VOL 46
WINTER 2019

RESPONSE

The official voice of Paramedics Australasia

Michaela Malcolm and Sarah Wells – flying high

PARAMEDICS AUSTRALASIA

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Michaela Malcolm and Sarah Wells – flying high

Ambulance Victoria's first female MICA flight paramedics, Michaela Malcolm and Sarah Wells, are flying high in a job they love. Find out more in our Response Q&A.

with Peter Jurkovsky

Communication is key

A warm welcome to the Winter Issue of *Response* – your member magazine.

This issue contains some quality articles, including a special Response Q&A with Ambulance Victoria's first female MICA flight paramedics, Michaela Malcolm and Sarah Wells; a profile on Paul Bermingham, a Queensland Ambulance Service paramedic who uses (and teaches) Auslan; and an article on palliative care focussing on the mental health and wellbeing of paramedics in this field. We also present a special feature on the Paramedics Australasia International Conference (PAIC) 2019 'Broadening Horizons', which will be held in Hobart in late November. We have an outstanding list of speakers and events planned for PAIC 2019 so make sure you book early and take advantage of our early bird discounted registration offer, which closes 16 August. Do whatever you can to ensure your attendance at this turning-point event on the paramedicine calendar.

> "We pride ourselves in communicating with our members effectively"

We pride ourselves in communicating with our members effectively and avenues such as *Response* on a quarterly basis and *Rapid Response* as a monthly communiqué are tools we use to achieve this. Recently I received an email from PA Fellow Malcolm McDonald, commenting on our communication with members: "... I am quite 'chuffed' with the progress/evolution of CPD education after the final introduction of paramedic registration ...to witness this wonderful progress with the ability to immediately reach so many of our members." Malcolm went on to reflect that: "This in comparison to the (almost ancient) dissemination of information from an Institute Seminar in 1975 using a Roneo machine by way of typing the presentation on a special waxed paper stencil which was attached to the ink drum. On turning the handle, paper was fed into the machine and copies printed off to be mailed out to members." How things have changed!

We continue to seek more advanced methods of keeping you, our members, as informed as possible in this age of instantaneous communication. Please provide us with any thoughts or feedback you may have in enhancing this important area of member information and services.

Funding for women's leadership development

Funding has just been released to support the development of female leaders across Australia's emergency services sector. The initiative is providing women with grants of between $3000 and $7000 to enable participation in one of three programs that cover such things as presence and presentation skills, leading innovation and change, and emotional intelligence and conflict.

The scholarship funding is provided with the specific intent of providing powerful and effective development opportunities for emergency services sector women. We would be keen to support our female members in applying for this professional development funding. Please visit www.wla.edu.au/policedefenceemergencyservices.html for further information.

CAA Congress 2019

I am looking forward to representing PA for the first time at the annual Council of Ambulance Authorities conference, 'Building Ambulance Services for 2050', in early August. Themes including technology, innovation and digital disruption, the future of clinical services and the paramedic of the next generation will be highly relevant topics for ambulance services in Australia and around the world. An overview of the themes and discussions will be provided in the next issue of *Response*.

As always, stay safe and the PA Board and Executive look forward to continuing to provide you with relevant and informative representation as we turn the corner into the second half of another busy year.

Peter Jurkovsky
President, Paramedics Australasia

RESPONSE | **Q&A**

Michaela Malcolm and Sarah Wells are Victoria's first female MICA flight paramedics. But both women see their gender as not important in how they view themselves, and their careers. What is important, to them, is the quality of care they deliver to their patients. In this Response Q&A, Michaela and Sarah provide an insight into their strong work ethic, a trait driven by passion for a job they love and a quiet determination to succeed.

Q What attracted you to a career in paramedicine?

A Michaela: When I was young, my dad was a volunteer ambulance officer in a rural area of Victoria. I saw the value and importance of the service to the community and was fascinated by the different situations people found themselves in. I completed a Bachelor of Science where I developed an interest in physiology and anatomy and this, combined with a definite desire to not work in an office environment, led me to apply for a position with the Metropolitan Ambulance Service (now Ambulance Victoria).

Michaela Malcolm

A Sarah: During high school I never felt fully stimulated by the subjects that were offered. As a result I never excelled unless it was in a sporting event. I was uncertain of what career I wanted to pursue, as none of the more traditional career paths inspired me. In my final year of school I did a first aid certificate, which was taught by operational paramedics. It was the first and only time I remember thinking that this was the job for me. At each point in my career, whether it has been transferring from rural to metro, taking on roles in training or training in new roles, I have found it has only strengthened my passion for this career.

Q What inspired you to take on the intensive training required to become a MICA flight paramedic?

A Michaela: I love my job and saw the MFP position as a natural course progression. I really enjoy the challenges being a paramedic can present, particularly around developing your own skills to deal with difficult situations and in challenging environments. I have always had great professional admiration for the MFP group and their work ethic and dedication to their role and education inspired me to apply.

> "The training was relentless and the challenge came from maintaining focus and being persistent – Michaela"

A Sarah: I don't remember a specific moment in time that I decided I wanted to become an MFP; it has just always been something that I assumed I would pursue when I was at the right stage in my career. I started my ambulance career working in Rural Ambulance Victoria (before it was just Ambulance Victoria), where I was often exposed to major trauma and where we were handing patients over to HEMS (helicopter emergency medical service). I saw this area of the workforce as having the type of clinical expertise, knowledge and general demeanour that I aspired to. It was undoubtedly this early exposure combined with a drive to want to provide the best level of care to my patients that ultimately led me to want to undertake the training.

Sarah Wells

Q How supported were you in initially wanting to undertake the training, and then throughout your training?

A Michaela: I have received great support from everyone around me both before, during and post my training. One of the best things about the job are the people you work with and without their ongoing support the process would be more difficult.

A Sarah: I have been very fortunate throughout my career, particularly my years on MICA, to have professional and mentoring relationships with both MFPs and senior MICA paramedics within Ambulance Victoria. It was incredibly flattering to receive the support and encouragement that I did from people I held so highly. The assistance and support I received undoubtedly played an integral part in me being successful to this point. I believe it is important to seek out strong role models in this industry, not only for clinical and leadership support, but also for personal support.

Throughout the training I developed a great friendship with Michaela and the other applicants; I think this was definitely important in making it through the training.

Q Can you describe the most challenging moment in your training?

A Michaela: The training was relentless and the challenge came from maintaining focus and being persistent in achieving goals over the period of the training. There were numerous challenges along the way, mostly around being put outside your comfort zone, whether that was winch training or applying new clinical skills in (particularly) cognitively overloaded situations.

A Sarah: The most challenging moment was the day my training finished. The first shift that I had to step out without a clinical instructor was both intimidating and exciting. It was a moment I had been working towards for a long time yet the anticipation for all the potential cases I could be dispatched to was huge. Working independently was always going to be the real test.

The training (as well as the application process) was fairly rigorous and maintained a constant level of intensity throughout. The challenge was trying to maintain that level of intensity from the moment I stepped up and said I wanted to apply for the position until the final day I was with my clinical instructor.

Q What was the most exciting moment?

A Michaela: The most exciting (and terrifying) moment was successfully completing the training and sitting in the aircraft heading off to a job by myself for the first time. The feeling of accomplishment after working so hard for something is great, but also having an appreciation for what lies ahead; gaining experience and exposure in that environment is incredibly exciting.

A Sarah: The winch-training component of the course was something I was really looking forward to, and found enjoyable. We undertook both overland day and night winching as well as overwater winching and onto a vessel. Being able to put into practice all the theory we had learnt and undertake these complex tasks was rewarding. And although I found it enjoyable, there is a very real appreciation for the seriousness of a situation that would require us to have to undertake this task. During tasks such as winching, we have to work closely with the pilot and crewman and have very clear lines of communication and trust. I have found working in these unique team environments to be incredibly rewarding.

Q What advice do you have for other female paramedics considering becoming a MICA flight paramedic?

A Michaela: Gender should not be an issue when considering applying for any role. Identifying your goals, being resilient and persistent and applying yourself 100 per cent is the key to achievement of any kind.

> “I never considered the fact that I was a woman when applying for this role as being anything special – Sarah”

A Sarah: The same advice I would give to any paramedic wanting to pursue this career path; investigate the role and gain a thorough understanding of what is involved. If it is still something that interests you then you need to apply yourself from very early on. This includes in a clinical capacity as well as professionally. The role can be physically demanding and fatiguing and requires a good base level of fitness as well as a motivation to maintain this.

Q Much has been made about the fact that you are the first female MICA flight paramedics in Victoria. Do you feel any additional pressure because of this?

A Michaela: There has certainly been a lot of interest generated by being the first female MFPs. Personally, gender has never played a role in how I perceive myself or my role in my career, however I understand the importance it plays for the organisation and the overall issue of gender equality in our society. I hope that the attention it has generated remains positive and if it has inspired anyone to do something they thought they might not otherwise be able to do then this can only be a good thing.

A Sarah: I never considered the fact that I was a woman when applying for this role as being anything special. I was aware there hadn’t been any successful female MFPs up until this point, but it was never something that made me feel that I could not achieve it. If I wasn’t going to be successful it wasn’t because I was a woman, it was because I needed to work harder to achieve my goal. If I am honest, it has been hard at times to ignore the added attention that has come with this [first female MFPs]. I am only at the start of my MFP career but I hope that one day I can be celebrated for being a good clinician and rescue paramedic, as opposed to a being a woman.

Although I appreciate that it is often nice to celebrate ‘firsts’, and I am flattered to think that a young woman might see what Michaela and I have done as something to inspire them, my main motivation throughout this process (and my career) has been to provide the best possible care to my patients. So, in the words of someone who inspires me, Andrea Wyatt (one of Ambulance Victoria’s first female paramedics), ‘I can’t wait for the day when we don’t have to celebrate this [being female] as an achievement’.

Q And finally, in your new career, what gives you the most personal satisfaction?

A Michaela: It is an incredible privilege to be involved in the care of any patient. To be able to bring the skills of the MFP to the people of Victoria, particularly those in regional and remote parts of the state, is incredibly rewarding. It is very satisfying to be part of the overall healthcare system we have here in Australia and to see how skills can contribute to improving patient outcomes.

A Sarah: I have learnt so much over the past couple of years and continue to do so every time I set out on a job. I have a long way to go and a lot more to learn and I find this really exciting, as well as a little frustrating if I’m honest. I also feel fortunate to have stepped in to a workforce of people who are incredibly supportive and highly motivated. It’s a pretty incredible job!

About MICA flight paramedics

- MFPs have advanced paramedic knowledge and skills. They have access to the life-saving drugs and equipment needed in an emergency and can perform advanced treatments in challenging environments. MFPs can administer blood, conduct ultrasounds, provide advanced management of cardiac conditions, perform anaesthesia and complete complex procedures.
- MFPs undergo a further 18 months of training, which includes winch training for rescues on land or at sea; and helicopter underwater escape training, which sees paramedics submerged in water and trapped in a helicopter simulator that they have to escape from under challenging conditions, such as while wearing a blindfold or having exit doors locked.

From Auslan interpreter to QAS paramedic

Meet Paul: a truly inspiring story born from one man's pursuit to communicate with his children.

Paul Bermingham

"You're standing on the wrong side of the stretcher," are the words that were etched in Paul Bermingham's mind, a comment that would lead him to where he is today.

The comment made back in 2012 motivated the Auslan interpreter for the deaf to study paramedicine, with Paul becoming an advanced care paramedic, based at Springfield Station in the West Moreton LASN, just over a year ago.

Paul's journey from Auslan interpreter to paramedic began in 2001 when his first-born son, Jordan, was diagnosed with non-verbal autism at age two, followed by the diagnosis of his second-born son, Xander, with the same condition in 2004.

In 2002, Paul studied a Diploma of Auslan and an Advanced Diploma in Interpreting, becoming fully accredited in 2006 and commenced interpreting as a full-time job.

Paul's sons were not deaf but it was suggested to him, with their young age, to try 'Makaton', a form of baby sign language. When this showed signs of success, Paul decided he would use Auslan to communicate with his sons.

Throughout his time as an interpreter, Paul found his passion and niche in medical signing and quite often found himself at doctors' surgeries, hospitals, and with paramedics, assisting his clients to communicate their medical concerns. Paul explained that for an interpreter to communicate effectively with the deaf, both parties need to be in full view of each other, as expressions and gestures play a huge role in understanding the tone of the conversation.

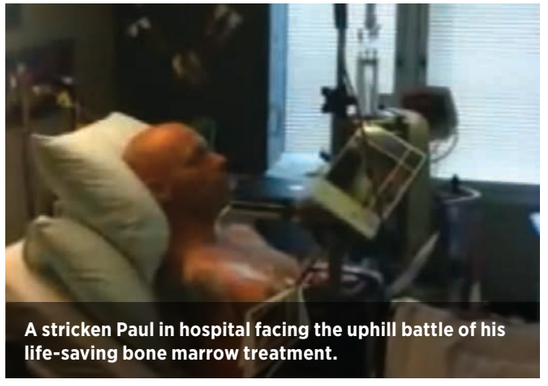
One memorable moment as an interpreter came while at a hospital with his client on a stretcher and paramedics nearby. Paul didn't have full sight of his deaf client and needed to change his position to get a broader view.

> "I'm on the wrong side of the stretcher"

He said to the paramedics, "I'm on the wrong side of the stretcher." The paramedics mistook Paul's meaning of this and replied, "Yes, you are on the wrong side of the stretcher: you should be over here with us. You would make a fantastic paramedic."

Paul was referring to being better situated to communicate with his client, but, for some reason, those words never quite left him, planting a seed for what was to come.

But none of it would come easy. In 2010, Paul was diagnosed with non-Hodgkin lymphoma, a type of blood cancer affecting the lymph nodes. After years of treatment with little success and further diagnosis of the cancer spreading, early in 2011 Paul's prognosis became terminal. Later that year, the decision was made to have a bone marrow transplant as a final form of treatment and, miraculously, it worked, with Paul now seven years in remission and living a healthy life.



A stricken Paul in hospital facing the uphill battle of his life-saving bone marrow treatment.

With his health back on track and strength improving every day, in 2015 Paul commenced the study of paramedicine, aged 41. On completion of his study, he was fortunate to get a graduate position with the QAS at Springfield Station, where late last year he celebrated his one-year anniversary as a qualified paramedic.

Paul recently transferred to Bribie Island Station to be closer to his three sons: Jordan, 20, Xander, 18, now high functioning autistics, and Declan, 16.

He is loving the island life and recently climbed to Everest South Base Camp, one of 20 paramedics and Queensland Health staff raising funds for the QAS Legacy Scheme.

The original version of this story appeared in the Autumn 2019 edition of the QAS Insight magazine.

Same Paul, different uphill battle: training for the climbing trek to Everest South Base Camp in April 2019.

PARAMEDICS AUSTRALASIA

PAIC19

Invited Speakers

Paramedics Australasia International Conference

PAIC19

BROADENING HORIZONS

28–30 NOVEMBER 2019

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The Conference Organising Committee is pleased to announce the following invited speakers to PAIC 2019 – the premier paramedicine conference in Australasia. We hope to see you in Hobart in November. For further information and updates, visit **www.paic.com.au**

Tom Harkin

Founder, Tomorrow Architects

Tom is one of Australia's pre-eminent advanced facilitators and executive coaches. As Founder of Tomorrow Architects, a pioneering consultancy breaking ground in behavioural change, leadership development and organisational transformation, he is a thought leader who has mastered the recipe that reveals individual and collective genius, and a relentless student of the human condition.

Alan Eade

Chief Paramedic Officer, Safer Care Victoria

Alan is the Chief Paramedic Officer based at Safer Care Victoria. He is the senior paramedic professional voice for government, and also one of the chief clinical officers leading quality and safety activities across the health system. Alan is Adjunct Associate Professor appointment at Monash University and a Fellow of Paramedics Australasia. In 2009 he received the Ambulance Service Medal for his work around substance abuse and education of clinicians about acute management of substance use harms.

Anne Urquhart

Labor Senator for Tasmania

Anne was sworn in to the Senate on 1 July 2011. Anne successfully proposed a Senate inquiry into the role of Commonwealth, state and territory Governments in addressing the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers. The inquiry was referred to the Education and Employment References Committee of which Anne is a member, and the final report made available in February 2019.

Han-Wei Lee

Project Manager, Ambulance Tasmania

Han-Wei has held senior management and project management positions with both Ambulance Tasmania and Tasmania Police. Han-Wei has implemented computer-aided dispatch systems across Tasmania's four emergency service agencies and implemented and supported mission critical communication systems as a member of the senior leadership team for Ambulance Tasmania.

Neil Kirby

CEO, Ambulance Tasmania

Neil commenced his ambulance career in 1978 as a volunteer ambulance officer, moving to a full-time ambulance officer in 1991. In 2004, he was awarded the Ambulance Service Medal for his contribution to the development of ambulance services in the areas of education and rural and remote provision.

Helen Eyles

Lecturer, University of Tasmania

Helen has worked as a health professional across Australia since 1989, including as a registered nurse and paramedic in Queensland and New South Wales. Helen is now a lecturer and unit co-ordinator of the Bachelor of Paramedic Practice and Graduate Program at the University of Tasmania. Helen has received awards relating to both paramedic role development and community advocacy, and was recently elevated to Fellow of Paramedics Australasia.

Dale Edwards

Interim Head of Paramedicine, University of Tasmania

Dale is Senior Lecturer in Paramedicine at the University of Tasmania. He has been in the field of paramedicine since the late 1980s, having worked as a paramedic, intensive care paramedic, manager, educator and researcher. Dale has recently completed a Doctorate in Education which explored the readiness of paramedics to perform the role of paramedic preceptor in the Australian paramedic education model.

Erin Smith

Senior Lecturer, Edith Cowan University

Erin is the Course Co-ordinator and Senior Lecturer in Disaster and Emergency Response at Edith Cowan University. She is a member on the Board of Directors of the World Association of Disaster and Emergency Medicine where she also holds the position of Convenor of the Psychosocial Special Interest Group and Deputy Chair of the Oceana Chapter.

Mitch Mullooly

Flight paramedic, St John New Zealand

Mitch is a paramedic and flight paramedic with St John New Zealand, Chair of the New Zealand Chapter of Paramedics Australasia and a paramedic health and wellbeing coach. Mitch has spent more than two decades in the out-of-hospital medical environment working in metropolitan, rural and remote locations in New Zealand, and has a passion for promoting wellbeing within the ambulance sector.

Michael Stuth

Managing Director, The Wild Medic Project

Michael is an advanced care paramedic with a combat medic background. Michael is a founder of the international humanitarian platform 'The Wild Medic Project' and has led medical and exploratory expeditions supporting health related charities over the past six years.

PARAMEDICS AUSTRALASIA

PAIC19

Invited Speakers

Jon Moores

Clinical Team Manager,
St John New Zealand

Jon is a Clinical Team Manager with St John New Zealand, responsible for clinical development in the Lower North Island. He has spent eight years living and working in Timor-Leste, where he led an Australian Government sponsored program to develop the ambulance service. He continues to visit as an advisor, including to support the implementation of an autonomous emergency management agency.

Peter O'Meara

Adjunct Professor,
Monash University

Peter is an Adjunct Professor in the Monash University Department of Community Emergency Health and Paramedic Practice. He is also the Acting Chief Executive Officer of MobileCE and a Director of the Global Higher Paramedic Education Council, based in the United States. Peter's research focus in recent years has been the evolution of community paramedicine. He has published extensively on this and other paramedicine related topics and has contributed toward the emergence of paramedicine as a health profession in Australia and other parts of the world.

Paul Simpson

Chair, Australasian Council
of Paramedicine Deans

Paul is the Director of Paramedicine at Western Sydney University and the inaugural Chair of the Australasian Council of Paramedicine Deans. He has 22 years experience in paramedicine and practises casually as an intensive care paramedic with New South Wales Ambulance.

The PAIC 2019 Conference Organising Committee is delighted to announce the following principal sponsors:

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AMBULANCE TASMANIA

Research abstracts and case study presentations

Submissions are now open for PAIC 2019 research abstracts and case study presentations. Authors of successful abstracts will be given the opportunity to be published in Paramedics Australasia's peer-reviewed scientific journal, the *Australasian Journal of Paramedicine*.

Abstracts

Research abstracts are an integral part of the PAIC program. Every year, abstract presentations continue to strengthen and grow the paramedicine evidence base.

Abstract submissions close Friday 18 August

Read the guidelines and submit your abstract at:
www.paic.com.au/abstract-submissions

Case study presentations

Case study presentations allow clinicians to share interesting and unique patient care experiences for the purpose of education. They provide insight into the presentation, its management and lessons learnt in clinical presentations and/or settings not experienced in every day practice or well described in the literature.

Case study presentation submissions close Friday 8 September

Read the guidelines and submit your case study presentation at:
www.paic.com.au/case-study-submissions

Tasmania... a small island big on wonderful!

Paramedics Australasia International Conference

PAIC19

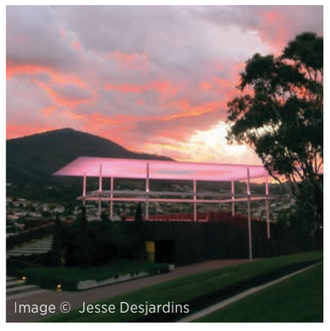
BROADENING HORIZONS

28–30 NOVEMBER 2019

Wrest Point • Hobart • Tasmania

Going to PAIC 2019? Why not add a holiday or short break to your itinerary. From museums and galleries, to markets and a thriving food and wine scene, to World Heritage sites and outdoor adventures, Tasmania offers visitors a unique and unforgettable experience.

Image © Tourism Tasmania & Garry Moore



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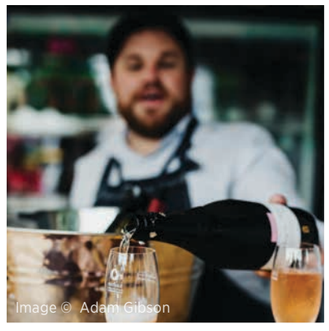


Image © Adam Gibson

Image © Luke Scharke

In and around Hobart

Salamanca Market is set among the historic Georgian sandstone buildings of Salamanca Place, and is open every Saturday of the year. Look for hand-made Tasmanian pieces from woodwork to jewellery, glassware and ceramics.

The Museum of Old and New Art, or 'Mona', is Australia's largest private museum hosting one of the most controversial private collections of modern art and antiquities in the world. Visitors can catch a ferry from Hobart's waterfront to Mona (a 30-minute ride up the River Derwent). Mona is open six days a week (closed Tuesdays).

The Tasmanian Museum and Art Gallery is the second oldest museum in Australia. Its art collection includes works from Tasmania's colonial period through to contemporary Australian and international artists. The museum is just a short stroll from Salamanca Place.

Tasmania's Botanical Gardens were established in 1818 and are a short walk from Hobart's CBD. The gardens hold historic plant collections and a large number of significant trees with many dating back to the nineteenth century. The gardens also contain some of Tasmania's most significant heritage buildings. The gardens are free of charge and open every day of the year.

Kunanyi/Mt Wellington is a wilderness experience just 20-minutes drive from Hobart. The drive to the summit ends in panoramic views of Hobart, Bruny Island, South Arm and the Tasman Peninsula. There are picnic facilities and bushwalking trails.

Out of Hobart

Cradle Mountain is part of the Tasmanian Wilderness World Heritage Area. Located at the northern end of the Cradle Mountain, Lake St Clair National Park is surrounded by glacial lakes, ancient rainforest and alpine vegetation.

Cataract Gorge Reserve is a unique natural formation a few minutes from central Launceston. The reserve includes a pathway built in the 1890s, a swimming pool surrounded by bushland, a Victorian garden with ferns and exotic plants, and the beautiful Kings Bridge.

The Port Arthur Historic Site is Australia's most intact convict site. Located on the Tasman Peninsula, the site has more than 30 buildings, ruins and restored period homes dating from the prison's establishment in 1830 until its closure in 1877.

To find out more about what you can see and do in Tasmania, visit www.discovertasmania.com.au

Source: Tourism Tasmania

PARAMEDICS AUSTRALASIA

Self-care for paramedics

by Susan Gravier, Andrew Noble, Mark Mastanduono and Thomas Njoroge

The French philosopher Michel Foucault said: "Care for others should not be put before the care of oneself. The care of the self is ethically prior, in that the relationship with oneself is ontologically prior."

Self-care can be broadly described as a clinician's own maintenance of good holistic health and well-being.[1] This wellbeing extends beyond the physical to encompass psychological, emotional and spiritual balance and health. Self-care has been associated with the concept of self-compassion.[2,3] Self-compassion, or directing feelings of kindness and care towards oneself, can allow a person the attention and energy to alleviate pain or suffering. This article will outline self-care as a vital element of the rounded and healthy out-of-hospital clinician, with a special focus on the extended care paramedic working in the field of palliative care.

The expanding role of the out-of-hospital clinician

The role of out-of-hospital clinician has grown and expanded enormously over the past generation and presents new challenges, particularly regarding engagement in the field of palliative care.[4,5] Developed out of a largely volunteer workforce, the role of paramedic was initially situated within the domain of emergency services rather than health care. Arguably, a greater proportion of the work and educational focus was on trauma rather than chronic medical conditions. Certainly, little if any thought was given to the chronic psychological and emotional toll of constant exposure to stressful situations. Assumptions appear to have been made that innate emotional resilience was a job prerequisite, the absence of which was a sign of weakness.

> "The expansion of the out-of-hospital clinician's role has seen an increase in the responsibility and gravity of decisions made. More drugs, guidelines, invasive procedures and greater legal responsibilities have all contributed to a greater potential for stress"

The expansion of the out-of-hospital clinician's role has seen an increase in the responsibility and gravity of decisions made. More drugs, guidelines, invasive procedures and greater legal responsibilities have all contributed to a greater potential for stress. Failure to seriously consider and undertake self-care risks potentially serious consequences.[1,6-9] Burnout and compassion fatigue have been identified as the two most common results. These have a two-fold effect: first, the clinician's wellbeing is compromised and second, their capacity to continue to perform the role with appropriate compassion is then limited.

PARAMEDIC WELLBEING

Extended care paramedic work

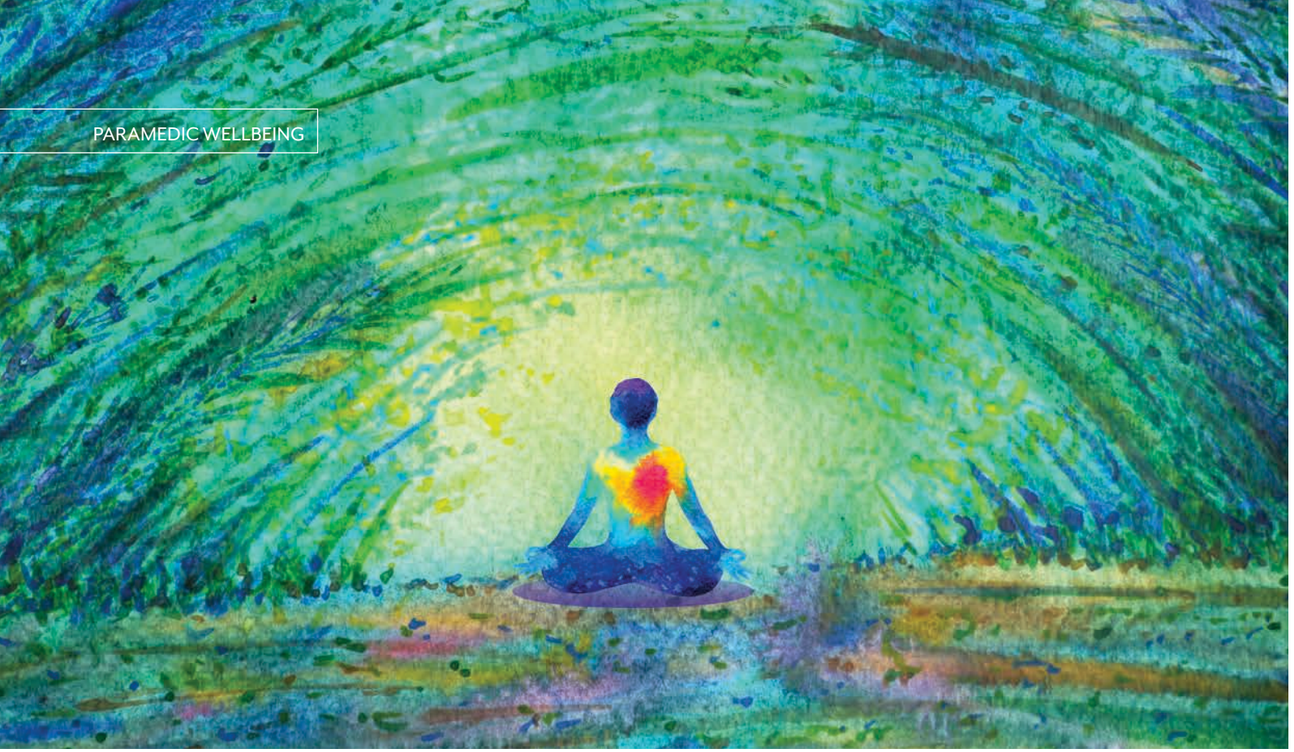
One of the most significant recent changes to the role of out-of-hospital clinician has been the use of specially trained paramedics, typically titled 'extended care paramedics' (ECPs), to avoid unnecessary emergency department presentations and hospital admissions through assessment and treatment in the patient's home or residential facility.[5,10] Though not universal, a common pathway within the remit of emergency department avoidance is palliative care, where the patient (or their family) has made a conscious informed decision to remain at home.

Several studies looking at palliative care workers' ongoing exposure to grief and loss have identified that their occupation puts them at high risk of occupational stress and burnout.[1-3,6,8,9,11] Similar studies have looked at the reduced efficacy of these stressed workers.[1,11] The founder of the modern era of palliative care, Dame Cecily Saunders, once said compassion has traditionally been the hallmark of care for the dying. It should not be surprising to learn that a clinician who is suffering compassion fatigue will probably be unable to care for their patient as completely.

The care that an ECP provides differs from that provided by staff in a palliative care service such as a hospice. These differences present additional challenges to emotional wellbeing. ECPs tend to work alone in a patient's home, without the immediate support provided by co-workers or a familiar environment. ECPs are called to intervene typically at a time of crisis rather than for chronic management of the patient. On arrival at a palliative care case, the ECP is required to immediately familiarise themselves with the patient, their condition, their situation, their crisis and the solution.[10,12-15] In short, they are constantly playing catch-up. The solo nature of ECP work means that post-case debrief (a staple of standard paramedic work) is also not available. ECPs graduate out of the ranks of paramedics where they have spent much of their development time. This means they have become accustomed to regular, if not constant, discussions with their work partner about how the case was managed or could have been managed better. Moving from this field of relatively accessible psychological support to a solo role makes the need to recognise and act on the concept of self-care only more important.

Methods of self-care

Despite its importance, evidence is scarce regarding specific strategies for out-of-hospital clinicians to manage their self-care. To date, no validated measure for self-care ability has been developed. Yet numerous published



papers identify the need and value for this element of a clinician's development and maintenance. What has been established, are three key elements to self-care:

- awareness
- expression, and
- planning.

Awareness

The first step in enacting self-care is recognition not just of its value but its essential nature to support a long, happy and successful career as an out-of-hospital clinician. Awareness in this context relates to both the suffering of others and one's own emotional response, either conscious or subconscious.[9] For this reason, awareness of the need for self-care by both individual clinicians and their employers is vital.

Expression

While measures are yet to be developed, research has identified a range of practices that are used successfully for self-care.[9,16] These are all based on the concept of the clinician expressing their thoughts and feelings to become aware of and resolve them. Aspects of a clinician's life which might benefit from expression can be variously divided into a range of dimensions including physical, psychological, emotional, spiritual, professional and social.

Within these dimensions, individual clinicians will find most benefit when utilising a form of mindfulness to identify which dimensions are most taxed by palliative work and which solutions work best to resolve this stress. As with many things, a balanced approach that encompasses all dimensions of self-care would seem to be most valuable. Specific activities that are regularly brought up as examples of successful expressions of self-care include meditation, reflective writing, mindfulness, facilitated discussion, debriefing and self-initiated communication with others, in particular with those who have insight into your situation.[8,16] Additionally, occasional episodes of clinical supervision have been found particularly useful to promote expression of thoughts and feelings. To their credit, many ambulance services have for some time made available psychologists to staff as needed. The opportunity to initiate self-referral to a professional should always be an option.

Planning

In the same way that a patient's care is outlined in a care plan, clinicians may benefit from both individual and organisational planning of self-care.[16] Where studies have been conducted, a systematic rather than haphazard approach has been found to beneficially service all clinicians, rather than just those who have identified a need. That said, care planning is an individual activity and as with patients, no two clinician self-care plans will be identical.

Conclusion

There is a growing body of evidence to show that self-care, based on self-compassion, is a valid and necessary part of the continuing development of out-of-hospital clinicians. Ambulance services and their individual clinicians are developing a growing awareness of the need to manage, mitigate and avoid excessive and unrecognised emotional and psychological stress.[7] This will benefit clinicians, their employers but perhaps, most of all, their patients.

Online resources

CareSearch hosts a collection of evidence-based and peer-reviewed palliative care eLearning resources for independent learning: **www.caresearch.com.au/caresearch/tabid/3882/Default.aspx**

End-of-Life Essentials offer modules and supporting resources to help doctors, nurses and allied health professionals develop their skills and confidence in end-of-life care. Initially targeted at the acute care sector, the education is applicable to a wide range of health settings. Modules include videos and role-played examples of how best to approach difficult conversations: **www.caresearch.com.au/caresearch/tabid/2629/Default.aspx**

palliAGED offers trustworthy evidence and resources for palliative care providers caring for older Australians: **www.palliaged.com.au/tabid/4248/Default.aspx**

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Thomas Njoroge is Clinical Team Leader and extended care paramedic with the SA Ambulance Service, where he has worked for the past 17 years. He has an interest in developing the paramedic role, working as a tutor at Flinders University in the School of Paramedic Science.

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Post-traumatic stress disorder

What is post-traumatic stress disorder?

Post-traumatic stress disorder – or PTSD – is a particular set of reactions that can develop in people who have been through a traumatic event that threatened their life or safety, or that of others around them.

> "It's never too late to get help for PTSD"

How common is it?

The experience of a traumatic event is common. Most people will recover with the support of family and friends. Strong feelings of fear, sadness, guilt, anger or grief are common soon after a traumatic event. If these feelings last for more than a couple of weeks, seek help.

How does PTSD present?

PTSD involves four main types of problems:

- Re-living the traumatic event
- Feeling wound up
- Avoiding reminders of the event
- Having a lot of negative thoughts or feelings.

People with PTSD often have other mental health problems such as depression or anxiety, or use alcohol or other drugs to try and cope.

What is the treatment?

Effective treatment for PTSD involves confronting the memory of the trauma as well as associated thoughts and beliefs. Treatments involve counselling, medication, or a combination of both. Recommended counselling approaches include trauma-focussed cognitive behavioural therapy and eye movement desensitisation and reprocessing. Medications usually used to treat PTSD are selective serotonin reuptake inhibitors (a type of antidepressant). Being on a medication will not necessarily prevent you from working as a paramedic.

More information?

- See your GP.
- Beyond Blue has a PTSD symptom checklist: www.beyondblue.org.au/the-facts/anxiety/types-of-anxiety/ptsd
- Your staff support service or employee assistance program can also help.
- For immediate assistance call Lifeline on 13 11 44, or 0800 543 354 if in New Zealand.

For more information about paramedic mental health and wellbeing, visit www.paramedics.org/resources-paramedic-mental-health-wellbeing

Sources

Phoenix Australia Centre for Posttraumatic Mental Health: www.phoenixaustralia.org

Beyond Blue: www.beyondblue.org.au

Cardio for life

People often associate 'cardio' with long distance running, but they are not synonymous. So what exactly is cardio exercise? And what are the benefits? **Mitch Mullooly** has the answers!

> "Our bodies need cardiovascular exercise"

Put simply, 'cardiovascular' or 'cardiorespiratory' exercise is any exercise that gets your heart rate up and, as a result, improves your body's oxygen consumption. Take running for example, it's pretty obvious that any type of running is cardiovascular exercise, but not every cardiovascular exercise involves running. Long distance running, bike riding or working out on an elliptical machine are low intensity, long duration cardiovascular activities. But there are also high intensity, short duration cardiovascular exercises, and exercises done in intervals.

Low intensity, long duration exercise lasts at least 40 minutes at gets your heart beating at about 40 to 60 per cent capacity. Slow running, brisk walking, cycling, rowing and swimming are exercises usually performed within this heart rate range.

What is this type of cardio good for? It's good for people who are just starting their fitness journey and may not be ready for higher intensity workouts. It's also great for more advanced athletes during active recovery days.

What it's not great for: losing body fat. Interval and strength training are smarter ways to lose body fat.

High intensity, short duration exercise gets your heart beating at about 80 to 85 per cent capacity. In this type of exercise you don't take breaks but keep going as hard as you can (e.g. doing 100 burpees in a row without resting); exercise can last from a few minutes to 20 minutes. If you're working hard, going for longer than 20 minutes will be difficult.

What is this type of cardio good for? Short and intense cardio is a great fat burner. It's also great if you don't have much time but want to burn a lot of energy and, it has the 'afterburn' effect.

What it's not great for: if you're new to fitness you shouldn't work out at high intensity more than 2 to 3 times a week. It's taxing on your body, so you may get injured and suffer from fatigue. Be sure to build up some cardio endurance with low intensity, low endurance cardio exercise first.

High intensity interval training (HIIT) gets your heart working hard, beating at about 85 to 100 per cent capacity. During HIIT you're working as hard as you can for a certain period of time, then resting for short period of time. Duration of work and rest periods can vary. Most HIIT workouts are built like this: 30 seconds work, 10 second rest; or 50 seconds work, 10 seconds rest. But two minutes hard work and 30 seconds rest is also HIIT.

What is this type of cardio good for? Similar to high intensity, short duration exercise, HIIT is a better tool for fat loss than low intensity, long duration exercise (e.g. an elliptical workout for an hour). HIIT also has the afterburn effect. You only need 10 to 15 minutes for a killer workout!

What it's not great for: people who are carrying extra weight, are new to fitness or haven't trained in a long time have to be careful with incorporating HIIT workouts into their routine. Take it easy in the beginning, there's no need to do HIIT five days a week; you run the risk of injuring yourself or overtraining.

The benefits of cardio exercise

- Improves heart health: as you know, your heart is a muscle, so to make it stronger you have to train it. That happens by working out and getting your heart rate up. You can take simple steps every day to strengthen your heart: walking, taking the stairs, riding your bike, all make your heart stronger.
- Boosts metabolism: elevating your heart rate also speeds up your metabolism. Faster metabolism equals faster fat loss. HIIT is an especially good way to boost metabolism. The more intense the training, the more you increase your metabolic rate and the greater the afterburn effect.
- Releases happy hormones: cardio exercise helps produce endorphins, and these helps to relieve stress and depression. For some people there's nothing more meditative than a long run, others prefer to give it all to short high intensity workouts – both can help you feel better and happier.
- Helps build cardio endurance, which helps in our work. Yep, I've been there on a number of occasions: the first response kit, defib, O2 and a 500+ metre trek into the bush where the patient is located... it all goes so much better when you're not huffing and puffing for air; you can then focus on using your skills to treat your patient.

Get your cardio on!

Our bodies need cardiovascular exercise; we are designed to move, to work hard, to sweat. We all know that you don't need to run for hours or do long endurance training to get in shape. That's why the types of cardio we mostly focus on for fitness for duty are high intensity, short duration and HIIT. Not only are they great for conditioning your heart, boosting metabolism (and through that, burning fat) they'll help you succeed in your work environment – and in life too – making you 'Fit for Duty, Fit for Life'!

Check out more fitness and wellness tips and challenges at the Team 'Fit for Duty, Fit for Life' Fitness and Wellbeing Challenge page at www.facebook.com/groups/1375168269191426/

About the author

Mitch Mullooly MPA is a paramedic and flight paramedic with St John New Zealand, Chair of the New Zealand Chapter of Paramedics Australasia, and a paramedic health and wellness coach.

Defining the paramedicine workforce through registration

Since December 2018 The Paramedicine Board of Australia has processed 18,080 applications for registration and almost 17,000 of these have been finalised. One of the ancillary benefits of paramedic registration is that we now have accurate and current data in relation to paramedicine practice in Australia (as provided by the PBA).

At a glance:

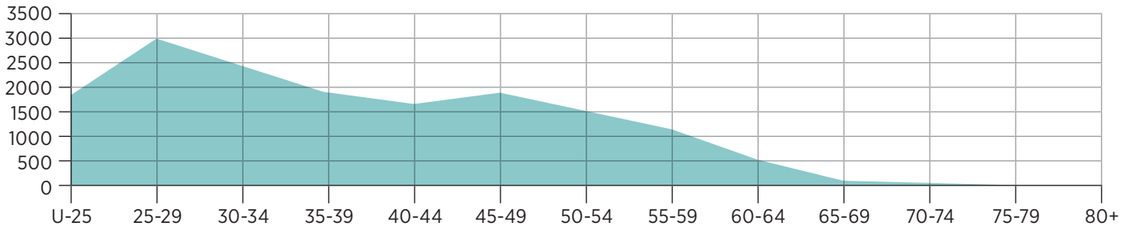
- Victoria has the greatest number of registered paramedics at 29.97 per cent, followed closely by Queensland at 26.81 per cent and New South Wales a7 25 per cent
- The greatest number of registrants by age group are paramedics aged 25 to 29 years, who make up over 3000 registrations
- 43 per cent of all registered paramedics are women, with women representing almost 50 per cent of the Northern Territory paramedics and women making up 48.7 per cent of the South Australian workforce.

The following tables and figure provide further insight.

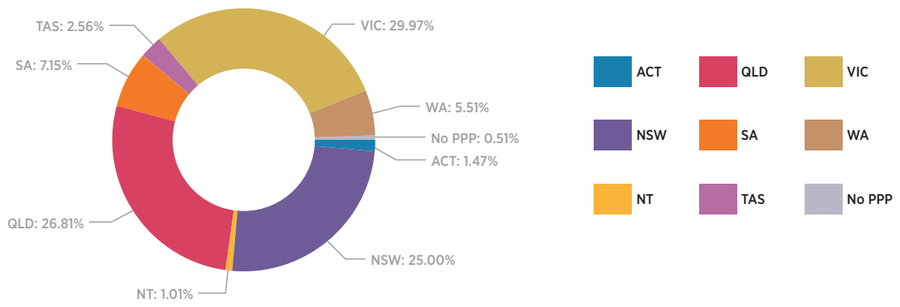
Principal place of practice

Registration types	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
General	238	4058	164	4348	1160	416	4865	895	83	**16,227**
Non-practising	1	1		5						**7**
Total	**239**	**4059**	**164**	**4353**	**1160**	**416**	**4865**	**895**	**83**	**16,234**

Percentage by principal place of practice



Registrants by age group



Registration type by age group

Age group (years)	General	Non-practising	Total
Less than 25	1857	1	**1858**
25–29	3013	3	**3016**
30–34	2517	3	**2520**
35–39	1915		**1915**
40–44	1693		**1693**
45–49	1887		**1887**
50–54	1534		**1534**
55–59	1137		**1137**
60–64	561		**561**
65–69	104		**104**
70–74	8		**8**
75–79	1		**1**
80+			**0**
Total	**16,227**	**7**	**16,234**

Registration type by gender

Gender	Registration type	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Female	General	90	1556	80	1883	565	189	2252	332	28	**6975**
	Non-practising	1	1		4						**6**
Total female		**91**	**1557**	**80**	**1887**	**565**	**189**	**2252**	**332**	**28**	**6981**
Male	General	148	2499	83	2460	594	226	2609	562	55	**9236**
	Non-practising				1						**1**
Total male		**148**	**2499**	**83**	**2461**	**594**	**226**	**2609**	**562**	**55**	**9237**
Intersex or Indeterminate	General				2			2			**4**
Total intersex or indeterminate					**2**			**2**			**4**
Total		**239**	**4056**	**163**	**4350**	**1159**	**415**	**4863**	**894**	**83**	**16,222**

Percentage by gender

Gender	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Female	38.1%	38.4%	49.1%	43.4%	48.7%	45.5%	46.3%	37.1%	33.7%	**43.0%**
Male	61.9%	61.6%	50.9%	56.6%	51.3%	54.5%	53.7%	62.9%	66.3%	**56.9%**
Intersex or Indeterminate				<0.1%			<0.1%			**<0.1%**

For more information on paramedic registration, visit **www.paramedicineboard.gov.au/Registration**

CPD highlights

WHAT: An evening with VicPol – A collaboration between the Victoria Chapter and Victoria Police covering the role of critical incident dogs, the PATT trial, and the role of Victorian paramedics in custodial health.
WHEN: 3 July.
WHERE: Victoria University, Melbourne.
PRESENTERS: Senior Constable Matt Steele, Victoria Police Dog Squad; Jerome Peyton, Ambulance Victoria Area Manager; Dr Michael Wong, Victoria Police Custodial Health Service.

Senior Constable Matt Steele brought along 'Drake' (pictured above – a young recruit dog he is currently training) and 'Rocky' (pictured right), a highly valued critical incident dog who has worked alongside Matt for six years. It costs about $50,000 to $60,000 to train each dog that only one in 75 who are considered for training actually make the cut.

Being a critical incident dog is physically demanding and most dogs retire at around 9 to 10 years of age and generally then remain with their handler for a much-deserved quieter life. The handler must have elite fitness and significant upper body strength and this doesn't preclude women; Victoria Police currently has a female handler of critical incident dogs.

Jerome Peyton gave an overview of the Police and Ambulance Triage Team (PATT) trial, which aimed to determine whether response units comprised of an advanced life support paramedic and two Victoria Police officers operating on Friday and Saturday nights within the Melbourne CBD and Yarra City boundaries, could improve response times to specified computer-aided dispatch multiagency events.

Outcomes of the PATT trial:

- delivered an integrated approach to community health needs
- improved case time efficiencies and resource demands on both organisations
- efficient clinical assessment and care resulted in a lower incidence of emergency department presentations
- added service in the delivery of quality out-of-hospital care
- allowed paramedics to efficiently clear cases
- Ambulance Victoria staff felt an increased level of safety when working with VicPol members.

Dr Michael Wong provided and overview of the Custody Management Division and State Emergencies and Support Command. He outlined the challenges and expectations within the service:

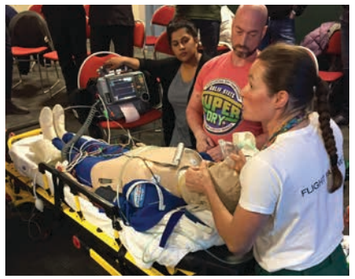
- remanded and sentenced prisoners
- mental, physical and emotional issues
- alcohol and illicit drug abuse
- suicide and self-harm
- volatile environment that can change quickly
- history of incarceration.

Typical presentations to paramedics:

- injuries – before custody during arrest
- mental health (Section 351 only if not remanded in custody)
- injuries occurred in custody
- illness – chest pain, shortness of breath, abdominal pain
- alcohol and other drugs – intoxication or withdrawal.

Dr Wong advised that a paramedic in Victoria has the right to request to view a detainee risk assessment report to be clear on any warnings or risk ratings before attending to the patient.

WHAT: Happiness in HEMS! – An interactive workshop and introduction to the concept of flight; performing complex skills in a time critical environment with the added complexities of confined space, and an emphasis on the appropriate packaging of patients in preparation for helicopter transport.
WHEN: 21 May.
WHERE: the Lifeflight Trust Hangar, Wellington.
PRESENTER: Hannah Latta, Wellington Free Ambulance intensive care paramedic/ flight medic.



Looking for CPD hours? Check out the range of CPD events in your area at **www.paramedics.org/events**

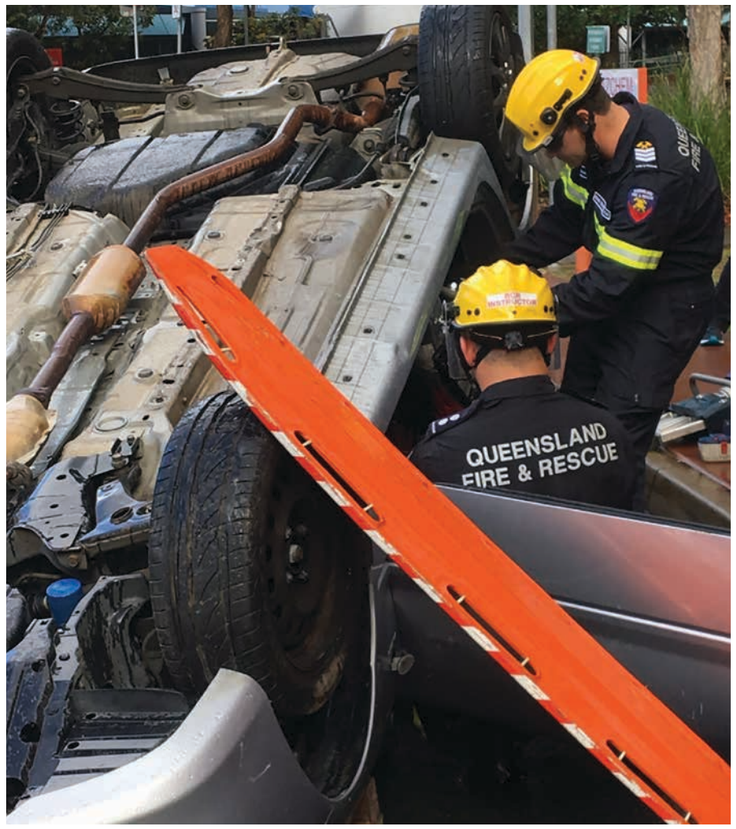
The trauma tales

GOLD COAST TRAUMA '19

by Penny Pearson, SPA Convenor

Back for its third year with more participants than ever before, Gold Coast Trauma dazzled the audience!

First up was Oliver Hoelscher from Surf Lifesaving Queensland. Oliver discussed his role in the day-to-day operations and major incident co-ordination. Next, Sam Ainslie used his experience as an advanced care paramedic and volunteer fire fighter to discuss motorcycle trauma, common presentations, and rapid assessment and the most appropriate treatment, including the importance of rapid transport. Dr Sean Wing then discussed priorities in the first 10 minutes of a mass casualty incident.



Attendees rotated through four workshops. The first of which were trauma case studies with Sean Wing where Sean used his experience gained at the Queensland Children's Hospital and as a festival doctor to provide excellent learning opportunities for students. Next was 'Back to Basics' by Scott Whimpey who discussed the importance of the simple interventions we can provide as first responders, including the case study of an out-of-hospital cardiac arrest that was revived before paramedic arrival with CPR and an AED alone. Sam Ainslie then delivered his workshop 'Trauma Talks – Tips, Tricks and Traps' where he discussed the common pitfalls to avoid and a few short cuts to improve patient outcomes. Next Dustin Osbourne amazed the audience with 'Stop the Bleed', discussing arterial tourniquets (both manufactured and improvised) including the common misconceptions regarding their use. Dustin also demonstrated wound packing and the importance of this skill.

After lunch, participants returned for a presentation on tactical first aid from Dustin Osborne where he discussed rapid assessment and fast life-saving interventions. Tianna Camilleri talked about the continuity of care: what happens after we leave patients in the ED; a side rarely seen by paramedics. Professor Martin Wullschleger then discussed the keys to success in major trauma – the most important components of paramedic care in trauma to improve survivability and decrease long-term disability.

Day two kicked off with 'Road Crash Rescue/Extrication and Kinematics of Road Crash' by Paul Omanski, who drew on his wealth of experience in the Queensland Fire and Emergency Service to share with us the difficulties of extrication, and how we can communicate better with fire fighters at motor vehicle accidents. Next, Phil Davies discussed the stages of a fall, including how the severe flow-on effects of a fall can lead to death or severe disability. Tash Adams talked about traumatic cardiac arrest and how different approaches should be taken in different situations. Mark Shirran then discussed paediatric trauma, shining a light in to an area most paramedics fear.

After the presentations the attendees headed outside for a trauma simulation involving a major motor vehicle accident with multiple patients, including paediatrics. The students handled this simulation with composure and handed over to critical care paramedics when they arrived on scene, who then performed rapid intubation sequence with assistance from the students.

GCTrauma '19 was a massive success thanks to Brittany Shaw, Esther Sands and Ellie Riley. See you at GCTrauma '20!

Sign language taking **SPA** by storm!

by Nicola Rees, NZ Australasian Co-ordinator

In Australia

First, Paul Bermingham – a paramedic with the Queensland Ambulance Service and an Auslan instructor – presented an Auslan workshop to 100 eager student paramedics, focussing on the important words for paramedic out-of-hospital use such as 'allergies' and 'pain'. Due to popular demand, the event was held once more to another 95 participants, arming Queensland students and paramedics with a few Auslan phrases to assist in their assessment and treatment skills.

Then New Zealand SPA in Auckland held a workshop to their Australian counterparts.

In New Zealand

New Zealand Sign Language (NZSL) is New Zealand's third official language, and with over 20,000 people being native NZSL speakers, it is only fitting that we endeavour to learn more about the culture, history and communication of the deaf community.

> "With the highlighted need for sign language knowledge and understanding in the paramedic profession, our SPA representatives are working to bring a language workshop to a city near you"

Susie Ovens, a teacher at the School of Languages and Culture at Auckland University of Technology, presented the New Zealand workshop. Some generous paramedics – who taught participants phrases, common introductions and interactions, and NZSL for 'ailment', 'pain', 'allergies' and 'fear' facilitated the hands-on workshop component.

Students from the disciplines of paramedicine, nursing and midwifery attended the presentation. This multidisciplinary turnout demonstrates the ambition of all up and coming healthcare professionals to deliver quality patient-centred care.

During the afternoon, the students told stories of times a little knowledge of NZSL and deaf culture may have come in handy to help assess and treat their patients; being involved in a workshop like this one, was invaluable to their current and future practice in healthcare.

With the highlighted need for sign language knowledge and understanding in the paramedic profession, our SPA representatives are working to bring a language workshop to a city near you. Check out our Facebook page for news and updates.

Check out the profile of Paul Bermingham on page 8 of this issue of *Response*.

WASP NEWS

by Johanna Stirling, WASP Secretary

We've had a great start to the year, but an even better second semester is planned! So far we have two CPD events planned: the return of our popular 'extrication of a trapped patient' and an exciting ambulance operations CPD. We also have CPDs with Talis coming up, so stay tuned!

Please also save the date for our Quiz Night on 27 September at 6pm at the ECU Tavern. It's going to be a great night with lots of laughs and awesome prizes.

Stay up-to-date with events on our Facebook page 'Western Australian Student Paramedics'.

WASP students do stuff!

It's been a busy semester for ECU students, with many travelling to Darwin, Alice Springs and Finke Desert Race to complete placements with St John Ambulance NT. This was an excellent opportunity to gain experience and more groups will attend throughout the year.

A group of 16 students travelled to Bali in Indonesia to complete a two-week placement with the local RSUP Sanglah Hospital. It was an eye-opening experience for these students,

with many memories and lifelong skills taken away. The second group of students are attending this placement during the study break in July.

We also have a group of 11 ECU students completing a four-week placement with ambulance services in the United Kingdom during July to August. Good luck to all our members attending these placements. We look forward to hearing about your amazing experiences.

WASP is looking for someone interested in being involved in CPD or educational seminars for our students. If you are interested, please contact Taryn Skoglie (president) or Johanna Stirling (secretary):
president@wastudentparamedics.com
secretary@wastudentparamedics.com

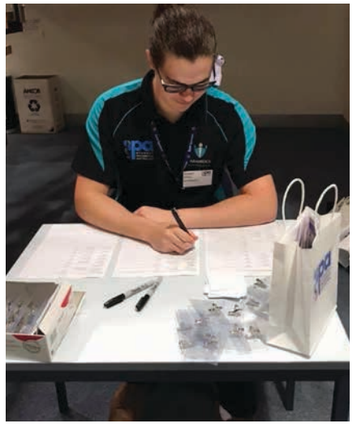
Melbourne Medical

by Benjamin Schloss, SPA Conference Committee

Date: April 2019
Location: Melbourne

On day one RescueMED gave us a chill with hypothermic management and hands-on practical experience in 'MacGyvering' extrication equipment from standard hiking tools. Next, Ambulance Victoria presented a virtual reality workshop, which highlighted the importance of vigilance in scene safety and situational awareness. The day concluded with two audience-decided simulations, where an online poll was used to decide which treatments or assessments would be performed. Both scenarios were high acuity with many competing priorities. Simulations were followed by debrief with a panel of paramedics.

Day two began with a visit from Bruce, Ambulance Victoria's support dog and a mental health presentation by Tony Walker (CEO Ambulance Victoria). Next, Alan Eade spoke about various presentations involving substance abuse and the challenges these present to paramedics. Jason Tosch discussed ketamine and the difficult adverse effects that are sometimes faced by paramedics along with how these can be managed safely. Matthew Sheppard condensed months of education into a presentation on ECG interpretation that had even the more experienced in the room learning a thing or two. We then had a panel discussion led by Mark Boughey on palliative care; with the little changes paramedics can implement to ensure those at the end of their life are more comfortable. The discussion also included tackling our own fears and challenging stigma so we can have open and honest conversations with patients and their loved ones about dying.



After lunch, Matthew Rose discussed high performance CPR and the small adjustments that can be made to make huge differences in outcomes, such as maximising oxygenation and minimising pauses in compressions. Henry Zhao spoke about the Mobile Stroke Unit, and included cases where patients were thrombolysed 40 minutes earlier than if they were taken to hospital because of the on-board CT scanner and available thrombolysis drugs. Next, Ross Salathiel spoke about atypical presentations of anaphylaxis and the importance of administering IM adrenaline if you have reasonable suspicion of anaphylaxis. Tim Druce then spoke about the red flags of child abuse or neglect and what the process is after submitting a mandatory report. To finish we heard from a panel of paramedics who had undergone interviews in various places throughout Australia and overseas; the eagerness of those asking questions was palpable.

Melbourne Medical was an intimate event allowing students the time to ask as many questions as they wanted and get one-on-one time with presenters. Look out for Melbourne Medical in 2020!

UTAS Careers Day

by Rachel Lewandowsky, SPA Tasmanian Coordinator

UTAS careers day took place on 6 May – a collaboration between SPA and USSPA. The afternoon was open to students at all stages of their studies, so our aim was to provide a mix of inspiration around the possibilities after graduation, information about internships and further training and tips on applying for jobs.

Dave Brown from Ambulance Tasmania spoke about the internship process, further advancement within the service, and the best parts of working in Tasmania. He took questions from the audience and provided perspective on what it is like working for ambulance services in different parts of the country.

Peter Lucas from UTAS spoke about postgraduate study, and told us about how this could fit in with work and training after graduation. He gave examples of previous students who have successfully done so, and emphasised the different career paths within paramedicine and academia.

Anthony MacDonald (a recent UTAS graduate) spoke about careers with the London Ambulance Service shortly before his departure to work with them! He spoke about the process of applying for work overseas, the advantages of working for the LAS, and what it was like moving away for work. He answered questions about the internship process in the UK, and the opportunities for working in Australia or other countries once fully qualified.

Finally, Renee Anderson, who previously held positions within the Department of Health and Human Services, spoke about writing successful applications, and interviewing well. She gave advice about writing good applications, mistakes to avoid, and how best to proactively prepare for interviews. She also took a range of questions from the audience.

Careers day was a great success, with good numbers of students attending from first and second year. The speakers provided a well-rounded and exciting picture of the possibilities for a career in paramedicine or research, and tips on how to get there.

AUSTRALASIAN JOURNAL OF
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Selected abstracts

The following abstracts are from the Australasian Journal of Paramedicine, Volume 16, 2019. The AJP now employs continuous publishing so check the AJP website regularly for new peer-reviewed paramedicine research and review papers: **https://ajp.paramedics.org**

Accuracy of student paramedics when measuring adult respiratory rate: a pilot study

Sarah Galka, Jessica Berrell, Rami Fezai, Louis Shabella, Paul Simpson, Liz Thyer

Introduction

Abnormal respiration rate (RR) is commonly undervalued in the out-of-hospital environment despite its use as a predictive marker for physiological decline. The need for paramedicine students to manually measure RR is therefore important. The aims of the study were: 1) to determine the accuracy of manually measured RR when performed by second-year paramedicine students on healthy volunteers in a simulated environment; and 2) to provide data to inform design of a larger study.

Methods

This pilot study utilised a prospective double-blinded observational design, in which neither the participants nor

the healthy volunteers knew the specific aim of the study. Paramedicine students manually recorded RR along with a range of vital signs including non-invasive manual blood pressure, heart rate, oxygen saturation, temperature and 4-lead electrocardiogram on healthy volunteers. Capnography was used as the gold standard to confirm observed respiratory rates. Intra-class correlation was used to assess agreement between manual RR and capnography.

Results

Thirty-six complete sets of data were recorded. There was strong agreement between paramedicine student and capnography measurements (ICC 0.77; 95% CI 0.54–0.88). Accuracy of paramedicine students to measure RR of the opposite gender showed no statistical difference when female students (F=0.05, p=0.83) or male students (F=0.04, p=0.84) measured.

Conclusion

The manual RR measured by paramedicine students agreed well with capnography irrespective of the gender of the patient or paramedicine student. These data suggest the two measurements could be used interchangeably, although the difference between statistical and clinical significance should be further investigated.

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The experience of lower back pain and its treatment among ambulance officers in New Zealand: a qualitative study

Sarkaw Mohammad Randhawa, Jean Hay-Smith, Rebecca Grainger

Introduction

Paramedics have physically demanding jobs. Lower back pain is an occupation-related health condition that may cause difficulty with, or inability to, lift. Existing literature on lower back pain in paramedics is scant; no qualitative study specifically of lower back pain experiences or treatment was found. This qualitative study aimed to explore paramedics' experience of chronic lower back pain, with a focus on their expectations of musculoskeletal treatment.

Methods

Nine paramedics (seven men, two women) who had sought chiropractic, physiotherapy, or osteopathy treatment for one or more episodes of chronic lower back pain, while working as a paramedic, were recruited from the national ambulance service. A general inductive qualitative approach was used and semi-structured interview data were thematically analysed.

Results

The core theme was 'frustration'. For paramedics, frustration stemmed from the difficulties and delays finding a musculoskeletal practitioner who could 'help'; the widespread experience of lower back pain among paramedics that apparently went unacknowledged; their inability to make alterations at work; their risk of re-injuring their back at any time; and concerns about their future and job insecurity because they might not be able to continue working as a paramedic in the future due to their lower back pain.

Conclusion

The experience of the nine New Zealand paramedics interviewed for this study was frustration due to difficulties and delays in finding the right provider of helpful treatment, and persistent uncertainty about their future. Participants wished that the industry had better and more explicit organisational processes for managing lower back pain at work, and supporting them to better back health and being fit for work.

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