIGH FOR FLIGHT INTENSIVE CARE PARAMEDIC

Darwin, Gulmerrogin, Larrakia Country

I WANTED TO BE WORKING IN AN ENVIRONMENT WHERE I WAS CLINICALLY PUSHED TO THE LIMIT

It was a major vehicular accident on the New England Highway in the early hours of the morning that was the catalyst for Stuart Knight to embark on a career in paramedicine.

The UK-born, former IT programmer was travelling around Australia on a motor-bike when he was waved down to help before paramedics arrived on scene.

"I watched the paramedics take control of a seemingly disastrous scene and intubate what appeared to be a very, very sick patient, and when the sun came up that morning, I just went, 'Wow, I know what I want to do with the rest of my life!'"

In 1997 he joined New South Wales Ambulance, where he served for the next 25 years, predominantly on Sydney's northern beaches. But it was to the skies that he was drawn, and working on a helicopter was his ultimate career ambition.

After topping the exam to become an Intensive Care Paramedic, he wanted "to see how far I could go".

"Back then, the elite was aeromedical. That's where the clinically best people were working, but of course it was hard to get into, and clinical excellence was not the only criteria. That was the motivation for me. I wanted to be working in an environment where I was clinically and physically pushed to the limit. I needed to go somewhere where I could get on a helicopter."

"I looked around and saw Medical Rescue had a helicopter up there in Darwin, and I joined them as a remote paramedic working at the Snowy Mountains. Part of

later was offered a permanent role in Darwin.

"They phoned me up and said, we've got a spot here, we've got a HUET (Helicopter Underwater Escape Training) course, which is quite challenging. I've been here almost two years now on the rescue helicopter."

Stuart works as Flight Intensive Care Paramedic on an Australian Defence Force (ADF) crash response helicopter.

"Medical Rescue supplies the paramedics on the Toll helicopter, they supply the pilots and the crew, and that resource is contracted to the ADF. That's our primary role, but we're on the register for AMSA (Australian Maritime Safety Authority) along with LifeFlight and CareFlight. So, it's a two-phase role. It's primarily for helicopter crash response, but we perform other search-and-rescue duties as well."

In Darwin, there are two helicopter flight teams, working two weeks on and two weeks off. There are four people aboard each flight - two paramedics, a pilot and a crew member who winches them up and down. Medical Rescue is Australia's busiest international air ambulance service covering the Asia Pacific region, and Stuart said they also regularly took part in international medical retrievals.

He said the highlight of his time thus far with Medical Rescue was a recent offshore retrieval of a patient experiencing chest pain.

"We got called to a boat that was 280km offshore. We had enough fuel to get out there, but we'd have 25 minutes to get

wind throwing up a sizeable swell. The patient was also more than two metres tall, and barely fit into the rescue basket.

"I said later on, when we got into hospital, 'Have you ever played basketball?' He said, 'Yeah, that's how I'm in this position'. He said got hit in the chest when he was a young boy back in Croatia and had a cardiac arrest, and they put him on a beta blocker which slowed his heart rate right down. The beta blocker had been getting the better of him, so he was quite bradycardic and clinically he looked unwell."

"Of course, we had to rule out chest pain. His ECG was normal, everything looked fairly normal, but the protocol for chest pain is that you don't know until you've had an angiogram. He was in obvious pain probably caused by poor cardiac perfusion resulting from his acute bradycardia. We treated his pain, got him back up and flew him back to Darwin hospital."

"That job was challenging in every way, But the pilot, Rich, and the crewie, Cookie, were just amazing. The wind was strong, the ship was moving at 18 knots, and the pilot kept the helicopter perfectly over our spot. The crewie put us down right where we needed to be, and when the hook came down to pick me up, it was right where it needed to be."

For Stuart, his work with Medical Rescue has rekindled his love of paramedicine. After a quarter-century of shift work on

of aircraft. The learning curve is just exponential.

"I now get the opportunity to work with emergency specialists and anaesthetists. I just did an AME (Air Medical Experts) project where I worked with anaesthetists. My appreciation of airway management

and paralytic drugs just went through the roof. I'll be going down to

do some time with him in theatre where he works full-time to continue my education.

"I think a lot of people in the ambulance service worry that once they move out of that field and that because they're not seeing 10-15 patients every day, that they're going to de-skill or lose their skills. I actually think it's the opposite as without interest and passion for what you are doing, it doesn't matter if you see 50 patients a day; that's not going to make you a better paramedic. There are many opportunities in my job to discuss and practice in detail the skills required to stay on top."

"The amount of available learning opportunities these days is limitless, and new learning is what keeps you current, or as the old saying goes, you may have had 20 years' experience, but is it 20 years or one year repeated 20 times?"

## I FELT LIKE I'D BEEN REBORN



my thinking was, they've got a helicopter, it's probably possible. I really enjoyed the remote work; it's so challenging, so different."

One day he received a call from Medical Rescue asking if he could take up an urgent short-term position in Darwin working on a helicopter. He eagerly leapt at the opportunity. On his return to the Snowy Mountains, he began studying aeromedical medicine, and three months

winched down, treat the patient, package the patient, and have the patient and ourselves winched up. At which point, if we hadn't achieved that, the helicopter would have had to leave because of fuel - you don't usually go that far out to sea. In fact, one of the crew told me that it was probably one of the furthest out-to-sea rescues that had ever been performed on an AW139 (helicopter)."

Complicating matters was an 18-knot

the road, like many of his peers, he was feeling burnt out.

"When I came here, I started studying again and I started reading. I felt like I'd been reborn, I felt excited to be a paramedic again, and that was something I hadn't felt for a very long time. Who would have thought back when I joined the job that we'd be doing ultrasounds, handheld ultrasounds in the back





# COMMUNITY PARAMEDICINE IN RURAL AND REMOTE AREAS: WHAT COULD IT LOOK LIKE?



By **Miranda Lewis**, Advanced Care Paramedic, Queensland Ambulance Service Mitchell, Queensland, Gunggarri Country



The paramedicine profession as significantly expanded since it's humble inception as a transport service from emergency scenes to hospital. Gone are the days of the "you call, we haul" mentality. Most services today now boast a variety of skill sets from specialised patient transport services all the way up to critical-care/high-acuity paramedics. Paramedicine's ability to adapt to changing situations and evolving patient presentations is what gives us an edge when it comes to moving forward in our profession.

## COMMUNITY PARAMEDICINE CAN PROVIDE A VALUABLE LINK BETWEEN PATIENTS IN THE COMMUNITY AND HEALTH SERVICES

It makes sense then, when our healthcare systems started to feel an increased demand<sup>1</sup> across the globe, that paramedicine would rise to the occasion. The idea of community paramedicine is not a new one worldwide, but it is growing rapidly<sup>2</sup> and is likely to form a core component of paramedicine as we progress into the future.

In this article, we will discuss what community paramedicine

could look like in practice in the rural and remote environment. As we begin this discussion, we must consider what community paramedicine aims to bring to the rural and remote community.

A community paramedicine program can enhance and assist the local healthcare system by providing support and services for patients in the community, with the flow-on effect of decreasing stress on local health infrastructure and staff. The aim of such a program isn't to reinvent the wheel or create a standalone primary care service, but to provide a service that is integrated with the existing available

services and expand these out into the community.<sup>2</sup> This might be achieved through initiatives such as:

### Referrals and health service integration

Community paramedicine can provide a valuable link between patients in the community and health services that may require multiple steps to access. By integrating with local services such as x-ray providers, pathology or allied health, and increasing communication with

local general practitioners, community paramedics can assist patients to access certain healthcare services in a more streamlined manner.

### Consider

Consider the local football carnival held in a small rural town. The population of 800 has doubled due to the event. A single emergency ambulance works on-call. The local multipurpose health facility is running on limited staff with no x-ray available until Monday morning. The local community paramedic attends a patient who presents with a simple potential fracture, no obvious deformity, and is otherwise well. This patient could be transported to the local facility, where they would be transferred on to the next town for imaging, an exercise that depletes the town of an ambulance response and a senior clinical nurse for several hours. Alternatively, the community paramedic can treat the patient on scene, perhaps applying a back slab to the affected area or organise crutches to be available from the local health facility. They write a referral for an appropriate x-ray that the patient can receive when they return to their hometown and a follow-up letter to the patient's usual GP. The community paramedic's treatment reduces the burden on the local ambulance service and the local health service while also allowing for streamlined patient care.

### Community clinics and education

Rural and remote communities, particularly in the Australian context, suffer greatly from the tyranny of distance. Despite this, rural communities are generally receptive to large-scale community health initiatives (such as the Heart Bus).<sup>3</sup> Community paramedics who are already integrated into the community are well suited to providing regular, advertised community clinics. These types of initiatives can improve health monitoring, health education and provide a sense of support for rural communities.

potential avenues. Multidisciplinary integration could occur through a collaborative approach with local GPs, hospitals, and community health services where community paramedics could provide supported home visits and follow-ups.

### Consider

A small, one-doctor GP clinic attached to multipurpose health facility is contacted by a patient for a routine appointment as they are feeling a bit unwell. The receptionist advises that they don't have an available



## THE INVESTMENT IN THIS AREA OF OUR PROFESSION IS EXCITING

### Consider

The local community paramedic as part of their portfolio organises a scheduled community clinic in each of the small localities in their response area. They take the time to travel to the localities (perhaps an hour or more away) and utilise available community infrastructure to provide a day of health monitoring, general check-ups, vaccinations, and health education. The community appreciates the reliable service, the effort being taken to bring healthcare to the locality, and the days are well attended as the positive community perception of the service grows via word of mouth. This increases the trust of the community in the local healthcare system and builds valuable relationships between the community and the first responders.

### Hospital discharge support/home visits/community primary care

In many communities, community nursing programs are utilised to provide support to patients who have been linked through the existing healthcare system or through the aged-care system. Community paramedics have the potential to expand this further through a number of

appointment with the GP for at least a week. However, as an alternative, they ask if the patient would like a home visit from the local community paramedic. The community paramedic can attend to the patient later that afternoon and provide point-of-care-testing (POCT). Through POCT, the community paramedic is able to determine that the patient is likely suffering from a simple urinary tract infection. Through collaborative phone consultation with their GP, the community paramedic leaves the patient with an e-script for antibiotics and an appointment for further follow-up.

### Integrated emergency responses

In some areas, community paramedics are being utilised alongside their emergency response counterparts to enhance emergency pre-hospital care. In the same way that on-road paramedics can identify a patient requiring critical care and request intensive care or critical care back-up, community paramedics can be dispatched to patients who require a more primary care approach.

### Consider

A local crew attends the nursing home in town for a patient who requires a urinary catheter change, with no staff on shift currently qualified to do so. The paramedic realises that while they could transport the patient to hospital and back (approximately 60 minutes each way) they could also call their community paramedic, who could attend the scene and potentially mitigate an unnecessary hospitalisation for this patient. The community paramedic arrives, assesses the patient, and can successfully remove and replace the catheter. The referral of the on-road paramedic and the integration of community paramedicine into the emergency space has ensured that this patient can remain in their own home where they are comfortable while still receiving the care they require.

### Conclusion

For those on the fence about the viability or necessity of programs like community paramedicine in our own rural and remote work areas, it's important to remember that we likely already undertake a lot of these support actions in our roles as emergency paramedics.

Do you attend local health promotion events or perhaps provide health education or CPR awareness at local schools? Do you take the time to formally or informally follow up the patient that you didn't transport the next day to ensure that they are still okay? Do you do informal checks on your elderly patients in the middle of summer when you know they won't have the air conditioner on? If so, you are already providing some form of community paramedicine.

The investment in this area of our profession is exciting, and personally I can't wait to see where it takes us in the future.

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## RURAL HEALTH CAREERS PROMOTION PROGRAMME IS INSPIRING STUDENTS IN OUTLYING AOTEAROA COMMUNITIES

Wellington, Te Whanganui-a-Tara, Aotearoa New Zealand

For the past three years, Hauora Taiwhenua Rural Health Network has been running an innovative programme aimed at addressing the critical health workforce shortages across Aotearoa New Zealand that are having a particularly profound impact on the health and wellbeing of rural communities.

The Rural Health Careers Promotion Programme provides advice and support to encourage rural youth throughout the country to pursue a career in health, and supports current tertiary health students to work in those traditionally underserved areas after they graduate. And it is raising awareness of, and generating interest in, paramedicine as a future career option.

Zealand | Te Whatu Ora. We've now been running this successful programme for more than three years," said Samantha Hill, Hauora Taiwhenua Rural Health Network's Rural Health Careers Coordinator.

Each year the programme aims to reach 90 different rural secondary and composite schools around Aotearoa New Zealand, during which they run interactive workshops where secondary school students learn about tertiary education and a wide range of health disciplines.

There are 14 planned five-day trips throughout the year, touring each region. Each trip is fronted by six to eight volunteer tertiary students studying towards a health career at various universities and Te Pūkenga. The volunteers speak to students about which

National Certificate of Educational Achievement subjects they will need to apply for tertiary study, along with the various health disciplines on offer and tertiary support networks once they are studying

They run four to five interactive activities where students can try practical techniques used by health professionals, such as CPR

and blood pressure. They also visit and talk with rural health professionals to learn about the rural health sector and potential job opportunities once they graduate.

"We also provide opportunities for tertiary students and local rangatahi to engage in Māori cultural competency and cultural safety training through noho marae; which includes an overnight stay at a rural marae to learn more about Māori health, tikanga, pūrākau (myths and legends) and traditional arts, crafts and waiata.

### WE'RE TRYING TO MAKE BRIDGES FOR OUR RURAL STUDENTS TO ENGAGE IN HEALTH AND HOPEFULLY INSPIRE THEM TO GET INVOLVED

The initiative had its origins at universities, where rural health clubs comprised of students from different health disciplines who were interested in working in rural areas started visiting high schools to engage with students from Years 9-13 and pique their interest in working.

"Some of those clubs got in touch with our organisation, which back then was known as the New Zealand Rural General Practice Network. We then came up with a proposal to run a nationwide programme to attract rural youth into health careers and took it to Health New

"During these experiences, our tertiary students learn how to better engage with Māori in rural communities so that they feel safe in utilising health options in their areas. The

tertiary students follow up their visits to the regions with a range of online webinars to further engage with the rural students who have expressed an interest, to build a kind of big brother or big sister relationship.

"Oftentimes they won't know anyone else going to university, so they can join webinars and talk to current tertiary students, to dispel any anxieties they may feel. These different events and opportunities provide 'bridges' for our rural students to understand that there are health careers they can follow and hopefully inspire them to take those paths."

The need to bolster the rural health workforce is pressing. According to the Network's Rural Health New Zealand Snapshot 2024, the challenges facing the almost 900,000 people residing in rural areas of the country - who comprise 19% of the national population - include significantly higher mortality rates from preventable causes; significantly higher rates of suicide, particularly for males; twice as many people living in social and economic deprivation, particularly in more remote areas; very low vaccination rates to prevent disease; and far fewer rural people accessing hospital care, despite their poorer health. Many of these statistics are worse for Māori living in those areas.

Despite having poorer health outcomes, rural people are up to



37% less likely to have a hospital admission in a given year, and people living in remote communities also have poorer access to emergency department and specialist services than those living in the cities or other rural areas.

Building a better understanding of the health needs of rural communities and the differences between working in an urban area and a rural area are key components of the programme. And for aspiring paramedics, it raises awareness of the reality of professional practice in an environment where resources are often scarce and the nature of the work can differ markedly from that in cities.

"It's especially interesting for our paramedic students hearing the differences about urban work and rural work. There's quite a bit more of going to pick someone up and take them to the hospital, because that's what needed in cities, but in rural communities there's a lot more hands-on community work and getting to know people, especially with some of the elderly.

## THIS IS A WONDERFUL SPACE IN WHICH GOING INTO A RURAL HEALTH CAREER BECOMES A POSSIBLE DREAM OR GOAL FOR THE YOUTH OF RURAL NEW ZEALAND

"Some rural communities only have one or two ambulances and quite a large area to cover. Hearing about the issues they have

if someone's been called out and it's going to take them three hours to get to a local hospital is quite interesting for them, particularly when many of them are studying in urban areas."

With its multidisciplinary approach, the programme also enables students from different fields of health study to learn more about how others work and how they can work together. It also builds broader health literacy in the community.

"For many of our high school students, it's really interesting for them to learn about the different careers in health and what they do. Paramedicine is definitely one of the ones that gets quite a lot of attention, where they hear about the different scopes of practice, from being up in rescue choppers, to being at their local footy game, to community work or emergency work. A lot of the high school students don't know about this, and it's quite memorable for them to hear and to learn about."

Since the programme began, 58 high school students have expressed an interest in pursuing a career in paramedicine. It's been equally inspiring for the Auckland University of Technology (AUT) paramedicine students,



who are able to take part in the School Health Careers Promotion programme thanks to funding from AUT to help cover their flights.

"Attending the Rural School Programme and being warmly welcomed into schools to share about Health Science careers was an absolute honour," said third-year AUT paramedicine student Kelly Williams. "From interacting with engaged students and being welcomed through a pōwhiri, to visiting a regional hospital alongside a beautifully diverse team, was nothing short of an adventure.

"This is a wonderful space in which going into a rural health career becomes a possible dream or goal for the youth of rural New Zealand. It also personally opened my eyes to the endless opportunity that comes with being part of a tightly knit rural health community."



# NATIONAL RURAL HEALTH STUDENT NETWORK IS HELPING TO BUILD FUTURE HEALTH WORKFORCE FOR REGIONAL COMMUNITIES



With health workforce shortages and poorer health outcomes in many of Australia's rural and remote communities, the National Rural Health Student Network (NRHSN) is bringing together like-minded students studying medicine, nursing, paramedicine, and other allied health fields to encourage and support them in pursuing careers in rural areas of the country.

The NRHSN is Australia's only multidisciplinary student health network, with more than 11,000 members who belong to 28 university-based Rural Health Clubs from all states and territories. NRHSN Nursing, Midwifery and Paramedic Officer Cameron Powers said the network, an Australian Government initiative, provided a voice for students who were interested in improving health outcomes for rural and remote Australians.

The need for more healthcare workers and improved access to key service delivery is vital to the long-term health of those communities. According to 2024 Australian Institute of Health and Welfare data, people living in rural and remote areas are more likely to die at a younger age and have higher death rates than their counterparts in major cities.

"We're trying to address those workforce shortages from a student level and trying to make a career in rural health interesting and achievable," Cameron said. "Even if they haven't grown up in a rural or remote area, it's about

combating misperceptions, emphasising importance and ultimately presenting a career in rural healthcare as one that is equally fulfilling and important as one in metropolitan areas.

"Anecdotally, I've noticed paramedic graduates often attain positions across all services and most of the time they're in either regional or rural areas, and quite often people don't go there out of choice; they just go there because they got the job. However, trying to build up interest in those areas beforehand while they're a student can make the transition into these environments more streamlined and better for everyone involved."

Cameron said a lack of financial support for student placements in rural areas hindered opportunities for those with a genuine interest in experiencing work outside of metropolitan centres. Completing placements in a person's local area can still be a difficult endeavour, and completing placements in rural and remote areas can be simply unfeasible, even if the genuine interest is there.

For paramedics and other allied health students, clinical placements are a mandatory requirement for their degrees, but can impose severe financial hardship and lead to "placement poverty"; however, they are not included in the Australian Government's new Commonwealth Prac Payment. Paramedicine students complete up to 18 weeks of placement, which can be located hundreds of kilometres from their homes, causing extreme stress as they seek accommodation, juggle paid jobs and rent/mortgage commitments and other family responsibilities.

"A lot of people want to complete rural placements, but it's quite difficult finding accommodation in these towns unless there's pre-existing student accommodation, which even then, is not always available to paramedic students."

Funding through the NRHSN-supported Rural Health Clubs scholarships provides travel and accommodation expenses.

"The Rural Health Club I'm a part of - the Southeast Queensland, Towards Rural and Outback Health Professionals in Queensland (TROHPIQ) - has, for example, quarterly transport bursaries. If you have a placement happening within a certain quarter of the year, certain financial grants up to \$500 for transport or accommodation can be applied for. You'll find that all Rural Health Clubs across the country have some form of scholarship or bursary to assist their students in completing rural placements."

For paramedics, it's also an opportunity to work directly with other health disciplines and paves the way for the broader understanding of paramedics' capabilities and their continued integration across the health system as part of multidisciplinary teams.

"The role of paramedics in rural and remote areas is possesses several key differences to their metropolitan counterparts. In these settings, paramedics may continue to assist in the ED after bringing patients in.

"While we are not a hospital-based profession, the integration of paramedics into multidisciplinary teams in rural and remote settings is undoubtedly stronger. Helping to develop aspiring clinicians at the student level to work in these areas and truly demonstrate the professional capabilities of paramedics is a key goal of the NRHSN. Rural and remote communities deserve clinicians that are dedicated and committed to providing optimal health outcomes."

Learn more about the NRHSN at <https://nrhsn.org.au/>  
<https://www.facebook.com/nrhsn>  
[https://www.instagram.com/the\\_nrhsn/](https://www.instagram.com/the_nrhsn/)



# CENTRAL QUEENSLAND UNIVERSITY - AUSTRALASIAN COLLEGE OF PARAMEDICINE-SPONSORED AWARDS

Congratulations to all of the recent Central Queensland University prize-winners for the 2023 academic year, including three recipients of College-sponsored awards. Awarded annually, CQUniCares academic prizes recognise and celebrate the academic achievements of CQUniversity students.

## Australasian College of Paramedicine First Year Prize

**Criteria:** Awarded to the first-year CG95 Bachelor of Paramedic Science student who achieves the best results (highest GPA)

**Prize:** \$250

**Recipient:** Isabella Tummarello

## Australasian College of Paramedicine Second Year Prize

**Criteria:** Awarded to the second-year CG95 Bachelor of Paramedic Science student who achieves the best results (highest GPA)

**Prize:** \$250

**Recipient:** Sophie Duncan

## Australasian College of Paramedicine Third Year Prize

**Criteria:** Awarded to the third-year CG95 Bachelor of Paramedic Science student who achieves the best results (highest GPA)

**Prize:** \$500

**Recipient:** Shane Chugg

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# PEARLS OF WISDOM: FLINDERS UNIVERSITY PARAMEDICINE STUDENTS LAUNCH RESEARCH GROUP TO BRIDGE DATA GAPS

Adelaide/Tarntanya, Kurna Country



When a group of first-year Flinders University paramedicine students embarked on their Contemporary Approaches to Lifestyle Management course, they soon found that there was a dearth of relevant research from which to draw upon.

"We had to basically research about what life as a paramedic is and how it affects our mental and physical wellbeing and how we can find ways to manage it and have a longer-lasting career in paramedicine by processing our emotions. But there was just not a lot of information out there to research. We often had to quote journals about nurses rather than paramedics," said student Mia Rowlands.

With the aim of bridging the research gaps, last semester they banded together to form the PEARLS Research Group:

Paramedic Education and Research Led by Students under the guidance and tutelage of Dr Elizabeth Goble, Research Advisor at the university's College of Medicine and Public Health.

The five-member PEARLS team – comprising Mia, Niamh James-Preet, Tia Dahlitz, Annelise Janssen – decided to focus their attention on dissociation as a coping strategy and are working towards publishing a scoping review of the available literature.

"This was the logical place for us to start to see what's actually out there, and as we educate ourselves as to what is out there and what isn't out there, we'll then be able to identify where the greatest need is and which methodology is going to be the best one to use," Dr Goble said. "I'm

teaching research we as we do it, and as soon as we take our training wheels off, I'm sure we'll go down many different avenues."

The group meets weekly and collectively divvies up research tasks.

"So far we're talking about what databases to use to look into the research that's out there and what hasn't been written and what has been written. We've divided up the different databases between us, and we're all doing a search, and then we

one, even if it's just a little bit of insight about how we can manage it better - just helping the whole paramedic community with the mental health side of things."

"Paramedics give so much to other people and we want to give something to paramedics as well," Niamh said.

Importantly, the initiative is helping to remove the inherent fear that exists among many students in relation to undertaking research and making the

RESEARCH IS  
**NOT** THIS FAR AWAY,  
SCARY SORT  
OF THING

come back once a week and discuss what we found, what we should change about it, if we had any luck with finding anything, and what we may need to improve in our searches or change so that we can find more or more specific research," Mia said.

Their research journey is one they all aim to continue throughout their undergraduate degrees, and one they hope will benefit all paramedics, as well as open up a potentially different career pathway in academia in the future.

"We all want to help people, and when we started doing the research for our other subjects, we found out there was a big gap, especially in the mental health of paramedics," Tia said. "I think doing studies like this can better equip every-

research process not only more accessible, but also a lot of fun.

"There was an element of making it achievable," Dr Goble said. "Research is not this far away, scary sort of thing, even professors and associate professors don't have to be scary people to talk to. We don't trip over our egos here, we're all very inclusive.

"When we sat down and talked about the frustration of the lack of research, we said, hey, there's us. We can do it. And why not? It takes the fear away and we've had fun, and we're developing skills. It's going to benefit everyone all round."



# OVERCOMING CHALLENGES IN PARAMEDICINE RESEARCH



By **Dr Ben Meadley**,  
Adjunct Associate Professor  
Department of Paramedicine,  
Monash University  
Melbourne/Naarm,  
Wurundjeri Country

Conducting research in the field of paramedicine can present many challenges, from the initial stages of idea creation through to ever-present hurdles accessing funding and getting research published in quality journals. It can also be daunting trying to decide which type of research methodology you should use, whether you will conduct your research in the clinical practice environment or a lab, will you be analysing large data sets, or will you be exploring qualitative approaches (or even all of these)? We've spoken to some of our emerging and established researchers across the College and paramedicine more generally. These subject matter experts have kindly shared their experiences and insights into the challenges one may experience on a research journey, highlighting common hurdles and offering advice on how to overcome them.

## THE COLLEGE HAS MANY RESOURCES TO HELP YOU GET STARTED

### Navigating the initial phases

Getting started in paramedicine research can be a big step, especially if you are looking to balance clinical practice with an evolving program of research. Higher degree by research (HDR) programs are often part of the unknown for paramedics, but asking questions of those who've been there before is often a great way to understand what challenges may lie ahead.

A/Prof Brian Haskins recounts his early challenges with the application process for his PhD. "My first major hurdle in my PhD was the initial application process, as I found it very confusing. However, after reaching out to the graduate office for help, I was able to start my journey," he said. He also emphasises the importance of starting to write thesis chapters early and using the services of a good thesis editor, describing them as "worth their weight in gold".

Once the barriers to application and commencement of HDR programs have been overcome, most will find the journey becomes just that little bit easier; but it's important to set up your support network early to ensure you're ready for the challenges ahead.

### Building a research pathway

Getting started in research is often considered somewhat of an unknown. Information regarding minimum requirements, workload, skill sets and starting points can often be hard to come by. The College has many resources to help you get started, so please reach out to any of the members of the Research Advisory Committee if you'd like to have an informal chat. Additionally, there are opportunities to be mentored as you begin to undertake research in paramedicine. You can find out more at: <https://paramedics.org/research>

Laura Hirello, a PhD candidate, faced the challenge of entering the paramedic research field in Canada, where no formal programs existed at the time. "Despite there being no clear path, I started acquiring the education and credentials I knew I would need

to conduct paramedic research," she said. Her proactive approach involved building a network of paramedics involved in research, which eventually allowed her to seize opportunities when they arose.

While there are plenty of resources to help you get started, your self-drive is a major determining factor. You'll find that most researchers are very passionate about their subject area. There's a key message here - passion is what drives good projects and gives you momentum, so find something you're really interested in knowing more about, or a research question you really want to answer.

### Funding and resource challenges

Most research will have some costs associated with it. These could be small administrative costs through to significant sums of money for studies like clinical randomised trials. Funding research is always challenging and grants are highly competitive. Be realistic about what you can



achieve with the funding you have and be similarly pragmatic about winning large grants.

Verity Todd highlights the difficulties in securing external funding, a critical aspect for sustaining research projects. "Some of my roles have been completely based on soft funding, meaning I needed to find support for my own salary as well as other research expenses," she said. To combat this, she advises researchers to take advantage of all funding opportunities and build networks of collaborators for future grants.

A/Prof Belinda Flanagan further elaborates on the financial challenges, noting that "funding is a critical issue, with limited grant opportunities making it difficult to secure the necessary resources." Additionally, she points out the compounded problem of time management, where the teaching workload

## THERE ARE FEW MORE SATISFYING FEELINGS THAN SEEING YOUR PAPER IN PRINT

often leaves researchers with insufficient time to dedicate to their projects.

The College opens applications each year for research grants. If you have a project in mind and are seeking some seed funding, these can be a fantastic way to kickstart a project. Keep an eye out on the College website and social media channels to find out when applications for these grants are open.

Overcoming academic and methodological hurdles

Submitting your first paper to a scientific journal can be a confronting process. The process can involve multiple steps, turnaround times can be many months, and the feedback from reviewers can seem overly critical. It's hard to not take it personally. However, there are few more satisfying feelings than seeing your paper in print.

Dr Robin Pap shares his experiences with the peer review process, initially finding it frustrating but soon recognising its value in improving research quality. He also highlights the importance of viewing peer review comments as opportunities for growth and improvement.

Few researchers would say their best papers were worse off for the peer review process. You'll have to be brave and take the constructive feedback as it's intended to ensure that your research has the impact it deserves.

### Technical and logistical challenges

Statistics and data analysis often pose significant challenges for researchers. A/Prof Ben Meadley recounts his struggles with statistics during his undergraduate education and early PhD. Through a collaborative approach with his supervisor and additional training, he was able to improve his capabilities in biostatistics, recognising the importance of seeking help when needed.

Prof Scott Devenish experienced a significant disruption in his research progress when he had to switch universities and change his research methodology. Undertaking a primarily qualitative program of study, he initially choosing phenomenology; he later adopted grounded theory, which, despite the initial difficulty, proved to be a wise and practical decision.

Further, A/Prof Nigel Barr faced challenges related to time management and understanding complex research methodologies. He underscores the importance of trusting one's supervisors for guidance and learning to balance commitments to effectively manage time.

Taking the time to see the big picture and talk through options with your trusted team of supervisors and colleagues can help make some seemingly calamitous issues relatively insignificant in the long run.

### Presenting your research

When the study is done, you must share the results! While everyone would like to be flown to exotic international destinations to disseminate their findings, this is the reality for only a select few, well-established and late-career researchers. Being realistic is important.

Dr Amelia Brennan said that "During my research career, there have been many times when I have submitted an abstract to a conference for an oral presentation, only to be offered a poster presentation instead. This caused me to question whether my research was good enough for a talk. I soon realised that poster presentations offer fantastic opportunities for informal discussions and networking with individuals who were genuinely interested in my work, and some of my most fruitful collaborations have begun in front of a poster."

Presenting your research orally or as a poster is an art in itself. Attending conferences like ACPIC and the ACP Research Symposium present great opportunities to see what presentation styles work for

you. Listening closely to established researchers speak or present their posters is invaluable, and you can build your own style from what you see and hear. Additionally, most universities offer resources to help you sharpen your presentations skills.

### Conclusion

The journey of paramedicine research presents challenges, but the experiences shared by these researchers provide valuable insights and strategies for overcoming them. From securing funding and effectively managing time to navigating academic processes and methodological changes, their stories underscore the drive, resilience and adaptability required to succeed. By learning from their experiences, we can be better prepared to tackle these challenges and contribute to the advancement of paramedicine.





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## 2024 CAA CONGRESS



Drawing attendees from across Australasia, The Council of Ambulance Authorities (CAA) 2024 Congress was held from the 14-16 August at the Melbourne Convention and Exhibition Centre.

The highly anticipated premier event on the ambulance sector calendar, this year's Congress focused on leadership excellence, emergency management, sustainability in ambulance services, clinical excellence, innovation and technology.

CAA Congress proved to be a strong networking event, with a combination of scheduled events added to the program including the exciting Welcome Function which officially kicked off Congress overlooking the Yarra River. These functions allow and entice ambulance service leaders and delegates to meet, mingle and discuss the challenges and rewards of their service.

As part of CAA Congress, the host state provides a study tour for CAA's international guests, taking a chance to visit and learn about world-leading Australasian ambulance services. An enriching experience began with a visit to Ambulance Victoria's Aeromedical base at Essendon Fields, where participants explored helicopters and fixed-wing aircraft vital for emergency medical services. The tour continued with a stop at Adult Retrieval Victoria, offering insights into their critical operations, including the innovative Telestroke program, which enhances stroke care across the state. At Victoria University, the attending group learned about the upcoming Centre for Excellence in Paramedicine, a promising initiative aimed at advancing paramedic education and training.

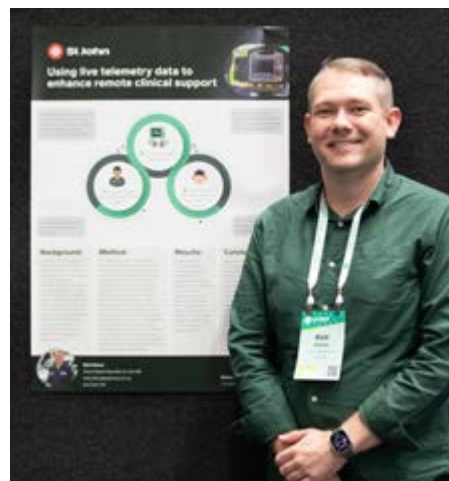
The study tour concluded with a visit to Ambulance Victoria's Sunshine Capability

Hub, where participants were introduced to the secondary triage programs that help streamline emergency responses and ensure appropriate care. Further presentations covered the challenges and strategies involved in delivering ambulance services across regional Victoria, providing a comprehensive overview of the state's emergency medical infrastructure.

With a myriad of information at attendees' disposal over the two-day event, CAA Congress acted as the learning centre for delegates. With an exciting list of keynote speakers ready to distribute their learnings, in both the plenary and concurrent sessions, delegates were treated to a wide range of topics and inspirations. Alongside the variety of topical speeches, the expo hall was also filled with exhibitors as well as demonstrations from sponsors and industry leaders.

CAA Congress presenters covered a range of important topics, including Reducing Misogyny and Improving Sexual Safety in Statutory UK Ambulance Services by Anna Parry, AACE, Learnings and Leadership Through Major Crisis by Dr Tony Smith and Chris Harrison, Hato Hone St John, Chemical, Biological, Radiological and Nuclear Preparedness by Erica Van Ash, as well as Sustainability in Ambulance services by Dr Shohreh Majd, CAA. See the full program and their presenters at <https://caacongress.net.au/index.php/program/>.

Thursday night saw Queensland Ambulance Service dominate the coveted Awards for Excellence. Queensland Ambulance Service was awarded three awards across the six award categories, as well as the grand prize, the Star Award for their project The Queensland



Ambulance Service Falls Co-Response Program. Not short of competition in their own categories, Ambulance Victoria, Hato Hone St John, and St John WA were winners across Excellence in Technology, Excellence in Leadership, and Excellence in Mental Health and Wellbeing, respectively.

With the festivities ending on Friday afternoon, Rob Elliot, Chief Executive of SA Ambulance Service took to the stage to announce the 2025 Congress which will be held from 17th August in Adelaide, South Australia. Adding to the excitement for 2025, the International Round Table of Community Paramedicine (IRCP) is joining the CAA Congress making for a fabulous week-long event.

Visit the CAA website to see the award winners, videos, the CAA Congress 2025 website, and other materials from the event and from the organisation: [www.caa.net.au](http://www.caa.net.au).

# Women in Leadership Symposium

21 NOV 2024



**NOVOTEL SYDNEY**  
Olympic Park, Sydney, Australia

The CAA Women in Leadership Symposium is an empowering one-day event designed to foster and celebrate female leadership in the ambulance and pre-hospital sector.

This dynamic symposium aims to unlock the hidden potential of women currently in leadership roles or aspiring to take the next step in their careers.

Attendees can expect a rich program featuring:

- Practical skills development and tools for career advancement
- Inspiring talks from industry leaders and successful women in ambulance services
- Networking opportunities with like-minded professionals
- Announcement of the annual Women in Leadership Scholarship winner.



Full 2024 program plus tickets now on sale via [caa.net.au/symposium](http://caa.net.au/symposium)

Visit [caa.net.au/symposium](http://caa.net.au/symposium) and subscribe to receive updates about the 2024 Women in Leadership Symposium and other news, offers and information from CAA.





# A GLIMPSE INTO OUR WORLD

For the most part, we don't become paramedics to chase drama, but there is no denying those TV-worthy scenarios are sometimes part of the job. Being part of a TV show, like NINE's *Paramedics*, gives viewers a chance to see firsthand our world and is an opportunity to showcase our clinical expertise, the challenges we face each shift, and a chance for the community to meet the dedicated people in the uniforms.

For SA Ambulance Service (SAAS), taking on the *Paramedics* mantle from Ambulance Victoria after four seasons was not without its concerns or challenges.

Opening any organisation up to being filmed is not without its risks. It requires a leap of faith, knowing that there will be potential exposure to scrutiny and criticism. However, thus far, the outcome for SAAS has been overwhelmingly positive with featured paramedics becoming well-known local identities.

Rob Elliott, SAAS Chief Executive Officer said: "*Paramedics* highlights what it's like to work for us and puts South Australia on the world stage. It shows the best of our people; professional, in control, and hardworking advocates and carers for our patients.

"One of the reasons we agreed to be part of the show was to be able to attract paramedics, volunteers and Triple Zero (000) Call Takers to our ranks. This opportunity has helped us position our reputation as a dynamic ambulance service in a very liveable state.

"The paramedics who put their hand up to be part of the show have done an excellent job. It takes a lot of courage to be under the local, national, and international spotlight. They have done us proud, so much so that we have just finished filming another season."

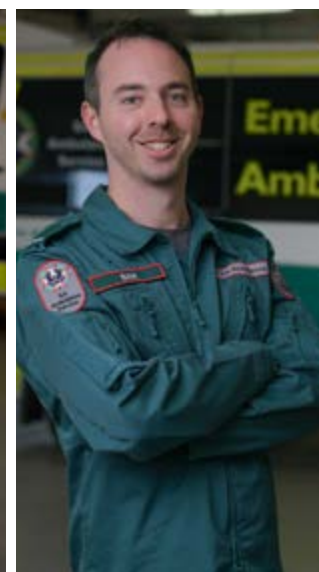
Beyond its entertainment value, *Paramedics* has also helped to increase the public's awareness of what an emergency actually is, and when to (or not to) call Triple Zero (000). A message that ambulance services will always find complex and hard to articulate, but this show, across all its seasons, has provided some excellent examples to help community understanding.

*Paramedics* doesn't just focus on the clinical aspect of paramedicine it delves into the human side of our profession. Each episode introduces viewers to the people featured, offering insight into their background, motivations, and personal experience. Through candid interviews



and behind-the-scenes footage, audiences gain a deeper appreciation for the paramedics in uniform and the emotional toll that can come with their work.




To the public, the work paramedics do is extraordinary, to us it's just our "bread and butter" but shows like this are a great opportunity to demonstrate the important and critical work we do every day.





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<p>Receive 15% off car rental with East Coast Car Rentals</p> 	<p>Receive 10% off virtual classes and workshops*</p> 	<p>Receive 20% off selected full price items at THE ICONIC*</p> 
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