



UNCHARTED TERRITORY:

Shell Piercy leads paramedicine in the Northern Territory as Australia's second CPO **P14**

SHIFTING GEARS:

Paramedic finds new career path and life balance at Mahinawa Specialist School **P16**

LEARNING OPPORTUNITY:

For USC student, part-time EMT work builds clinical skills and self-confidence **P22**

CLASSROOMS BEYOND BORDERS:

Learning that which can't be taught in a lecture theatre **P26**

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COVER

Shell Piercy, Northern Territory Chief Paramedic Officer.

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.

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ENHANCING LEADERSHIP OF THE COLLEGE

with **Ryan Lovett**, College Chair

Welcome to the Autumn edition of *Response*.

Every two years, the Board undertakes a formal review of its performance. This review is undertaken by our Nominations and Selection Committee, a Board committee which sits separately and, importantly, independently of the Board. As a group, we don't want to rest on our laurels and think we are doing a good job, we know there are opportunities to enhance the Board's leadership and how we work with the CEO, staff, volunteers and stakeholders.

The Nominations and Selection Committee report noted a clear improvement in the effectiveness of the Board in fulfilling its responsibilities compared to the previous review in 2021/2. That being said, there were many opportunities identified to continue to enhance the performance of Directors and the Board as a whole.

Some of the key themes for attention and improvement by the Board are:

- Succession planning for the Board and Board committees
- Board skills matrix and required skills mix
- Strategy, risk management and resource planning

The Board will be working on these items during the year as part of our governance improvement activities, with an additional face-to-face session for the Board to address these items. Obviously, it won't be a "one and done" discussion as we take a continual improvement approach to our governance responsibilities.

One of the initiatives instigated in the past few years to help build our capacity in directorship for members was the introduction of the Governance Program. Last year, we took a cohort of nine members through a series of board-like discussions, covering strategy, risk, financial literacy and performance, directorship and emerging issues, including attending external governance training and involvement with the Board's in-person strategy session. The feedback we received from this initial group fed into this year's Governance Program, with another group of nine members undertaking the program.

OUR GOAL IS TO CREATE A STEADY STREAM OF PARAMEDICS TO BE GREAT DIRECTORS FOR THE COLLEGE, AND BEYOND

Prior to the establishment of the College in its current form, members came on to the Board and mostly adapted and learnt quickly to provide valuable contributions. These boards were generally "boards of management", where the directors were doing much of the work of the College as volunteers. This work, and their contribution, was vital in moving us to where we are today.

We now have a team of professional staff, a turnover of around \$3m, and a more complex regulatory environment to navigate. It is no longer appropriate, or fair, to expect members with little exposure to the nature of the College today, a professional association and charity, to

step in and contribute in an environment of which they might not be familiar. The Governance Program is designed to provide an uplift in capability for members to be informed directors in the future and, in turn, deliver engaged leadership and directorship for the College.

We do note that medical and nursing professionals can be found in leadership roles across healthcare, such as in parliament as MPs, on various boards across health and outside of health, and embedded throughout health departments. While we are well on our way, with some standout members of the profession sharing their experience

and insight in this way, a continual goal for me is that we have paramedics in all parts of these health leadership roles, and more broadly on to boards, and positively influence the health system, bringing the paramedic perspective to decisions that shape healthcare.

With the recent introduction of Board term limits, which is considered best practice, there will be even more opportunities for members to take on key College leadership roles in the coming years. Our goal is to create a steady stream of paramedics to be great directors for the College, and beyond.

Stay safe.



EXCITEMENT IN OPPORTUNITY AND CHANGE

with **John Bruning**, College CEO

I'm always excited by the start of a new year!

The team and I had a three-week break over Christmas and New Year and have come back refreshed to deliver against our strategic and operational objectives, and all I see are opportunities for advancing the College and the profession.

In February each year, the Board holds a two-day in-person strategic meeting with the senior team, and it is a great opportunity to discuss the priorities for the coming 12 months and consider some of the challenges we are facing. We discussed our engagement, education, research and advocacy activities in detail, and reaffirmed our commitment to the current strategic plan and key strategic priorities. The College's Governance Program participants were also in attendance for one day and provided valuable broader insights to the Board's discussions.

The main challenge we regularly discuss is funding and resourcing. There is much we want to do, and while we would like to do it all, we have limits on our resourcing. While we would like to act now on various advocacy, education and engagement initiatives, we must take a considered approach and prioritise our key objectives for the coming 12 months.

The development of standards, sitting above employer CPGs and below the regulator's framework of standards and guidance, is an opportunity for the profession to lead the standard of clinical, professional, education, and training expected for all paramedics. The College is keen to lead this work and bring the profession together to do this, but our initial scoping work has highlighted that as a profession there are challenges with both capability and capacity in this space.

There are times when the profession seems to be moving at light speed. In case you missed it, we have the regulator in Australia moving forward with advanced practice endorsement, in Aotearoa

Te Kaunihera Manapou progressing specialist endorsement, paramedics became classified as health profession occupations in Australia and Aotearoa, the appointment of Shell Piercy as the Northern Territory's new Chief Paramedic Officer, and a new Paramedicine Council has recently begun work.

At other times, we seem to be on a long, slow burn. Having paramedics recognised by the Commonwealth in Australia to be a part of the Urgent Care Clinics seems stuck in bureaucracy. I attend many different health forums where health leaders representing various professions acknowledge the fantastic, and integral, work of paramedics and the opportunity to utilise the profession more widely, but implementing change is gradual.

WE ARE INEXTRICABLY MOVING FORWARD, SOMETIMES IN LEAPS, OTHER TIMES IN SMALL STEPS

We have a federal election coming up in Australia this year, which based on current polls looks like it will be close and could see a change to the current health agenda. The implementation of recommendations from the Scope of Practice review and other initiatives gives hope for the role of paramedicine. In Aotearoa, the new(ish) government pursues its health agenda with opportunities for paramedics to be more widely utilised.

In change, there is opportunity, and we are inextricably moving forward, sometimes in leaps, other times in small steps, and I'm passionate about paramedicine and the vital role we play in enhancing the health system and delivering exceptional care to all communities.

Stay safe and well.



COLLECTIVE VOICES, STRONGER OUTCOMES

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

The year has well and truly kicked off! The College is deeply engaged in a range of high-profile advocacy activities and projects, spanning advanced practice initiatives to comprehensive healthcare workforce strategies. Building on the momentum from last year's professional recognition achievements, our 2025 advocacy efforts are focused on continuing to raise the profile of paramedicine across healthcare contexts to affect positive change for the profession, at all stages of your career.

Advocacy doesn't happen in a vacuum; it thrives on the interconnectedness of communities, the power of collective voices, and the influence of shared experiences. Through advocacy we take the profession

beyond traditional spaces as we share case studies of paramedics working beyond traditional settings and engage with diverse perspectives across healthcare to find aligned values.

Already this year we have expanded our reach via representative opportunities on various interprofessional groups, forums and conferences such as allied health, midwifery, hip fracture and medical. By working together with other professions on issues that impact the paramedic profession and the wider health system, we can improve health literacy and opportunity.

For members who haven't yet completed the Australasian Paramedicine Workforce Survey I urge you to take the time to complete it. It's worth it. It's the only survey of its kind across Australasia and to put it simply: the data has the power to make change. https://paramedics.org/news/apws-round_two_open

Updates

- Parliament of Victoria, Legislative Council 6 Feb second reading, the bill was passed: Drugs Poisons and Controlled Substances Amendment (Paramedic Practitioner) Bill 2024 (read Hansard report of proceedings here: [Legislative Council 2025-02-06.pdf](#))
- Paramedicine Board of Australia: The College was invited to participate in several consultations, confidential in nature, exploring topics around area of practice endorsements, accreditation and registration standards.
- Ongoing work with the Department of Health and Aged Care - Draft Allied Health Workforce Strategy submission ongoing work.
- The College also prepared the pre-budget submission 2025-26 for the Australian Treasury.
- The College has received grant funding from the Department of Health - Digital Health Agency.
- Thank you to all those members who have already lent their knowledge and expertise to our advocacy efforts this year, it is highly valued and much appreciated.

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Hosted by **John Bruning CEO**

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COLLEGE CONFERENCE CALENDAR FOR 2025

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

The College is excited to build on the success of last year's events with a robust and engaging conference schedule for 2025. This year, we bring you the biennial Critical Care Summit, the highly anticipated Australasian College of Paramedicine International Conference (ACPIC25), and the inaugural Regional Paramedic Symposium. These events are designed to foster collaboration, enhance clinical skills, and provide cutting-edge insights for paramedics and healthcare professionals across Australasia.



Critical Care Summit 2025: Advancing Emergency Care

Mark your calendars for the Critical Care Summit 2025, a biennial conference designed to provide targeted education for critical care practitioners, including paramedics, nurses, and emergency and retrieval physicians.

Set to take place from **15-16 May at Hyatt Place Melbourne Essendon Fields**, this summit aims to create an inclusive environment that bridges professions and enhances interdisciplinary collaboration. Attendees can expect a comprehensive program featuring expert-led sessions, workshops, case discussions, and networking opportunities tailored to clinicians working in complex and high-stakes emergency care.

This event will not only provide valuable education for seasoned critical care clinicians but also offer pathways for aspiring practitioners to expand their expertise and

engage with leaders in the field. For more information, visit: <https://paramedics.org/events/critical-care-summit-2025>



ACPIC25: The flagship event returns

The **Australasian College of Paramedicine International Conference 2025 (ACPIC25)** remains the premier event for paramedics and healthcare professionals across Australia, Aotearoa New Zealand and beyond.

This year, we are thrilled to deliver **ACPIC25 in-person in Brisbane, Australia, from 10-12 September at the Hotel Grand Chancellor Brisbane.**

ACPIC25 is a comprehensive conference that provides paramedics with essential education, groundbreaking research, and networking opportunities. With an expertly curated program, the event will inspire and challenge attendees, broaden professional horizons, and facilitate meaningful connections. The conference will feature a mix of workshops, engaging keynote presentations, and dynamic social events to ensure a well-rounded experience for all participants. For more information, visit: <https://paramedics.org/events/ACPIC2025>



Regional Paramedic Symposium: Elevating Rural and Regional Practice

The **Regional Paramedic Symposium** debuts as a must-attend event for paramedics seeking to enhance their clinical skills and knowledge in a hands-on, interactive environment.

Scheduled for **20-21 November in Port Macquarie**, this two-day event is dedicated to the evolving demands of paramedicine in regional and rural settings. The symposium will bring together paramedics from diverse backgrounds to participate in practical workshops, evidence-based learning sessions, and engaging discussions on current and emerging pre-hospital care challenges.

Led by subject matter experts and thought leaders, the symposium will provide attendees with cutting-edge clinical techniques, decision-making frameworks and strategies to refine their practice. Whether you're looking to explore new advancements in paramedicine, strengthen your competencies, or connect with peers, the Regional Paramedic Symposium offers a valuable professional development opportunity.

For more information, visit: <https://paramedics.org/events/regional-paramedic-symposium-2025>

A year of learning, collaboration and growth

As we move into an exciting 2025 conference season, the College invites all paramedics and healthcare professionals to engage with these enriching events. Whether you're a seasoned clinician or an emerging practitioner, our conferences are designed to provide high-quality education, foster collaboration, and support the continued evolution of paramedicine.

Stay tuned for further updates and pre-registration opportunities for each event. We look forward to welcoming you to another impactful year of professional development, networking, and shared learning!

For more information and to register, visit: <https://paramedics.org/events>



By Julie Johnson,
College Education Manager



EDUCATION IN 2025: JOIN OUR PROFESSIONAL PROGRAMS!

As a graduate or student paramedic, your journey into the world of paramedicine can be both thrilling and challenging. To effectively support you during this pivotal time, we are proud to introduce our innovative professional programs designed to enhance your first year of practice and help you navigate the complexities of starting your career in paramedicine.

Why would you do a professional program?

Professional programs are vital for several reasons. They provide structured support and resources that help you transition from your academic studies into real-world practice. The transition can often feel overwhelming, with the pressures of finding employment, adapting to the fast-paced environment of paramedicine, and navigating the emotional demands of the role. Our programs specifically address these challenges. During the pre-employment phase we offer:

1. Ace your interviews: Master the techniques to stand out and secure your first paramedic role.
2. Prepare for your first shift: Gain insights into what to expect on your first day and how to successfully integrate into the workforce.
3. Understand human factors: Learn how problem-solving, critical thinking and decision-making

impact your performance and safety on the job.

4. Recognise and prevent burnout: Develop essential strategies to maintain your personal wellbeing and avoid burnout in this demanding (but rewarding!) career.

The remainder of the graduate year of practice unfolds in three transformative phases:

- Grad Start eight weeks
- Applied Practice 14 weeks
- Consolidated Practice 26 weeks

Each phase is crafted to empower your growth, providing a robust framework for practical application that sets the stage for your future success.

The 2024 Grad Start group, which included the pre-employment program, has already seen its inaugural group of graduates launch their careers with confidence. We are thrilled to announce that a new cohort is set to begin this March! If you're interested, be sure to apply soon, as spots are limited.

What did the 2024 cohort have to say about Grad Start:

"I can't speak more highly of the program. I'm excited to follow through with the Applied Practice. Thank you again!"

"Well done on creating such a wonderful program. It was great to have something to work towards while waiting for recruitment. I was very happy with the content and communication with staff was easy if I ever had questions or concerns."

"Moving across from a completely different industry to paramedicine has been a tricky path to navigate and the Grad Start Program has validated that I'm doing the right things to set myself up for a safe and seamless transition into my new career."

"I'm so excited that this program continues with the Applied Practice phase"

Following Grad Start, the Applied Practice program builds on the foundational skills acquired in the earlier phase. This critical step ensures you are prepared to tackle the day-to-day challenges you will encounter on the job. Participants will embark on a transformative journey, deepening their understanding of fitness for practice, culturally responsive care, and groundbreaking community paramedicine. The course cultivates an environment of collaboration, safety, and impactful communication in high-stress emergencies while also shedding light on essential paediatric care and the critical recognition of clinical deterioration.

What about paramedics who are not students or graduates?

There is more on offer in 2025, especially for those who supervise, mentor or are interested in education. The inaugural Preceptor program is kicking off very soon.

The Paramedic Preceptor Program is crafted to empower both new and experienced preceptors with the vital skills and confidence needed to effectively mentor, teach, and guide students, graduates and experienced paramedics. Recognising the

pivotal role preceptors play, this course blends practical insights with theoretical foundations to inspire impactful learning.

Special focus will be placed on the unique challenges faced by experienced paramedics as they embrace expanded roles, whether in leadership, education, or advanced clinical practice. Emphasis on experiential learning and the critical skills for problem-solving and decision-making in non-routine scenarios will be central to the experience.

Participants will delve into the complexities of the preceptor role, particularly for seasoned paramedics stepping into new avenues within their careers. The program emphasises navigating the dynamic clinical landscape while cultivating a strong teaching-learning relationship.

Participating in these professional programs not only broadens your knowledge but also connects you with a vibrant network of fellow paramedics, offering support and camaraderie as you forge ahead in your career. This networking can prove invaluable, helping you to find job opportunities, share experiences, and navigate the intricacies of the profession

with others who understand the challenges you face.

The opportunities are abundant, and we encourage everyone to embrace the chance to learn and connect. Together, we can navigate the pathway toward excellence in paramedicine, transforming the challenges of today into the triumphs of tomorrow. So why wait? Engage with us, enhance your skills, and set yourself on a course for success in paramedicine!

For more details on how to apply and get involved, please visit our website or reach out to our team.

What about other learning opportunities?

While the team is busy developing comprehensive non-award programs to advance learning, we are still highly invested in CPD. This year will include more eLearning modules on advanced cardiology delving into structural heart disease, examining the patient journey through the cardiac cath lab, including pre-hospital thrombolysis, and investigate the underlying mechanisms of ventricular tachycardia.

Coming later in the year will be topics for remote/wilderness paramedics looking at prolonged care and environmental emergencies. There's something for primary healthcare, too, with complex wound care, wound closure, tetanus-prone wounds and stomas, drains and catheters. And let's not forget the very challenging complex medical patient. We look forward to bringing you topics on adrenal crisis and insufficiency, bleeding disorders and coagulopathy, diabetes and care of the patient with cancer. Paediatrics and more obstetric units are also on the plan.

There is so much to engage with, so remember that now is the time to get your own personal learning plan up to date.

For more information on our programs, visit <https://paramedics.org/professional-practice-programs> or email education@paramedics.org

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SHE CAN, SHE WILL: WOMEN LEADING CHANGE IN PARAMEDICINE



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

In the dynamic and demanding profession of paramedicine, women have long played a vital role in patient care and community health. Yet despite their contributions, gender disparities persist in our profession - particularly in leadership positions, research, and in many roles where women remain underrepresented (Cassidy et al.; 2023; Hanna-Osborne; 2019; McFarlane et al. 2023).

We seek to establish not just gender parity but gender equality within our profession. The Australasian College of Paramedicine Women in Paramedicine (WIP) Committee is dedicated to driving meaningful change, ensuring women in the profession receive the representation, support, and resources they need to thrive.

Following feedback, the WIP Committee was recently re-established to address the systemic barriers that hinder women's full participation in paramedicine and to better advocate for the needs of our members. From workplace flexibility to leadership pathways, we are dedicated to advocating for policies and initiatives that create an inclusive and supportive environment for all women, regardless of their geographical location or employer.

Our work is driven by the principle that diversity in paramedicine is not just an equity issue; it is essential for improved patient outcomes (Hanna-Osborne; 2019; Leigh et al., 2019), a more resilient workforce, and a profession that reflects the communities it serves. When women are empowered, the entire profession



benefits (Acker, 1990; Cassidy et al.; 2023; Foley et al., 2020; Hanna-Osborne, 2019; McFarlane et al.; 2023).

This year, our committee is focusing on several critical areas that will improve representation, support career progression, and enhance workplace equality for women in paramedicine. Increasing the representation of diverse women in paramedicine is a priority. Women in paramedicine come from a broad range of backgrounds, experiences, and career aspirations, and this diversity should be reflected at every level of the profession. We want to support policies that encourage diverse hiring and retention practices, and that our research initiatives highlight the unique experiences of women from various backgrounds. Recognition of the intersectional challenges faced by women from different cultural and social groups remains crucial in achieving true inclusivity.

Ensuring that all women in paramedicine have access to health resources and workplace flexibility is another key focus area. The College supports the notion that women's health should be integrated into workplace policies, including parental leave, menopause-related health considerations, and safe return-to-work pathways.

The WIP Committee has already begun work on collating resources for members to access on our website, ensuring that valuable information on workplace flexibility, women's health, leadership pathways, and research opportunities is readily available. By gathering evidence-based materials, best-practice

guidelines, and personal insights from women in the profession, we aim to create a central repository that empowers members with knowledge and support.

This initiative will help bridge the information gap, allowing paramedics - regardless of location or employer - to access the tools they need to effectively navigate their careers. As we continue to expand these resources, we encourage contributions and feedback from our members to ensure the materials remain relevant and impactful.

Despite making up a significant portion of the workforce, women continue to be underrepresented in leadership roles and specialised areas of paramedicine (Cassidy et al. 2023; Hanna-Osborne, 2019). To address this, the committee is focused on developing mentorship programs that provide guidance and networking opportunities for aspiring female leaders while advocating for greater visibility of women in specialised roles such as aeromedical and retrieval medicine, critical care, extended care and community paramedicine.

The advancement of paramedicine as a profession relies on research (Mdletshe; 2023). In 2025, we are increasing efforts to provide mentorship opportunities for women interested in research and academia while building accessible pathways for paramedics to engage in research that informs best practice. Supporting women researchers is essential to fostering diverse perspectives, driving innovation, and ensuring that the evidence base in paramedicine reflects the experiences and needs of all practitioners. We aim to

create networks that connect aspiring researchers with established mentors, advocate for increased funding opportunities, and highlight the contributions of women-led research in paramedicine.

International Women's Day is a time to celebrate the incredible contributions of women in paramedicine and acknowledge the impact they have on the profession and the communities they serve. On March 8, we will reflect on the progress made, recognise the challenges that remain, and recommit to fostering an inclusive and supportive environment where women can thrive. Across all roles and levels, women bring invaluable expertise, compassion, and leadership that strengthen the profession and improve patient outcomes. On this day, we acknowledge their dedication to the profession and their community and celebrate all the wonderful things they contribute - through their skills, resilience, and leadership - that enhance paramedicine and positively impact those for whom they care.

The WIP Committee is not just about discussion - it is about action. By working collectively, we can dismantle barriers, foster supportive workplaces, and ensure

that women are not just present but thriving in every aspect of paramedicine. We invite all paramedics, regardless of gender, to support these initiatives. Whether through mentorship, advocacy, or simply amplifying the voices of women in paramedicine, change starts with collective effort. Together, we can shape a profession where women are seen, heard,

and supported at every stage of their careers.

For more information on our initiatives or to get involved email Alisha McFarlane, WIP Committee Chair at alisha.mcfarlane@paramedics.org or stay up to date on the College website.

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WHAT'S NEW FROM THE COLLEGE'S RESEARCH COMMITTEE

Research Advisory Committee Members

The Research Advisory Committee has been working hard behind the scenes to make 2025 a standout year, showcasing and supporting paramedicine research and researchers. We are delighted to announce our Deputy Chair for 2025, Dr Verity Todd.

The members of the committee for 2025 are:

Chair: A/Prof Nigel Barr (University of the Sunshine Coast). Get to know Nigel in our "Meet the Researcher" section below.

Deputy Chair: Dr Verity Todd (Auckland University of Technology)

Prof Belinda Flanagan (University of Tasmania)

A/Prof Ben Meadley ASM (Monash University)

A/Prof Brian Haskins (Victoria University)

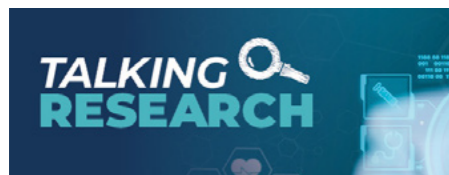
Derek Collings-Hughes (Curtin University)

Hannah Latta (Auckland University of Technology)

Laura Hirello (Monash University)

Rachael Vella (Western Sydney University)

Dr Robbie King (Australian Catholic University)



Talking Research update

In 2025, Talking Research is adopting a new, more accessible format. Regular 30-minute interviews will be available as a podcast on your favourite listening platform and as a vid-cast on the College website at <https://paramedics.org/podcasts>. To kick off the year, our first theme is "Women in Paramedicine", celebrating International Women's Day in March. Our guests will explore gender equality issues in the paramedic workplace, sharing insights from their research.

Leading the conversation is Lisa Hobbs, whose extraordinary article on Creative Arts Based Research in Paramedicine is featured in this issue of Response. The series will conclude with a panel discussion, bringing all our speakers together to address key questions raised throughout their research.

Don't miss the chance to be part of the conversation! Submit your questions using the links provided in the podcast and vid-cast episode descriptions.

Research Grants Schedule

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

In 2025, the College is pleased to offer two types of research grants. These are open to College members undertaking research.

Research support grants

We recognise there are additional costs associated with research that may not be covered by universities and research centres. Costs such as these may be eligible for a College research grant. The College offers two types of research support grants to College members who are undertaking research:

Early Career Research Grants (\$6,000)

Higher Degree by Research Grants (\$3,000)

Open Date: Monday 17 March 2025

Close Date: Thursday 1 May 2025

Research impact grants

The College recognises the importance and challenges of promoting, disseminating, and translating research findings. To support these essential efforts, we offer five grants of \$1,000 each to assist in sharing research through conference presentations, publications, and other impactful platforms. Grants are open to all paramedicine researchers at any career stage.

Open date: Monday 1 September 2025

Close date: Friday 10 October 2025

Visit the College website at <https://paramedics.org/research/grant> to register your interest and receive more information when it becomes available.

2025 Paramedic Research Mentoring Program

The Paramedic Research Mentoring Program was envisioned by the Research Advisory Committee as a pathway for registered paramedics to learn about research directly from experienced paramedic academics. The nine-month program is well underway for 2025, and the first online Mentorship Workshop provided an opportunity for mentors and mentees to meet

and gain an understanding of "What mentorship is" from Fiona Murphy, the Associate Director of Culture and Capability at the University of the Sunshine Coast. Participants then heard about Stephanie Nixon's incredible account of Research Mentorship Program, and how this experience provided her with the tools and knowledge to pursue a career in paramedicine research. Mentors and mentees will continue to meet for monthly informal discussions, and we are looking forward to our next workshop in June.

For those interested in learning more about the College's Mentoring Program please visit the College website at <https://paramedics.org/research/mentoring>. We will be recruiting mentors and mentees for the 2026 program later in the year.

MEET THE RESEARCHER:

Nigel Barr

Associate Professor Nigel Barr is the Discipline Lead for Paramedicine at UniSC and Chair of the College's Research Advisory Committee. With a PhD completed in 2018, his research spans scholarship, infection prevention and control (IPC), evidence-based guidelines, simulation, and interprofessional education. Holding critical care qualifications in both nursing and paramedicine, as well as expertise in teaching and applied statistics, Nigel is committed to advancing paramedicine research, education and practice. His work focuses on improving IPC, enhancing training through simulation, and strengthening interdisciplinary collaboration. Through his leadership and research, he aims to shape the future of paramedicine and health-care education in Australia and beyond.



COLLEGE

Research Participation Opportunities

The College is committed to promoting quality research relevant to the paramedicine discipline and takes pride in fostering research of all levels within the field.

Are you interested in making a valuable contribution to the profession by assisting paramedicine researchers in addressing critical questions?

FIND OUT MORE

To find out more and take part in our current research participation opportunities, please visit paramedics.org/research

COLLEGE RESEARCH SUPPORT GRANTS OPEN SOON

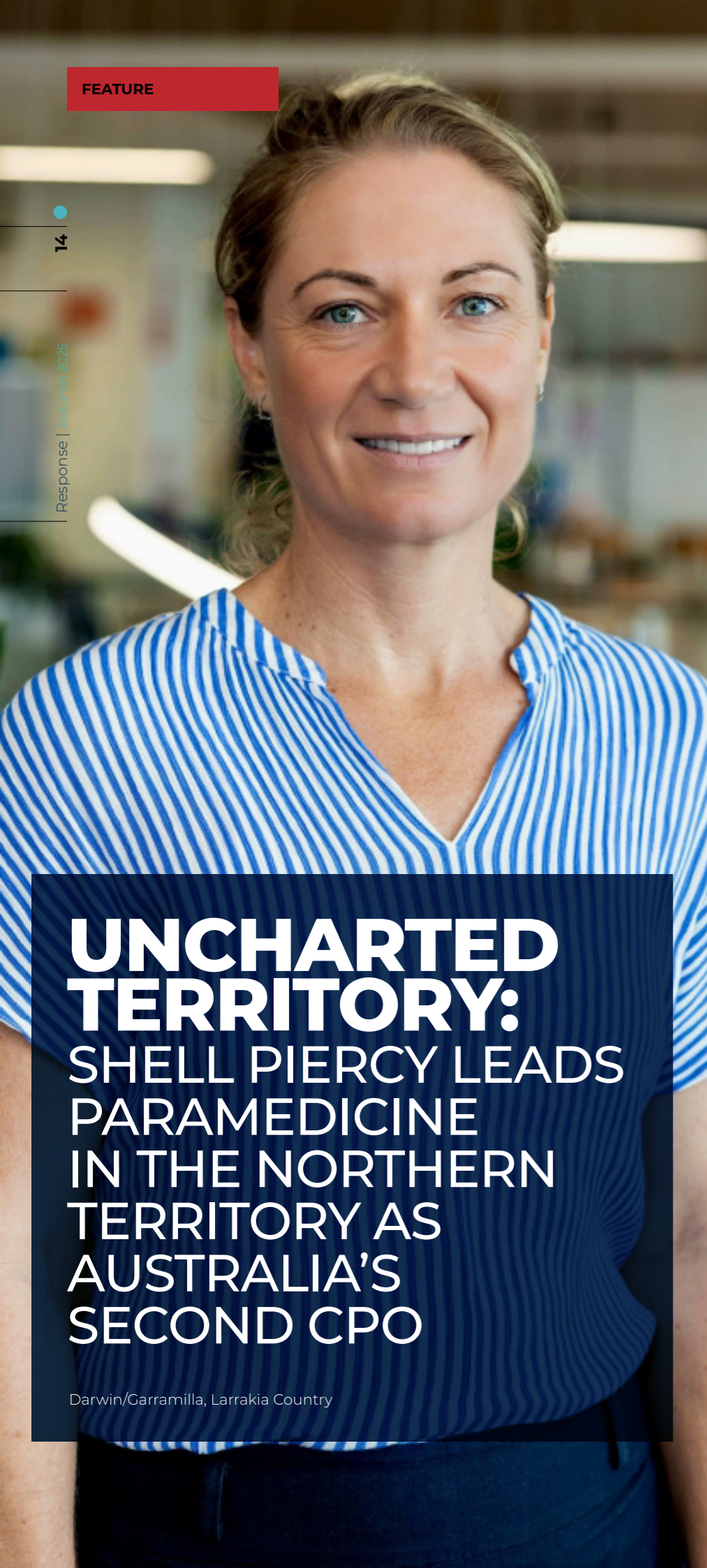
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The College offers two types of research support grants to College members who are undertaking research:

- Early Career Research Grants
Two grants of \$6,000
- Higher Degree by Research Grants
Two grants of \$3,000



Applications open Monday 17 March 2025
Submit your EOI for more information –
Scan code for details OR visit
paramedics.org/research/grant



UNCHARTED TERRITORY: SHELL PIERCY LEADS PARAMEDICINE IN THE NORTHERN TERRITORY AS AUSTRALIA'S SECOND CPO

Darwin/Garramilla, Larrakia Country

As the Northern Territory's first Chief Paramedic Officer - only the second such appointment in Australia and the second held by a woman, following in Dr Louise Reynolds' footsteps as Victoria's CPO - Shell Piercy is keen to embrace the many opportunities for progression and growth in paramedicine amid a landscape characterised by a sparse population and hundreds of remote communities and outstations.

For Shell, whose clinical career spans both paramedicine and nursing, it is the culmination of a long-held desire to help as many people as possible, which throughout the years has led her to take on increasingly greater challenges.

"I decided to take on bigger roles that would actually work at a strategic level to help more people, and I feel that's my driving force now. I love being a clinician. I love being a nurse and I love being a paramedic, and I love ambulances and I love working outside of ambulance services. But I understand that I can't help as many people as I want to in those roles, so the only way I can help is if I jump into these big, scary roles and make change."

She said the Northern Territory was a region eager for innovative solutions and open to ideas, and one in which other health professions were willing to work collaboratively to usher in meaningful change.

"My vision is about where we're going. Paramedics aren't working out of an ambulance context at this point in the Northern Territory, so there are some

THERE ARE SOME REALLY AMAZING OPPORTUNITIES FOR US TO GROW

really amazing opportunities for us to expand. There's lots to learn and a lot of systems for me to integrate into to make this happen. But this is a vast and remote territory with a unique population, where 30 percent are Aboriginal people. The region is seeing an increase in the prevalence of chronic disease, so if paramedics are going to make a mark here, it's definitely going to be in that space."

Shell said there was a growing desire among paramedics to work in remote locations, and the Northern Territory offered professional development opportunities for those seeking to extend the scope of

their clinical practice and utilise their skills in a unique environment.

"They want to be working in these remote locations, being able to use the education that they have, the critical care backgrounds, the extended care or community paramedic backgrounds, or are dual qualified.

"I think that's why the Northern Territory is going to be a really attractive place for people to work, and my vision is that we can better support really remote communities using these talented paramedics who are looking for the next opportunity, so I'm hopeful and excited. I don't see it as a massive challenge that I've come into; I think it's a good point for us to grow."

She said her initial three-year tenure would be focused on building solid foundations for the profession, promoting greater understanding of paramedics' capabilities, and guiding its integration into multidisciplinary healthcare teams. Rather than rush in with a raft of changes, she is opting for a more measured approach, building models of care around existing support mechanisms and legislative frameworks with a view to expanding those in the future. This is in line with the continued evolution of paramedicine both nationally and in the Northern Territory.

This also includes updating some of the terminology currently used in relation to paramedicine and key performance indicators, which reflects an outdated understanding of the nature of the profession. At present they're reliant on quantitative, rather than qualitative, data, the number of hospital transports as opposed to the overall quality of patient-centred care.

"Some of the language needs to change in relation to quality of care and the measure of quality of care, and this is the most incredible environment for us to really make some big change. I think that's where leaning on my nursing background and leaning on our nursing colleagues is really good because qualitative research is something that I didn't experience in my paramedic education as much as I did in my nursing education. The stories of people who are experiencing healthcare and their needs and outcomes as a result, they're only going to come through those qualitative means."

The integration of paramedics into multidisciplinary healthcare teams is another priority in the coming years, with the involvement of paramedics in the



planning, delivery and review phases a cornerstone of successful integration. As part of that process, she said it was important to promote a broader understanding of the differentiation between ambulance services and paramedicine as a diverse profession.

I FEEL WELL SUPPORTED BY A COMMUNITY OF PEOPLE WHO ALSO WANT TO SEE CHANGE

"One of my passions is making sure that the two are not synonymous. Ambulance services are ambulance services, and paramedics and paramedicine are quite different things. I can be a nurse, but you don't necessarily think of a hospital, and that's what I'm trying to do. I'm trying to make sure that when I say paramedic, people don't think of blue and red flashing lights.

"I think there's a real appetite for learning about paramedicine at the moment here in the Northern Territory and I'm working

with people who talk about us at a strategic level. I'm under no illusion that we might not get everything we want to get done in three years, and I'm not going to pretend to have all the answers, because I don't, but I feel well supported by a

community of people who also want to see change.

"There's a lot of work that's already been done in the Northern Territory prior to me arriving, so I'm really grateful to be working with an incredible team that is committed and on the same page. I think having an extended scope with well-grounded education and good governance are the basics and the core of what we need to be working towards."



SHIFTING GEARS: PARAMEDIC FINDS NEW CAREER PATH AND LIFE BALANCE AT MAHINAWA SPECIALIST SCHOOL

Porirua/Pari-ā-Rua, Aotearoa New Zealand

For many paramedic parents of young children, the decision to return to ambulance shift work can be both daunting and challenging, bringing with it an upheaval of familial routines and the loss of time spent with loved ones.

It was a dilemma Aotearoa New Zealand paramedic Jocelyn Ives faced as she contemplated re-entering the workforce after raising her two young daughters. She was averse to going back on the road but was unsure of alternative professional options or career pathways.

"I was looking at other careers going, 'What else can I do?' she said.

"I like being a

paramedic, I wanted to keep going, but working on the road wasn't going to work for my life and what I wanted. Likewise, I didn't want to miss out on my kids because I'm tired from a night shift."

A conversation with a Mahinawa Specialist School and Resource Centre contact during a gymnastics session that their children were both attending would prove to be life-changing. While chatting, Jocelyn talked about her predicament, about wanting to go back to work but not wanting to return to the road. They mentioned that the school - a specialist, co-educational school for students aged from 5 to 21 who have intellectual, physical, emotional and/or behavioural needs that prevent them from satisfactorily learning in regular mainstream classrooms - was in need of a health professional. The school was rapidly expanding and teachers were becoming overwhelmed with the students' health needs.

"So, I went in and they said, 'We don't really know what we need, but this is what we're thinking. Are you keen?' I was, so they trialled it as a year-long contract to see whether there would be enough work for a person to do a specific health role and to figure out how it would work. I don't even think we got to a year because the year that I started [2021] was also

IT'S A BIT OF LIFE BALANCE, AND I'M STILL DOING WHAT I LOVE



a COVID year and the borders had just opened and it was chaos. I said to Sue, the principal - I was forward planning - 'Are you looking at extending my contract or should I be looking for a job?' She replied, 'Consider your contract extended'.

"In this role I get school holidays off, I work part-time, 9am to 2.30pm. I drop the kids off at school, I go to work, I pick them up, we go off and do our thing. I don't have to worry about night shifts or finding childcare in the holidays, especially over the Christmas holidays when it's six weeks off. It's a bit of life balance, and I'm still doing what I love."

Another paramedic has since joined her at the school, and as far as Jocelyn knows, Mahinawa Specialist School is currently the only such school in the country employing paramedics. They are working alongside a multidisciplinary therapy team that includes physiotherapists, occupational therapists, speech therapists, behaviour therapists and music therapists.

Jocelyn is working in a vastly different and expanded capacity than in ambulance service, administering authorised medications, organising and coordinating children's immunisation schedules, attending to any on-site accidents, and visiting other Mahinawa satellite classes from Levin to Linden to touch base with staff and become familiar with the students, their conditions and their baseline health and wellbeing.

"If we get called for them because they're unwell, we know their baseline and what presentations to be worried about."

She and her paramedic colleague are based at Porirua, about 15 minutes north of Wellington, in the main educational facility that houses the school's administration and both primary and secondary

classes. Mahinawa also has four satellite classes in the Western Porirua area, four satellite classes in Porirua East, three on the Kāpiti coast, and one in the Horowhenua.

Her original title was Health Coordinator, but as the position evolved and began to encompass more welfare and general wellbeing initiatives, her role expanded to a Wellbeing coordinator within the Wellbeing Team, comprising herself and her new paramedic colleague.

"We're so busy; crazy busy. Anything that has to do with the kids' health and wellbeing comes through us. I was looking back thinking about how I started off unsure there would be enough work for just me, so now having a busy team, it's really rewarding."

At present, Mahinawa provides education for about 140 students, and adapting to a new practice setting has been a learning curve taking her beyond traditional ambulance acute care to operating with a significantly greater primary care focus and developing a broader skill set that includes disability processes and different referral pathways and funding mechanisms.

"I didn't really have any experience with the disability sector before I had this role. There's a lot of learning about processes and the funding that's available for people, like how they can use their disability allowances, their different funding streams, all the different places that you can go for help that you don't do as a paramedic because we would pick up these kids, take them to hospital, or refer them back to the GP and that's it. But we're seeing the long game for all of these kids, and their whānau, because

they're at school until they're 21. "I think a lot of what we do is so different to traditional ambulance work but also so different to all of the clinic work as well. We're not doing health assessments day in and day out. We're having conversations with parents about their kids' sleep, we're in meetings with various other support agencies, social workers and paediatricians, and then a kid has a seizure and we're back to doing that paramedic work. It's quite different from the roles that are out there."

Mahinawa is also accepting first-year paramedic students on work placements, building their communication skills and enabling them to learn how to talk to people who are nonverbal and who may not inherently trust health workers.

Building that trust through support is a key element of Jocelyn's work, not just in relation to paramedics, but also in interactions with the broader health sector.

"Most of our kids do not have any trust in strangers, hospitals or any kind of medical intervention or assessment. We can be that link between that enables more health equity for our students simply because we are a familiar face and we have knowledge of the health system and tests that need to be done. We work with the teaching staff to make social stories, we can help prepare students so health agencies can come to school and work with us to do treatments or assessments in the familiar

WE'RE SEEING THE LONG GAME FOR ALL OF THESE KIDS

environment of school rather than having to go to a clinic that they find stressful. We can also go with whānau to appointments and help advocate if they are wanting a support person."

Parents are also grateful for the care their children are being provided and the support they receive in navigating the health system.

"They're glad to have that first port of call to the health system because it can be a really arduous thing to navigate, so having someone who can help them, advocate for them, and take some of the mental load off them is helpful."

THE OUTBACK, SPECTACULAR!

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Response | Autumn 2025



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

"It's different in the country" and "You should do a stint out rural" are often phrases heard by student paramedics and those working in the metropolitan areas. To go along with these, we sometimes hear snippets of their jobs that are not usually things uttered outside of a major hospital, things such as "We were lucky the hospital had a doctor that day", "Yeah they have their own airstrip so RFDS could land out there" and "Thank-

I have spent the past decade in rural and remote locations and wanted to take this opportunity to talk about some of my experiences working there as a paramedic. As above, some differences are obvious; however, others might not be things you had considered before.

My time in rural has been an incredible experience. I have been able to work within multiple communities, with each

THE RURAL ENVIRONMENT HAS A RANGE OF CHALLENGES, BENEFITS AND DIFFERENCES FROM THE METROPOLITAN ENVIRONMENT

fully he only had the two broken femurs and no airway compromise because it was a bit of a drive to the hospital and we only had morphine".

The rural environment has a range of challenges, benefits and differences from the metropolitan environment. While some seem obvious, like having fewer staff available for job responses, different response models (on-call verse shifts) and having more time to study on shift in rural locations, there are many more differences that make the rural environment a unique experience.

one different to the next. Rural communities are a network of connection; there are hundreds of stories and links that you begin to understand as you meet more people and become embedded in the community.

In rural understanding, the person and their connections within the community are vital for ensuring they are getting the help needed when calling the ambulance. Working within the same communities over a long period of time really helped cement for me disease progression, the impact that changes to lifestyle/circumstances can make, and

the importance of finding medications/regimes that give back quality of life.

While university taught me what disease progression "looked" like, I never really "saw" it until my patients progressed in their disease. I can recall a patient we attended multiple times for diabetic-related issues; the diabetes remained uncontrolled leading to peripheral neuropathy in the right foot resulting in the loss of that foot, and then later the loss of the right leg to the knee.

Another patient who was living independently on a property had years of slow decline resulting in a nursing home admission and a later fall which ultimately led to a broken hip and death. There was a patient who had heart disease progress to heart failure and began to slow down in their abilities use mobility devices that six months prior were not even a consideration.

Further to this, I recall a patient diagnosed with cancer progress to being bedbound with catheters and a feeding tube. While it was awful to see the slow transformation of these patients, it was an honour to be able to help them in their times of need and allow them a familiar face within the chaos.

This identification always helped me to understand the importance of truly

getting these patients the help they need and helped me push harder for their ongoing care. While this is possible to see within the metropolitan context, it isn't as usual. It also isn't usual to then see the patient or their family out within the community during days off and be able to have an informal hello.

The impact that changes of lifestyle and circumstances can make was highlighted during my time rural. Patients who

isn't then someone you continue to see for years afterwards or then attend their kids or family.

Another different part of rural was when there was a death within the community. Connection is what makes a community, and when there was a death it affected everyone to some extent, even if they didn't know them personally. They might have friends that knew them or kids that went to the school or heard stories about

or who only stay for shorter periods. This is true of other medical staff and it often can be challenging to keep nurses, doctors and allied health professionals rurally. Doctor shortages are a real issue, with the use of telehealth helping to mitigate this in some instances.

Services are lacking in rural/regional areas, meaning that sometimes chronic illnesses, cancer and other



were able to get NDIS funding were then calling the ambulance less as their needs were able to be met at home. Patients who had been long-term mental health-related callers suddenly found a support system that worked, at-risk children intersected and measures were put in place to ensure their ongoing health and wellbeing, and lonely older patients were being supported to attend local groups to foster connections. It was incredible to watch the various services within the community highlight patients in need and work together to find solutions or options to ensure their ongoing health.

them around town. The local community would build each other up and support them during these times. And again, while this happens to an extent in metropolitan areas, there is no comparison to a town of less than 4000 losing someone everyone knows.

Another aspect to rural life was the connection between the ambulance and the community. The community needs to trust the ambulance and use them when needed. To achieve this, many small towns heavily invest in community engagement activities. These include things like first aid programs, CPR training, visits

conditions will have late diagnosis, resulting in poorer outcomes. Tests such as X-rays, CT, MRI and PET scans are often kilometres upon kilometres away and not always available for paramedics to transport to in the first instance. This can be disheartening when you know the signs indicate a stroke, potential head trauma or complex fracture. However, it provides an opportunity for paramedics to make a real difference with early recognition and getting the patient to definitive care early. Paramedics have a critical role in early recognition - without this, patients will have a longer wait before they can access definitive care.

While rural does not always offer the career progression

MY TIME IN RURAL HAS BEEN AN INCREDIBLE EXPERIENCE

I also saw the impact of the right treatment. There was a patient who had uncontrolled blood pressure who we regularly attended until they were able to find a medication that worked to lower their blood pressure; we rarely saw them after that (except in the community where you could always say hello). There was a patient having multiple seizures requiring an ambulance until they were able to find the right combination of medications to reduce the number of seizures, or the patient who was able to access medical marijuana and giving them more movement than they had had in years. While again these may be things seen within the metropolitan context, it

to the kindies, under-8s days, visiting nursing homes and participating in local activities. These connections make it easier when an ambulance must attend. For example, I attended a child with croup who I had seen at the daycare visits, and they were much more relaxed than a child I hadn't previously met.

There are many challenging aspects to working rural. Housing options are often limited, expensive, or difficult to acquire. Some services have houses in rural areas or offer subsidies when renting. There is often limited incentive to buy in the local area, making it more likely to have paramedics who travel away on days off

as readily as metropolitan areas (think secondary triage, managerial roles, policy/research involvement, communication centres) what it offers in job satisfaction does not compare. Being there for someone in their moment of need is important, but being there to support someone ongoing throughout their and their families lives (as well as in their moment of need) is a feeling that's hard to describe. But what I can say is, "It's different in the county, you should go and do a stint out rural".

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FULL-TIME MUM TO FULL-TIME PARAMEDIC: FINDING THE BALANCE BETWEEN WORK AND FAMILY LIFE



By **Julie Wood**, Queensland Ambulance Service Brisbane/Meanjin, Turrbal and Yuggera Country

I have been surrounded by the elderly and sickness throughout my childhood and into adulthood. It seemed fitting that what I wanted to do as a career was to help others by combining my life experiences with my curiosity and interest in everything medical.

I am a mother of six and a stepmother of two. Currently, apart from working full-time as a paramedic for the Queensland Ambulance Service, I run a household of nine, now with much help from the older children and my husband, who works from home.

After university is the excitement of applying for the state service. Some are lucky enough to be offered a position quite quickly. For others, like me, there was nothing quick nor exciting after the first several months. The waiting, not knowing, and feeling a sense of demoralisation.

I began applying for other jobs and university again, thinking I would have to start all over with a new career. Considering my age already, I wasn't keen to go backwards to go forwards again. I've watched my peers get the job, and the next university cohort graduate and get the job. Although happy for those I knew, it was not a great feeling to be repeatedly let down - something my family also felt throughout the process.

Having casual employment as a medic/paramedic, I gained experience and applied what I had already learnt and expanded on that to build my clinical practice. With patient assessments and treatments, practical experience is undoubtedly how the majority of my learning occurred. I have had some impressive opportunities with my medic employment, attending numerous festivals and concerts,

PARENTING WHILE STUDYING AND WORKING IS POSSIBLE; NOT ONLY IS IT POSSIBLE, IT'S ALSO WORTHWHILE



and assessing, treating, and transporting copious amounts of patients.

The College's Grad Start Pilot Program was the extra piece I was looking for while in limbo awaiting a job. The Grad Start Program was an avenue I was excited to be a part of. The course is a window into starting your career as a newly graduated paramedic entering or waiting to enter your career. The course was so informative, and everyone I have met through the College is friendly and helpful. And the clinical knowledge from the College is outstanding. Even though I was still waiting to get the call, I was still moving forward toward my goal.

You are forever learning and moulding your practices as you continue to gain experience and knowledge - the College assists with this to help expand the knowledge learnt from my bachelor's degree. I have found many CPD courses through the College to be a fantastic add-on to university education. Having that extra learning after completing the university degree meant that I could continue to educate myself without starting a new degree. I found I was happy to have the time home again after four years of full-time education, one of which was a TAFE course to gain an ATAR for university entry.

Two years after graduating, I got the call for employment with QAS for the acute pathway Graduate Paramedic Program. I am currently a 45-minute drive from my station, so that is an obstacle of fatigue that I must manage on top of everything else. Having the support of my husband and adult children is vital to facilitate my ability to work full-time.

I continue to be a small part in people's lives on what is sometimes the worst day of their lives, and it's an absolute privilege to do so. Sometimes it's just that little bit of care, consideration, and kindness that makes a huge difference in someone else's life and health journey. I appreciate the life experiences I have had and contribute the knowledge and understanding I have gained to my clinical practice daily.

From being home 24/7 to working full-time has been a change, and it has been hard. I still have days where I struggle with the thoughts of not being at home with the kids, though I am assured they are fine and doing well. Mum guilt exists. It feels selfish and cruel at times. As a mother you are an emotional venting post, a cuddle and shoulder to cry on, a sandwich maker, and a taxi service.

Then there are the times I am still pinching myself that I made it to this point and get to do what I set out to do six years ago. Parenting while studying and working is possible; not only is it possible, it's also worthwhile, and I'm still blown away by it. I have grown as an individual, which I think is good for my children and beneficial for my growth as a paramedic. The job is great, my preceptor is fantastic, and I am confident of my continual path of learning and gaining experiences.

Before I began my journey, I always felt like I wanted to contribute to my community and to my mortgage. This job is a central component of the community. This job makes you appreciate what you have and what you may have experienced prior to being in the job. Currently, I have started the next course through the College - Applied Practice, which I am sure will be fantastic content as always.

Work-life balance needs to be planned ahead of time. I am yet to find the balance as I have had so much to catch up on out of work hours. Although, once home, work doesn't exist until my next shift - there is a separation between the two. As the weeks roll by, it's becoming less nerve-racking showing up to work as I am finding my feet and am not so nervous about my abilities and what procedures I must follow regarding my employment.

My advice is, if you feel overwhelmed, take a break. Take yourself out of the picture for five minutes to break the cognitive load. Give yourself time for everything and be prepared. Taking a step back and gathering your thoughts allows you see the bigger picture and gather information without the unnecessary pressure. Put your hand up, ask the questions, admit to not understanding something, and ask for help.

LEARNING OPPORTUNITY: FOR USC STUDENT, PART-TIME EMT WORK BUILDS CLINICAL SKILLS AND SELF-CONFIDENCE

Sunshine Coast, Gubbi Gubbi Country

For third-year University of the Sunshine Coast undergraduate Hayley McMaster, the opportunity to work as a student paramedic while studying has been one of personal and professional growth, building her clinical skills and boosting her confidence as a practicing clinician.

Since July 2024, Hayley has been working part-time for the Sunshine Coast-based EMT Medical Services, which has been employing paramedicine undergraduates for the past decade. For Managing Director Paul Will, it's a win-win situation for both his service and for the students themselves.

"The reason we did that was mainly because student paramedics only get limited time on road," he said. They do have a set of skills, even though they're not qualified, and we identified pretty quickly that it would be beneficial for everybody concerned. It gives them more clinical experience and allows them to expand their clinical knowledge."

At present, EMT Medical Services employs 28 people, a number of whom are undergraduates. It is a multifaceted organisation with five ambulances that are equipped to ALS standard. In addition to medical transports, it also provides aeromedical services within Queensland, interstate and internationally, and events medical services.

Paul said the students were involved in both medical transport and events. The service is contracted to pick up patients from two private hospitals, one in Brisbane and one on the Sunshine Coast. Unlike the drop-off transfers common to jurisdictional ambulance services, EMT Medical Services provides a whole-of-journey approach.

"Each of those transfers has a paramedic or nurse on board, depending



on the patient's condition. We take over care of the patient while they're having imaging done, PET scans, MRIs, CTs, PICC line insertion, that sort of thing. We wait for them during that appointment and then we take them back to their hospital, and that's all done in a timely manner, which is beneficial for the patient.

WHEN I GO ON A SHIFT WITH A REGISTERED PARAMEDIC, IT'S A GREAT OPPORTUNITY TO TAKE ADVANTAGE OF THEIR KNOWLEDGE AND LEARN FROM THEM

"It's also beneficial for the hospital because they were sending their own nursing staff off the ward, then leaving the nurse there and coming back maybe six hours later to pick the patient up and take them back, so we've cut the time down by at least half. The patient is well looked after the whole time and it works very well for everybody."

Events medical can involve high-capacity, high-risk motorsports or smaller community gatherings. Depending on the nature and size of the event, and if the event

organisers stipulate that both a paramedic and a student paramedic/medic are required, students will either go alone or in tandem with a registered paramedic.

Hayley, who has primarily engaged in medical transports as well attending wine festivals and speedways, said the experi-

ence and confidence she was gaining was proving to be invaluable, and provided her with additional clinical experience beyond the mandated placements all paramedicine students must undertake.

"I really like being on road and having that sort of patient interaction, and I think being an EMT is a great opportunity to be able to interact with patients and to improve a systematic approach to different jobs and scenarios," she said. "When I go on a shift on with a registered paramedic, it's a great opportunity to take advantage

of their knowledge and learn from them, as well as get advice and feedback on areas you can improve."

Hospital transfers also enable Hayley to hone her communication skills in building trust, rapport and connections with patients, particularly with those who are more vulnerable, and in the process bolstering her level of confidence as a clinician.

"Confidence definitely was a big thing for me and, to be honest, my confidence still isn't 100% there, but I definitely think that working in this environment has improved it a lot. And it's an absolute privilege to be there for someone in their most vulnerable time and to be let into their homes or to be allowed near them with almost immediate trust."

EMT Medical Services typically employs students who have completed their first year of study. They operate to a specific scope of practice and, under certain conditions and in accordance with organisational requirements, can administer some drugs. In order to do so, they must be certified by a registered training organisation as per Queensland Health requirements, which is funded by the service itself.



"We put people through that course at our cost," Paul said. "Hayley also did a sports taping course last year, so when she attends certain events that require that, she's got the qualification for it. Hayley has grabbed the opportunity with both hands and understands that this is going to enhance her learning. What she learns at uni, she can put into place with us."

"It's a great opportunity for anybody who wants to do paramedicine, who wants to enhance their learning, because that's essentially what it is."

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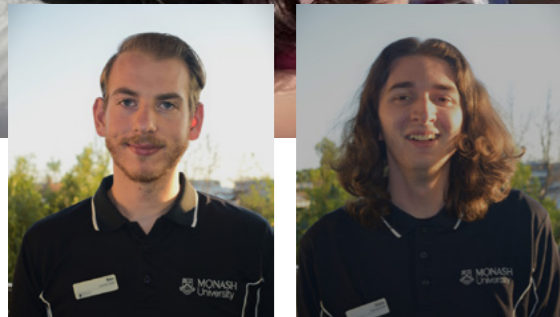
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MONASH UNIVERSITY PARAMEDICINE STUDENTS TAKE PART IN CAMBODIA IMMERSION PROGRAM



By **Ben Lebbos** and **Kane Brooks**

In November 2024, we had the privilege of being selected to participate in the Monash University Indo-Pacific Collaborative Health Immersion Program in Cambodia.

As paramedicine students, we had the opportunity to collaborate with students from various disciplines across the Faculty of Medicine, Nursing, and Health Sciences. The goal of the program was to develop perspectives on international health, cultural capabilities, and insights into culturally appropriate healthcare services, as well as gaining a greater understanding of the roles of other health care professionals.

The trip was generously funded by the Australian Government's Department of Foreign Affairs and Trade as part of the New-Colombo Plan, an initiative which aims to lift knowledge of the Indo-Pacific in Australia by supporting Australian undergraduate students to undertake study, language training, and internships in the region.

The trip involved site visits, university lectures, guest speakers, and cultural visits and activities, as well as hearing from industry experts to learn more about healthcare in Cambodia more broadly. We began in the Cambodian capital, Phnom Penh, where we completed several language

classes, exchanged stories and cultural experiences, visited traditional markets and the Australian Embassy, and learnt about traditional medicine.

We were warmly welcomed by the Faculty of Health at Norton University, where we engaged in discussions with fellow health students about the similarities and differences of our healthcare systems, as well as the challenges faced by Cambodians in accessing healthcare.

We visited the Asia Injury Prevention (AIP) Foundation, a nonprofit dedicated to decreasing road casualties in low and middle-income countries by providing safety interventions to road users. The road crash burden in Cambodia is significant, and it was interesting to see the important initiatives being put in place by AIP to reduce the toll and was particularly relevant to paramedic practice.

OUR TIME IN CAMBODIA WAS FULL OF INCREDIBLE EXPERIENCES AND TEACHINGS, WHICH WE WILL APPLY TO OUR FUTURE PRACTICE AS PARAMEDICS

We also visited the Daughters of Cambodia, an organisation that helps people leave the sex industry. Transcultural Psychosocial Organisation works to provide a comprehensive range of mental health care and support options

for Cambodians. Mental health is significantly stigmatised in Cambodia, with people often chained up in their houses or described as "haunted" or "demonic". Mothers are often blamed and seen to have passed the "illness" down to children with mental health problems.

A week later, we made the short flight to the regional centre of Siem Reap, north of Phnom Penh. We journeyed by traditional wooden boat to the giant freshwater lake Tonle Sap, which hosts a number of small floating villages. Adapting completely to the nature of the environment in which they live, locals spend most of their lives

Hospital and Australian hospitals. Notably the hospital was open, lacked sterility and privacy, and the facilities were very limited - in particular, there was a hall of approximately 50 patients in beds, less than a metre apart, with no curtains. They were also poorly staffed, with more students than trained doctors and nurses. However, there was a focus on health literacy, namely classes about hygiene and healthy living, as well as nutritional cooking demonstrations - practices that could be helpful in Australia.

Cambodia's history began with the Khmer Empire, which lasted from the 1st to the 9th century, during

it held 17,000 prisoners with only 12 known to survive. Those who lost their lives were transported to the Killing Fields, where a mass grave was excavated and where we also visited. Many of the mass graves around Cambodia are yet to be exhumed due to the ongoing threat of unexploded landmines left by the regime.

The significant trauma faced by the Cambodian people doesn't just affect those who directly experienced the trauma; it's intergenerational. A deep-seeded fear of government and authority results in people fearing doctors and healthcare professionals, leading to decreased uptake of healthcare services, worsening health outcomes. Even for those wanting to use healthcare services, accessibility is limited; the seizure of goods and property has resulted in intergenerational poverty, making it difficult for individuals to access care.

It was incredibly insightful to speak to the Cambodian people, particularly the different generations, hearing their perspective of the trauma endured and how it affects people differently. There is a significant parallel between the intergenerational trauma experienced by the Cambodian people and by Aboriginal and Torres Strait Islander Peoples. The experience enabled me to consider how, in my future practice, I can provide culturally sensitive care to Indigenous Australians, as well as other marginalised and underrepresented groups.

Compared to Australian systems, pre-hospital care and the ambulance service in Cambodia are very limited. Ambulances are smaller and more basic, with limited equipment. They are typically staffed by a nurse and a driver, or just a driver. A "load and go" approach is adopted; their main role is transportation, with little pre-hospital care administered. Ambulances are generally associated with private hospitals, rather than being an independent organisation, hence they are typically only affordable for those more wealthy, further evidence of the significant health inequities.

Our time in Cambodia was full of incredible experiences and teachings, which we will apply to our future practice as paramedics. Every moment was meaningful, and we will be forever grateful.



floating on the water, which is their primary source of life and food. Because of this, their diet is narrow and lacks nutritional balance, as they are unable to import other types of foods.

Soft drink is generally cheaper than water, therefore they have poor dental health. The rural location makes access to healthcare difficult, with no permanent medical help available at the lake, resulting in very poor health outcomes. The Lake Clinic is an organisation that provides the floating communities on Tonle Sap with adult and paediatric primary care, vaccinations, dental services, eye care services, antenatal care, health education, and referral, with transportation as needed, to the hospital. They fill a large gap and provide vital medical care to the people of the lake.

Angkor Hospital for Children is an independent, nonprofit paediatric healthcare hospital and organisation that works to provide either free or affordable healthcare to the children of Siem Reap. It was fascinating to see the difference between Angkor

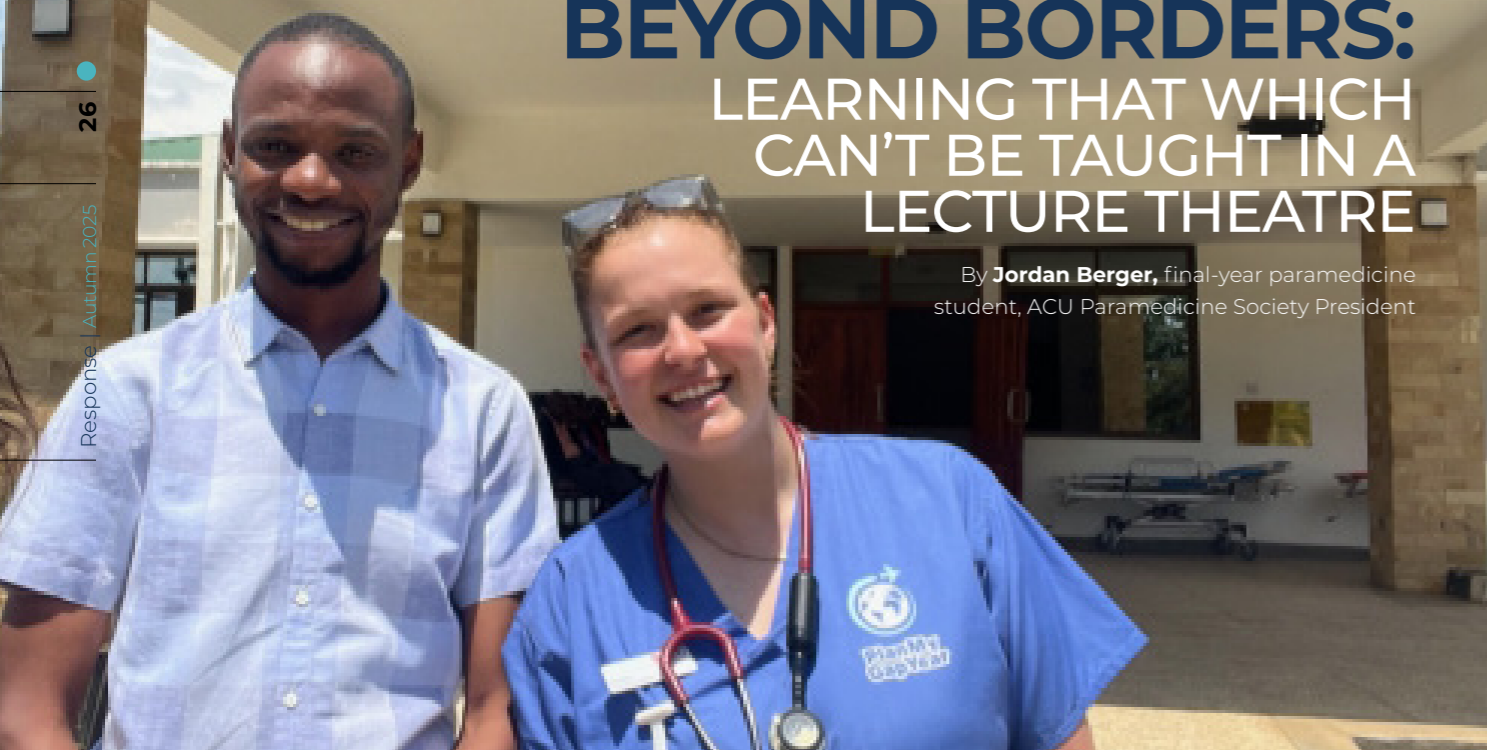
which kings had control over the land. The monarchy continued until the colonial era in 1863, when France gained control of the country. In 1953, Cambodia regained its independence and once again became a monarchy. In 1970, it became a Republic, and in 1975, the Democratic Kampuchea party, also known as the Khmer Rouge, led by Pol Pot seized power and the country was declared to be starting at "year zero"

The Khmer Rouge sought to create a master race within Cambodia, resulting in the deaths of more than 2 million people. Those killed were either tortured and executed as enemies of the regime or died from starvation, disease or overwork. The Khmer Rouge regime ended with the Vietnamese occupation in 1979, and a coalition government was established in 1991 by the United Nations, forming present day Cambodia.

We visited Tuol Sleng, also known as S21, which was the most notorious interrogation centre established by Pol Pot. Set up in a former school,

CLASSROOMS BEYOND BORDERS: LEARNING THAT WHICH CAN'T BE TAUGHT IN A LECTURE THEATRE

By **Jordan Berger**, final-year paramedicine student, ACU Paramedicine Society President



As a student paramedic, gaining experience beyond clinical placements is a vital element of our learning that assists in solidifying the knowledge we have gained through our studies. It is also a great way to enlarge our skill set and bolster our confidence to prepare us for a career in the pre-hospital world. Expanding this education beyond borders, and taking our learning overseas, is a brilliant and certainly fun way to do so.

My name is Jordan Berger, and I am a final-year paramedicine student at the Australian Catholic University in Melbourne. Both travelling and volunteering have always been a love of mine, and when I discovered that I could combine them with my passion for paramedicine, I decided to do exactly that. To start off the New Year, I was fortunate enough to take my inquisitiveness to Tanzania with an organisation called Plan My Gap Year, where I worked closely with doctors and nurses in a small district hospital for four weeks.

During this time, and with the guidance of local Tanzanian healthcare professionals, I assisted with daily rounds, minor procedures, and even got to scrub in on surgical operations such as caesarean sections and salpingectomies. Through this, I worked on my bedside manner with people who did not speak English, giving me a chance to practise some Swahili and use basic hand gestures to build rapport with patients, as well as solidify my basic patient monitoring and assessment skills.

Observing open surgical procedures was also immensely valuable in learning about anatomy and physiology, as the surgeons were more than happy to explain the entire procedure to me and take time aside to answer my questions - an opportunity many paramedicine students would not receive in Australia.

Having spent a week in the Emergency Department, I also formed connections with the medical personnel there, which led to more learning opportunities, such as being involved in major trauma cases and being taught the suturing techniques used on such patients.

INTERNATIONAL MEDICAL VOLUNTEERING IS A FANTASTIC WAY TO BE INVOLVED IN EXTRA PLACEMENTS, EXPLORE THE WORLD, AND PREPARE FOR A CAREER IN PARAMEDICINE

Floating around all the wards also gave me a chance to learn about more specialised areas, such as paediatric medicine and maternal care, which are crucial for paramedics. Working closely with unwell children and witnessing responses to neonatal emergencies gave me insights into the priorities of care for younger patients and the need for close vital observations and continual rechecking.

My ability to identify well versus unwell patients was also tested as I was often the first point of contact for patient

assessments and had to alert doctors to any emergencies I detected. As a student, this was a great learning opportunity as babies often showed little to no physical symptoms, meaning I had to rely solely on vital sign numbers.

I also gained insight into tropical illnesses such as malaria and typhoid fever and found that, while these diseases are often feared in Australia, they are treated with little concern - much like a cold or flu here. Learning about medications not commonly used in paramedicine was fascinating, and observing patient treatments provided a valuable perspective, as some

methodologies slightly differed from those in Australia.

One thing that I particularly found interesting was the differences in pre-hospital and paramedical care. Specifically, that there is no emergency ambulance service in Tanzania. In Australia, we are lucky enough to have highly trained professionals only one phone call away who are able to provide life-saving care and perform intricate interventions to stabilise patients en route to hospital.

Watching patients brought in unconscious on the back of motorbikes, or "boda bodas" as the locals call them, was something I never expected to see, and was definitely a moment I thought back to and felt grateful for what we have at home. In Tanzania, tuk tuk drivers are forced to become makeshift paramedics, and local bystanders are given the huge responsibility to help their community in need or leave them unassisted in the streets. This often means that patients are brought to the hospital in a critical condition, ultimately leading to poorer patient outcomes.

Despite the lack of paramedics in Tanzania, hospitals do have privately owned ambulances for inter-hospital transfers. However, these are simple 4WDs with beds in the back and minimal medical equipment. When I explained what paramedics are to the medical personnel at the hospital, they were impressed by the concept and shared how it could make a huge difference for them in the future if it ever became a possibility.

Beyond pre-hospital care, medicine itself is not vastly different. The understanding of pathophysiology is explained in much

was very similar to what we would learn in a bachelor's degree and beyond, with the university structure relatively similar to that of Australia. This also meant they could rely on English-written global medical research to advance their practices as resources became more accessible.

But the truth is, no matter how hard they worked or how educated they were, their efforts were constantly limited by a lack of resources. I knew African healthcare systems would differ from Australia's, but I was not prepared to see the stark contrast between the two. Essential medical equipment that we take for granted in Australia was often broken or completely unavailable in the hospital. Vital medications and resources like oxygen were in such short supply that some people lost their lives or underwent procedures without adequate analgesia.

During some of the surgeries I scrubbed in on, the surgeons had to continue working while the power went out, leaving the operating theatre in darkness. As a student paramedic, one of the most striking moments for me was seeing their crash cart, which contained just a single tourniquet and no airway adjuncts

which we are born can dramatically influence the level of care we receive.

This experience was not only eye-opening for me but also highlighted the value of these opportunities for students. Experiencing healthcare in an under-resourced setting gave me a deeper understanding of the real-world challenges healthcare professionals face and the importance of innovation and resourcefulness in overcoming them. By taking up this opportunity, I was given the chance to contribute to making meaningful changes and gain a broader perspective on global healthcare. International medical volunteering is a fantastic way to be involved in extra placements, explore the world, and prepare for a career in paramedicine. I could not recommend this experience more highly!

Finally, throughout my time there, witnessing the immense limitations in the Tanzanian hospital motivated me to raise awareness of the issues and try to make a real difference. Alongside volunteering at the hospital, I was fortunate to raise more than \$2,000 for the hospital. I personally went to a medical supplier and contributed to stocking their emergency department crash cart, purchasing cannulas and syringes, buying more than 100 oxygen masks, and providing high-quality stethoscopes for the doctors.

While these efforts were just a small step, they had a direct impact on the hospital's ability to provide better care, helping bridge the gap between what was available and what was needed. It has also inspired me to continue to push for equality between our countries and continue supporting the hospital into my future, through further fundraising and medical shipments direct to them.

If you are interested in making a donation, you can do so at <https://whydonate.com/en/fundraising/support-a-hospital-in-tanzania>, and if you have any spare equipment, you can contact me at jordanbergertanzania@gmail.com. Any amount can and will make a difference.

Being in Tanzania showed me that being a student does not mean you are limited to Australian clinical placements or that you lack the ability to create change. For any student considering international medical volunteering, my advice is simple: Do it. It truly is an experience of a lifetime.



the same way as it is in Australia, and the treatment approaches taught to healthcare professionals also closely align. In Tanzania, I learned that the education system starts in Swahili in primary school, but from high school onwards all instruction is in English. As a result, when speaking with doctors, their medical knowledge

whatsoever - something you would never see in Australia.

Observing this was at times challenging and confronting. Watching healthcare professionals do everything in their power for patients only to be held back by something as simple as not having the right tools, or seeing patients suffer due to a lack of funding, was difficult. However, it gave me a perspective I had not before experienced.

I gained a deeper understanding of why many procedures and policies exist in Australia and saw the significant impact medical research and advancements can have on both healthcare professionals and patients. Now, when returning home, I will be able to justify why certain tools are so important and know the true impacts if we did not have them. It also made me reflect on how fortunate we are in Australia and consider how the place in

AUT SUMMER GRADUATION 2024

By **Farren McGregor-Smyth**



On 9 December, Auckland University of Technology Paramedicine held its biannual pinning ceremony.

At the ceremony, undergraduates and postgraduates are presented with a pin representing the qualification within paramedicine that they have attained.

Together with the handing out of pins, awards were also given to academic and volunteering high achievers recognising AUT Paramedicine student mentors, students achieving academic distinction (A-grade or an 8.0/9.0 GPA) in the BHSc (Paramedicine) degree, and two overall honours: Highest Academic Achievement and Outstanding Contributions to Paramedicine.

Two new taonga were introduced for Māori and Pacific Medics students: One recognising exceptional leadership and embodying the spirit of manaakitanga (kindness, respect, and support) within the programme, and the other honouring perseverance, hard work, and dedication, celebrating a student who excelled in both theory and practical experience.

MAPmedics is a student-led initiative dedicated to providing a culturally safe space for Māori and Pacific students within the paramedicine programme.

The foundation of MAPmedics is built on the values of whakawhanaungatanga, where we build or maintain relationships, and nurturing a Tuakana/teina model where senior students guide and mentor their junior peers.

Every week, we come together to learn from each other, share kai, and connect as a community. MAPmedics is supported by Māori and Pacific paramedics, as well as AUT lecturers, who are vital in helping us thrive academically, culturally and pastorally.

The following students received awards for undergraduate studies:

- The John Heberley Cup for highest GPA and overall academic distinction was awarded to Kate Duffy.
- The Brenda Costa-Scorse Cup for Outstanding Contribution to the BHSc in Paramedicine programme was awarded to Elsie McRobb.
- The taonga Te Matau a Māui Tikitiki a Taranga for the MAPmedic student that has exemplified remarkable perseverance, dedication and hardwork and applied all forms of knowledge within paramedicine was awarded to Shayla Traynor.
- The taonga Te Pitau Whakareia o te Waka for the MAPmedic student who has inspired and guided peers in the paramedicine programme through demonstrating manaakitanga (kindness, respect and support) was awarded to Elsie McRobb.

It was a wonderful opportunity to celebrate the graduates' hard work and dedication throughout their studies, as well as to honour both them and their whānau at the pinning ceremony and AUT Summer Graduation 2024!

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CREATIVE ARTS BASED RESEARCH IN PARAMEDICINE. REALLY?

By **Lisa Hobbs**

Registered paramedic, Senior Lecturer, School of Nursing, Midwifery and Paramedicine at Australian Catholic University, Adjunct Senior Lecturer (Paramedicine) at University of Southern Queensland

Beginning to dip your toes into the realm of paramedic research can be incredibly daunting. Although you may feel like an accomplished clinician, preceptor or academic, taking that next step into research can feel like jumping into an abyss.

Despite a 30-year history, existing research within paramedicine has been described as “under-utilised” and “undeveloped”, most likely due to challenges the discipline has faced progressing and expanding upon research opportunities, accessing funding and support for paramedics.¹ Paramedic research is now growing at an exponential rate as the profession matures.

Most paramedic research has focused on clinical care interventions pertaining to technical skills, interventions and pharmacology.^{2,3,4} This makes sense as this is our

profession, influences from the historical technical nature of paramedicine explains why most paramedic research utilises quantitative methods or positivist approaches.² As the discipline evolves, there are possibly vast avenues of approaches to research that paramedic researchers have yet to traverse.

When starting out on the research journey, it's easy to feel overwhelmed by many things, like “What is my actual research question?”, “Which philosophy, theory or methodology should be used” and “Will I be able to publish this?”. It is recommended that paramedic researchers incorporate conceptual frameworks and/or theory to promote and make sure there is “philosophical alignment between their research questions/aim, methodology, and theory or conceptual framework”.⁵

Conceptual frameworks provide a structured approach for researchers to

such as surveys, interviews, journal narratives and reflexive thematic analysis.⁷ There are many types of qualitative research; however, they are underpinned by interpretive frameworks, common characteristics and general assumptions,⁷ which makes it a diverse methodology and iterative process that defines the context of a phenomenon in a way that develops understanding and meaning.⁸ Qualitative research supports researchers to examine previously unexplored areas of human lived experience and to interpret meaning or make sense of it.^{9,10} Therefore, CABR provides us with a different lens to undertake qualitative research. Furthermore, CABR can be used in mixed methods to provide a rich explanation and assist in interpreting the humanness in the quantitative data.

So, what is CABR? What is its value in paramedic research, and can it really be utilised by paramedic researchers? (Spoiler alert: I contend that it can.)

CABR is a structured approach that can be used at any stage of your research journey to assist you to immerse yourself in the data and the entire study.¹¹ CABR integrates scholarly research with artistic practices, blurring the boundaries between academia and art.¹² Wait! What?... art ... but what if I'm not an artist? Bear with me, for a moment ... you don't have to be Picasso.

Although CABR is most often used for dissemination of the completed study, the formation of creative works can occur at any stage of your research journey, including during the initial project concept development, your literature review, data generation, data analysis, and even the interpretation of results.^{11,12} Most importantly, it doesn't matter if you're not Picasso because CABR incorporates a wide range of artistic practices, which include visual arts, photography, creative writing, poetry, needlecraft, music, dance or live performance as a means of exploring the research questions and data.^{11,12,13} CABR can be used in many

comfort zone so to speak, since it is akin to our clinical or academic identities. However, a theme is becoming apparent that topics being investigated through PhD research appear to focus on paramedic education and continuing professional development more than clinical interventions, possibly indicating academics are highly represented amongst paramedics with doctorates.⁵

Although qualitative research and mixed methods approaches are becoming more accepted by the

understand a problem or topic and assist in illustrating how complex systems operate.⁶ Theoretical frameworks are structured models or systems of ideas that are used to guide research, analysis, and our understanding of the research topic. They are derived from established theories and provide a “lens” through which a phenomenon can be studied.⁶

Creative Arts Based Research (CABR) is a form of qualitative research. It is a research methodology often utilised when the researcher uses a research constructivist paradigm; and it is frequently supported by research methods

disciplines including STEM^{11,12,14} - including paramedicine!

One reason why CABR can work well in paramedic research is because it allows researchers to explore complex issues in a creative and expressive way that can help them to uncover unique insights or perspectives which might not be as easily discovered through traditional research methods. As the CAB researcher, you can “build on existing knowledge and experience, rather than starting from scratch” (p.8).¹² This is similar to what we do when we respond to a scene in the clinical world.

One of the major advantages of CABR is that it is participatory in nature, whereby the research participants assist in the creation and the generation of data.^{11,15} Again, I would argue this sits well with the paramedicine community, because as paramedics we are used to involving our patients in the provision of care beyond just informed consent.¹⁶ We know from our paramedic experience that enabling the patient to have a role in their healthcare can empower them throughout their healthcare journey. The same occurs in CABR, because it enables your research participants to express themselves often without any preconceived expectations, which can assist you to uncover insights or avenues of theoretical interest that may not have otherwise emerged.^{11,13}

“How?” you may ask. CABR works well if you are researching sensitive or emotive topics or situations, where finding the right words, or any words, could be challenging for participants. The reason is that CABR provides participants with a creative outlet to help them express their feelings about the topic.^{17,18} By using CABR methods, you can enable your research participants to create during the interview process, which can help you to elicit data which might otherwise have been difficult or impossible to uncover.

For example, you could ask your research participants to take a selfie. A participant may choose to take a picture of themselves in black and white or sepia tones. If questioned regarding their choice of black and white, they may say that sepia is on trend at the moment, they like the way it looks ... or they could tell you that they feel subdued or muted when it comes to their lived experience, so colour just didn't feel right. The act of the participant taking a selfie has now enabled you to have further discussions with them and it might even help you to discover another theoretical avenue of interest that you hadn't previously considered.¹¹

You might have some more questions about what CABR is and how or why you could use it. Let's try to answer them for you now.

(Q). Why would paramedic researchers use CABR?

(A). CABR is an effective framework within contemporary academic research.¹⁹ Artists have long created artifacts as a part of creative inquiry, to understand problems, explore gaps and fulfil possibilities. For example, Pablo Picasso famously said: “I never made a painting as a work of art, it's all research.” When it comes to paramedics, I would argue that we are fabulous storytellers. Think about what you do every day. How many times have you had to explain a complex medical condition or paramedic intervention in simpler terms to either your patient, their next-of-kin, or even the undergraduate university student that you are mentoring? How many times have you drawn a diagram or rudimentary depiction of what is happening in the cardiovascular system? Or sent a colleague a photo collage of the six coffees you made today but never got to drink? If you've done any of these things, you have the potential to use CABR.

(Q) What are the advantages of using CABR?

(A) CABR is transdisciplinary, reflexive and responsive in nature.¹⁷ CABR can integrate and expand on existing disciplines and the synergies between them.¹⁷ It is a flexible and holistic approach that merges practice with theory, and can utilise multiple experts and bodies of knowledge as an instrument of inquiry.¹⁷ CABR enables you to give a voice to your research participants, and their experiences and realities, which can encourage dialogue within the broader community and enact transformation.¹⁷ It expresses the interconnection of human experience and provides a way to integrate emotions into scholarly research,²⁰ which helps uncover the authentic voice to your research participants' lived experiences.

Finally, CABR has strong research impact because of the communicative power of research findings to filter into the broader community.¹⁷ For example, average members of the public are unlikely to read paramedic journals; however, they might watch a YouTube video montage of photos depicting the day in the life of a paramedic or read a book to their children about what happens when the paramedics treat you and take you to hospital.

(Q) When can paramedic researchers use CABR?

(A) CABR can be used by paramedic researchers to assist them in knowledge production as it embraces the utilisation of literature from a range of different disciplines to help think more creatively about the research problem.¹²

(Q) So, Lisa, why did you choose to use CABR?

(A) I am a visual artist, registered paramedic and paramedic researcher. Because I identify as an artist and a paramedic, my lived experience can be used as a lens to analyse the data from my current research study⁸ and build a comprehensive understanding of the experiences, perspectives and perceptions of my research participants. The medium I have chosen to explore my current research topic is a combination of mixed media and visual arts, which I hope will enable me to create multidimensional representations of the research concepts and data.¹¹ My professional and research background enables me to traverse the arts and paramedic paradigms and develop an interdisciplinary understanding of the research participants, and my expertise enables me to facilitate collaboration with the research participants to create expressive artifacts which will assist in un-silencing and empowering them to tell the stories of their hidden realities.

(Q) How are you doing that, and what does that look like?

(A) I'm using CABR in two ways: During my research, participants were required to undertake a creative element during the interview process. At the same time and beyond, I engage in my own art-making as reflective and reflexive practice to explore my own reactions to the research and to hearing participant stories. What that looks like in my study is that I've made artifacts, which are also referred to as creative outputs (and can count as publications) that have been displayed in multiple exhibitions and won numerous awards.

The exhibition of my works has been seen by paramedics and members of the general public, which means that my research has enacted transformation on an individual and community level by enabling us to start talking about a topic that can be challenging and uncomfortable, and that we haven't really talked about before.¹⁹ Because the research is being disseminated to a wider audience (i.e., more than just people who read paramedic journal articles), it also has the potential to expedite translation of the research into practice. This is similar to advertising campaigns that came out to educate the public on what is (or isn't) an appropriate call to 000; for example, the South Australian campaign featuring the slogan 'Emergency? Or more of an umm...ergency?'²¹



“Survey Says”

Art has the power to attract attention, provoke, transport and have long-lasting impressions. Responses to art can be “visceral, emotional, and psychological, before it is intellectual”.¹¹

The creative work “Survey Says” by Lisa Hobbs (2023) is an example of a non-traditional output which reports some of the findings of the anonymous online survey of Australian female paramedics. These powerful verbatim statements from the research participants are transposed directly on to a female form, with words positioned adjacent to their part of the body that the statement is about. Participant statements on this piece include:

“More occasions than I care to relate, being touched inappropriately by work colleagues on the job, one rubbed his erection against my arm while I was completing paperwork at branch, multiple suggestive comments of sex while on shift and multiple other situations which are even more appalling.”

“A male colleague asked: “Why don’t I get a wank break if you get a lactation break?”

“When I asked how maternity leave works, the HR told my colleagues I was pregnant, even though they had no right to tell anyone.”

“I had a wonderful, supportive manager when I had a miscarriage on shift. A previous manager was a problem though. Kept telling me pregnancy is not a disease when I lay down in between calls because I kept on vomiting and felt terrible.”

“Even at a senior level within the organisation, my manager makes jokes whether I (and others) are menstruating if our mood does not match his expectations.”

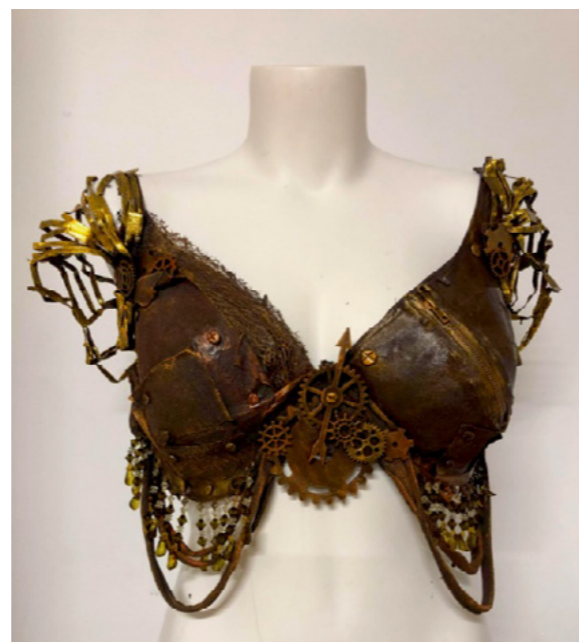
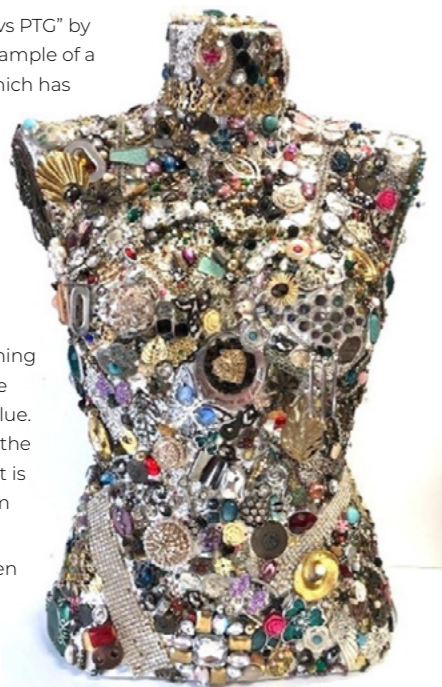
Participant responses are given agency and an almost audible voice, as they are draped over the female form, drawing the viewer into the untold world of female paramedic experiences. Thereby assisting in breaking the silence surrounding the narratives of women in paramedicine and shedding light on their unique experiences and perceptions while working in a historically male-dominated industry.

“PTSD vs PTG”

The creative work, “PTSD vs PTG” by Lisa Hobbs (2023) is an example of a non-traditional output which has been generated from a review of the literature on the differences between post-traumatic stress disorder and post-traumatic growth.

The piece is made from broken jewellery, demonstrating that once something has been broken, it can be reformed and still hold value. While the jewellery is not the same as it originally was, it is still beautiful and has form and function.

This is translated to women when they experience adversity. Post-traumatic growth can be described as the potential positive effects that occur as a result of experiencing an extremely distressing event.²²



“The Warrior”

The creative work “The Warrior” by Lisa Hobbs (2023) is an example of a non-traditional output which was devised to support breast cancer and honour women in paramedicine who have battled.

It is symbolic of going into battle without losing one’s femininity. It links back to “PTSD vs PTG” in that it expresses the concept of preparedness for the fight.

Preparedness can assist women to feel more resilient in the face of adversity, and therefore be more likely to experience PTG.²²

The arts offer a way of humanising the often clinical and rigid approaches to emergency events as a paramedic.²³ It gives you an additional avenue to share your research and enables translation of your research into change. Of top 100 cited articles in the pre-hospital field of research, the majority of authors were from the medical profession, not paramedics, and the majority of paramedic researchers are published in Q2, Q3 and Q4 journals.²⁴ Paramedic research needs to be assessed through additional forms of impact, rather than H-Index alone.²⁵ It should include industry engagement, policy change, government reports, direct or indirect impact to patient safety/care, other impact publications (not just Q1), and transition to practice ... including non-traditional outputs from CABR.

So, when you have figured out what your research question is, my top tip is to consider if CABR can be used. To decide this, ask yourself some of the questions posed by Helen Kara¹² and continue to consider them throughout your research journey. This is how you can ensure that you are performing reflexivity, which is a requirement of qualitative research. Some of the key questions outlined by Helen Kara¹² that I have asked and continue to reflect on are: How does my identity affect my research practice? What are my values and beliefs, and how are they operating in my research work? What impact do my emotional responses have on my research? What are the political aspects of my research? How do they play out in practice? Where are the relevant power balances and imbalances? Are they changing during the research process? If so, in what way? What effect do they have on my research? Do these considerations affect the choices I make in my research? How can I use these considerations to inform, enrich and develop my research? Addressing these questions enables us to consider that CABR has the potential to allow paramedicine to explore itself from a different perspective as the profession transitions through adolescence to maturity.¹²

Not all of the paramedic research that I do is CABR, because you need to use the most appropriate methodology to address the specific research question. However, there are research questions where using a different creative lens can benefit your research participants and enable your research to have great impact. Sometimes, a picture really can paint a thousand words; and that can start a whole conversation that needs to be had within the paramedic profession and beyond.

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SUPPORTING PARAMEDICS: WHO IS HELPING THE HELPER?



By **Matthew Hill**

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It is no secret that paramedic work is stressful and much of the literature to date has, appropriately, focused on examining the mental health and wellbeing of paramedics and other first responders so they can continue to carry out their daily work (Mackinnon et al., 2020).

rates for anxiety, depression and general psychological distress among paramedics have been reported to be 15%, 15%, and 27% respectively (Petrie et al., 2018). This highlights the substantial impact that this line of work can have on paramedics and is likely why many organisations who

close family member or friend to cope with the demands of their work (Donnelly et al., 2016).

Family members and close friends play a pivotal role in supporting paramedics to cope with their stress. The support families provide paramedics is broad and may include emotional, practical, psychological and financial support (Fitzpatrick et al., 2024). However, the provision of this support can take its toll on the mental health of those who provide it (Fitzpatrick et al., 2024). In addition to the challenges of dealing with their paramedic's mental health concerns, family and friends may face additional challenges, such as limited time to provide support, exhaustion, burnout, and uncertainty around what to say and do, all while feeling unsupported in their role as a carer (Fitzpatrick et al., 2024). However, a key concern is the degree to which family and friends may experience secondary traumatic stress symptoms due to hearing about their paramedic's traumatic experiences.

While speaking to a close family member or friend is likely a key coping strategy for many paramedics, there is a risk that these loved ones may experience symptoms of secondary traumatic stress

A KEY CONCERN IS THE DEGREE TO WHICH FAMILY AND FRIENDS MAY EXPERIENCE SECONDARY TRAUMATIC STRESS SYMPTOMS

Exposure to physical violence, fatal accidents, and events involving the death, injury and the suffering of others are all examples of the types of potentially traumatic events (PTEs) that paramedics regularly face (Lee et al., 2020).

Given the nature of these events, paramedics are at risk of developing post-traumatic stress disorder (PTSD) and other trauma-related mental health conditions (Heber et al., 2023). In fact, paramedics have been reported to have higher rates of probable PTSD compared to the general population (Hoell et al., 2023), while the prevalence

employ paramedics now have established employee assistance programs (EAPs) dedicated to supporting the mental health and wellbeing of paramedics and their families. However, not all paramedics are comfortable accessing the support available to them through their EAP.

There are several barriers that may prevent paramedics from accessing the organisational support services available to them, including stigma and poor workplace culture (Coyte et al., 2024; Mackinnon et al., 2020). These barriers may partly explain why paramedics generally prefer to seek support from a

due to hearing about their paramedic's traumatic experiences (Figley, 1995). This means that family members and friends who support paramedics may experience symptoms that are identical to the symptoms of PTSD (e.g., intrusive recollections, hyperarousal, and avoidance of traumatic event reminders) after hearing about their paramedic's experiences (Bride & Figley, 2009; Figley, 1995).

My research team's recent review examined evidence relating to secondary traumatic stress among partners of paramedics (Hill et al., 2024). While there were few studies that had specifically investigated secondary traumatic stress among the partners of paramedics, it found that (1) partners of paramedics are aware of, and affected by, their paramedic's post-traumatic stress symptoms; (2) post-traumatic stress symptoms experienced by paramedics can have a widespread impact on couple functioning; and (3) partners of paramedics understand the need for healthy coping strategies; however, perceive that little support is available to them (Hill et al., 2024). While the findings of this research help to validate the theory that those who support paramedics can themselves become traumatised, it also presents the broader paramedicine community with an opportunity to improve the support provided to those family members and friends who support our paramedics.

There is clear evidence that family support is a key resource for many paramedics and that the absence or depletion of this resource can have a negative impact on how well paramedics cope with their work-related stress. A study by Meacham et al., (2025) highlighted the important role that family support plays in buffering against the negative effects that role overload has on resilience, and subsequently the paramedic's intention to leave their job.

This study highlights how resources outside of the organisation can benefit those paramedics working for the organisation and the organisation themselves. Therefore, organisations and clinicians responsible for supporting the mental health and wellbeing of paramedics should consider the impact that providing informal support can have on close family members and friends, including the impact that this can have on their relationship with the paramedic (Fitzpatrick et al., 2024; Henry et al., 2024).

Many organisations do have EAPs that extend their services to family members and have established policies that focus on family-friendly practices. Continuing to develop these programs and policies will be of benefit to paramedics, their families, and their organisations (Meacham et al., 2025). However, we also need

to ensure that access to this support is being promoted to paramedics and their families to ensure that everyone is aware of the support that is available to them (Henry et al., 2024).

Finally, providing opportunities for family members and friends to engage in education about the mental health implications of paramedic work, including what signs to look for that might suggest their paramedic is not coping and how to manage their paramedic's mental health concerns, would be beneficial (Fitzpatrick et al., 2024).

Exposure to potentially traumatic events in paramedicine is unavoidable. Alongside the support provided through EAPs, close family and friends of paramedics

play a key role in supporting paramedics to cope with the stressors they experience due to their work. However, providing this support can have a real impact on the mental health those family members.

Fortunately, by harnessing existing supports and proactively educating the paramedic workforce and their families, there is real potential to reduce the burden on those family members and friends who provide support to paramedics. Ultimately, this will lighten the load of stress for both paramedics and those who provide them with support. This in turn may help reduce paramedic burnout and post-traumatic stress.

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THE CAA CONGRESS AND IRCP CONFERENCE

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Join CAA and the International Round Table of Community Paramedicine in Adelaide, South Australia for a week-long, co-hosted series of events. Hear from Australasia leaders and professionals discuss the latest advancements and innovations in the field, keeping you on the pulse of emergency care.

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SECTOR NEWS



JOIN US THIS YEAR AT THE 2025 IRCP AND CAA CONGRESS



CAA Congress, presented by The Council of Ambulance Authorities (CAA), is a premier event which showcases the latest innovative technology, practices and case studies across the ambulance health sector.

Held across Australasia annually, 2025 will be hosted by Adelaide, South Australia, and we are proud to announce that the International Round Table on Community Paramedicine (IRCP) will be joining us this year in Adelaide.

IRCP promotes the international exchange of information and experience related to the provision of flexible and reliable healthcare services using novel healthcare delivery models and is a resource for public policymakers, systems managers, and others. CAA has a long history with the IRCP, and we are thrilled to be hosting them back in Australasia after the long COVID break.

The week full of events will commence with the IRCP Welcome Function on 17 August and the conference being held from 18-19h August. From here, CAA Congress gets underway with our memorable Welcome Reception presented by ORH followed by two days (20-21 August) of insightful keynote speakers, interesting innovations and the annual CAA Awards for Excellence Gala Dinner.

After a 2024 CAA Congress full of insightful presentations, 2025 keynote speakers will delivery topics on:

- **Cyber Security in the Health and Emergency Sectors** - Safeguarding Health and Emergency Services in the New Digital Age
- **Sustainability and Government Reporting** - Leading the Way in Sustainability: From Policy to Practice
- **Psychological Safety of Ambulance Staff** - Fostering Psychological Safety: Innovations and Strategies for Ambulance Services
- **The New Patient** - Adapting to Evolving Demands in Ambulance Services - Meeting the Needs of Tomorrow's Patients: Trends, Innovations, and Workforce Transformation

Heading into its 18th year, the Council of Ambulance Authorities Awards for Excellence aim to recognise the important and innovative work of member services across Australasia, as well as encourage services to share their work and cohesively learn and execute these strategies in their respective communities. Judged by a panel of independent industry-respected judges from across the globe, the Awards for Excellence are an important recognition for all Australasian member services.

Queensland Ambulance Service dominated the 2024 Awards for Excellence by winning three of the six categories, including, the Excellence in Clinical Practice, Excellence in Staff Development and Excellence in Patient Care category awards, as well as the coveted Star Award for their Excellence in Patient Care project, The QAS Falls Co-Response Program.

Are you part of the CAA Member Services and wish to submit a project for the Awards for Excellence? See the key dates below:

- **Awards Nominations/Platform closes** - 13 April 2025
- **Judging commences** - 1 May 2025
- **Finalists announced** - 20 June 2025
- **Winners announced** - 20 August 2025

Learn more about #CAACongress and #IRCP2025 at <https://caacongress.net.au/>.

Submit your project for the Awards for Excellence at <https://www.caa.net.au/awards>.



ENHANCING EMERGENCY RESPONSE: AMBULANCE VICTORIA'S MOTORCYCLE RESPONSE UNIT



When every second is critical in a medical emergency, Ambulance Victoria's Motorcycle Response Unit provides a highly agile and effective solution for rapid intervention.

Our Motorcycle Response paramedics are uniquely positioned to navigate congested urban environments, events and festivals, and access locations that traditional road ambulances cannot, reducing response times and improving patient outcomes.

Specialist Resources Manager Joshua Tait highlighted the operational advantages of the unit: "Motorcycle Response paramedics have the ability to bypass traffic congestion and access areas that are otherwise restricted to vehicles, such as bike paths, footbridges, and pedestrian zones. This enables them to provide timely, life-saving interventions where they are needed most."

The fleet comprises BMW F900GS motorcycles, purpose-built for emergency response operations. These vehicles are equipped with emergency beacons, sirens, integrated two-way radio communication, and panniers designed to carry essential medical equipment.

"The motorcycles are stocked with a modified suite of clinical equipment, comparable to that found on a road ambulance. This includes an automated external defibrillator (AED), essential medications, airway management tools, and trauma response supplies."

Operationally, Motorcycle Response paramedics are dispatched concurrently with a road ambulance. In cases where further transport is unnecessary, they can stand down the responding ambulance, optimising resource utilisation across the network.

"By arriving on scene first, we can assess the patient and determine whether additional paramedic support is re-



quired. If the patient does not require transport, we can release the road ambulance to attend higher-acuity cases, ensuring a more efficient allocation of resources."

For Motorcycle Response paramedic Geoff Briggs, being part of this specialised unit has been both a professional and personal privilege.

"It's an incredible experience to integrate my passion for motorcycle riding with frontline emergency care. When I joined Ambulance Victoria 21 years ago, I never imagined we would have a dedicated motorcycle paramedic unit," he said.

Ambulance Victoria first trialled the use of motorcycles in 2011, with full-scale implementation occurring in 2015. Since then, the Motorcycle Response Unit has played a crucial role in providing medical coverage at major public events, including New Year's Eve celebrations, sporting fixtures, and large-scale charity events.

Each year, the unit responds to more than 3,000 emergency cases, delivering critical care where and when it is most needed. As demand for agile and efficient emergency medical response continues to grow, the Motorcycle Response Unit remains an integral component of our pre-hospital care strategy, ensuring that we maintain the highest standards of patient care in dynamic and challenging environments.

NEW YEAR, NEW STATIONS FOR SAAS



SA Ambulance Service

SA Ambulance Service opened two new stations in January as it continues with a major expansion in the service's capacity.

The new Mount Barker and Golden Grove stations are part of the SAAS Operational Growth Plan which will deliver 24 new, rebuilt or upgraded ambulance stations, a new Emergency Operations Centre and 350 additional staff and 36 new ambulances.

Both stations are in areas that are experiencing rapid population growth, so the new stations will not only improve current response times but also help to meet future needs.



Mount Barker SAAS station



Golden Grove station open day

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Kua tae ki te wā whakahou i tō Tiwhikete Whakawaiwai A-Tau | It's time to renew your Practising Certificate

The Practising Certificate renewal period for 2025 – 2026 has opened. This means that you will need to let Te Kaunihera know your practising intentions for the period 1 Āperira | April 2025 - 31 Māehe | March 2026. You can do this by logging into your MyPMC account and completing one of the forms before Monday 31 Māehe | March 2025.

If you have any pātai | questions or would like further guidance with your application, please contact 04 381 9080.

Update: Specialist Paramedic Practice Endorsement

Te Kaunihera is currently working through the finalisation of documents related to specialist

paramedic practice endorsement. Once this is finalised, an email will be sent to the profession with information including what is required for a specialist endorsement application, what to expect from the process, and timeframes.

Te Kaunihera anticipates that, at this stage, specialist paramedic practice endorsements will open towards the end of Mei | May 2025.

A page will be published on our website once all information is available. We will let you know when this has been published.

For all the latest news from Kaunihera Manapou Paramedic Council, visit <https://www.paramediccouncil.org.nz/>



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Are you ready to enhance your preceptorship skills and make a lasting impact in paramedicine?

Join us for our information session on 1 April 2025 as we discuss the components of this program.

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