

VOL 46
SUMMER 2019

RESPONSE

The official voice of Paramedics Australasia

**STEVE
WHITFIELD** | Paramedic
adventurer



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Mitch Mullooly

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COVER

Steve Whitfield on expedition
in the high Himalayas
Images on page 16 courtesy
Tourism NT



with Peter Jurkowsky

An exciting year ahead

On behalf of the Board members of Paramedics Australasia I welcome to 2019 our members, and their families, as we embark on the first full year as a profession under a registered framework. I envisage plenty of significant activity within the sector as the paramedicine profession grasps its newfound presence and credibility within a regulatory and representative framework.

So what does this actually mean for the sector and the various bodies that play a role in legislative oversight, service delivery and representation while always remembering the guiding principle underpinning registration, that of public safety?

While the various key stakeholders have vitally important roles to play, PA must always focus its attention on its objectives as the peak representative body in the sector and the advocacy we can offer to our members, and the profession generally. The Board recently approved the organisation's three-year Strategic Plan in light of the watershed event of registration while also recognising a need to continually review what may be the best representative model in an ever-evolving professional environment. A strong representative body

must be effectively supported by its members and a unique opportunity arises to enhance our position as a relevant community advocate on behalf of paramedics and the public following registration and its inherent professionalisation of the sector.

We will be addressing this and many other issues at the first Board meeting of the year (to be held in early February) and will be communicating with members soon after to expand on the main plans for 2019 and beyond.

.....
“ I envisage plenty of significant activity within the sector as the paramedicine profession grasps its newfound presence and credibility within a regulatory and representative framework ”

This issue of *Response* offers a wide range of interesting and topical material including a Q&A with our New Zealand colleague and Chair of the New Zealand Chapter Mitch Mullooly (Mitch also contributes the first article in a new series on paramedic health and fitness) and a day in the life profile with Steve Whitfield – based on 24 hours as an expedition team med-

ic (paramedic) in the high Himalayas. We detail program highlights of our second ROAR conference, which will be held in Alice Springs in April, and feature a story on Purple House and multi-disciplinary health models in the Northern Territory. Our Mental Health and Wellbeing Special Interest Group Chair, Lisa Holmes, recently visited the St John Ambulance Northern Territory Communication Centre in Darwin as part of an international multi-centre study of wellbeing in emergency service communication centre workers. It is hoped that the study findings will provide evidence for targeted intervention and support for the provision of mental health resources.

I would also refer you to the article by our *Australasian Journal of Paramedicine* editor, Dr Mal Boyle, where he provides an overview of changes introduced to the AJP this year. Paramedics Australasia has recently recognised the need to update the manner in which the AJP is delivered and Mal explains the need to contemporise the publication of the AJP through the use of a ‘continuous publishing’ model to support the greater need for the profession to develop and build its own knowledge base following registration under the National Law.

These changes will also provide a greater range of articles, published earlier in the year, which will benefit members earning their 30 hours of required CPD per year via our eLearning Portal.

And finally, we introduce you to our SPA Executive Committee for 2019 and offer an opinion piece from SPA's Queensland Representative, Brittany Shaw, who reminds her fellow students that, "When expectations of 'perfect scores' are placed on students they stop trying to challenge themselves for fear of failure. If the weight of peer expectations is heavier than your belief in the skill's success, you have already set yourself up for failure".

In closing, I would like to reflect on the status of the profession following the commencement of registration and the now contained description of 'paramedicine' – a descriptor that was not always the exclusive domain of paramedic practice. While the noun, 'paramedic' is widely defined in dictionaries as 'a person trained to give emergency medical care to people who are seriously ill with the aim of stabilising them before they are taken to hospital', 'paramedicine' has yet to be commonly defined with this to logically follow. William Osler, the famous Canadian physician and mentor once stated that, "the practice of medicine is an art, not a trade; a calling, not a business: a calling in which your heart will be exercised equally with your head". Can paramedicine now profess to this?

Peter Jurkovsky
President, Paramedics Australasia

Paramedics Australasia Strategic Plan – the Framework for our Future 2018–2020

Our Vision – To lead professional practice in paramedicine

Our Values – What we will not compromise on

- Integrity – We do what we say
- Commitment – We are passionate and focussed on the vision
- Mutual respect – We encourage individuality, acknowledge and develop others' ideas and experience
- Ethics – We act in an open, honest and responsible way
- Unity – We lead together by acting as one.

Our Strategic Priorities – What we will focus on

- Representing the profession – We are the leading and most respected body representing the paramedic profession
- Advancing the profession – We champion the evolution and direction of paramedicine
- Growth and value – We build capability to develop and grow the paramedic profession
- Leading and learning – We lead the profession and facilitate learning through continuing professional development.

Our Stakeholders – We collaborate in professional practice with:

- Paramedics
- Australian Health Practitioner Regulation Agency and the Paramedicine Board of Australia
- Commonwealth, state and territory governments in Australia, and government in New Zealand
- Australian Defence Force
- Australian state and territory and New Zealand ambulance services
- Professional, industry and educational providers
- International partners
- Research and science communities.



with Mal Boyle

The AJP – moving with the times

The *Australasian Journal of Paramedicine* (the AJP) has been in its current format since it was resurrected from the *Journal of Emergency Primary Health Care* in 2013. The aim at that time was to ensure that Paramedics Australasia – the publisher of the AJP – could publish four issues per year with four research-related articles per issue. We have achieved this, and more. Since 2013 the number of manuscripts submitted to the AJP has increased steadily. This has meant that recently, some authors are waiting months after their manuscript has been accepted before it is actually published.

With Volume 16 of the AJP commencing in 2019, the AJP editorial team (with the approval of Paramedics Australasia) made the decision to move the AJP to ‘continuous publishing’, a move that will benefit authors, readers and fellow researchers. In order to make this move, the issue numbering of the AJP has now been removed. This change will allow for manuscripts to be published within a few weeks of being accepted for publication.

2019 sees further improvements to the AJP. Commencing with Volume 16, each published article will be assigned a Digital Object Identifier (DOI) reference so it can be located and accessed quickly and accurately. All articles from previous issues of the AJP have also been allocated a DOI reference, as has each article that was previously published in the *Journal of Emergency Primary Health Care*. In AJP articles from 2019 onward, the layout of each article will change slightly with the removal of the ‘cover page’; the information on this page will be integrated into the first page of each article along with its DOI reference. In pre-2019 issues, the DOI reference will be seen

at the bottom of the abstract page of each article. Along with removal of the issue numbering, there will no longer be a single downloadable pdf published with each issue. Individual articles will still be available for download on the AJP website, and each volume will be made available on the Paramedics Australasia website at the end of each year, in its entirety and as a single downloadable pdf.

Also commencing in 2019, there will be an improved integrated process for plagiarism checking of manuscripts submitted to the AJP using iThenticate. This will allow AJP editorial staff to better identify and quickly deal with issues around plagiarism.

With paramedics in Australia now practising under the Health Practitioner Regulation National Law, there is a greater need for the new profession to develop and build its own knowledge base. The AJP editorial team has responded to this need with improvements and tools to ensure it is at the forefront of pre-hospital related research and paramedic education research.

Mal Boyle
Editor, *Australasian Journal of Paramedicine*

About the author

Associate Professor Mal Boyle is the Editor of the *Australasian Journal of Paramedicine*; Academic Lead in Paramedic Education at Griffith University, Gold Coast, Qld; and Senior Lecturer at Monash University, Melbourne, Vic.



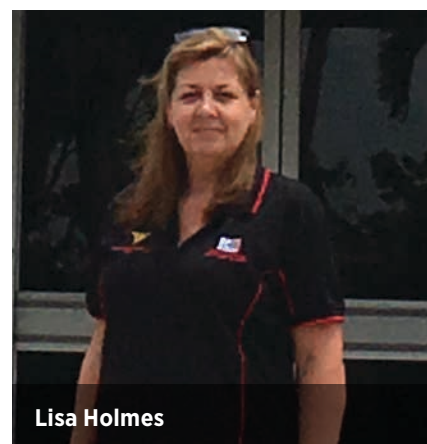
Communicating with care

Lisa Holmes, Chair of PA's Mental Health and Wellbeing Special Interest Group, recently visited the St John Ambulance Northern Territory Communication Centre in Darwin to promote the Emergency Service Communication Centre Staff Wellbeing Study. While there, Lisa asked staff at the Centre questions relating to their work and the mental health and wellbeing strategies introduced by St John Northern Territory.

Lisa visited the St John Ambulance Northern Territory Communication Centre in Darwin several times, at both morning and evening shift change-overs, to meet staff and experience the working environment. The unique set-up of the Centre lends itself to ad hoc inter-professional collaboration and communication with other services. "It was clear to see how this provides a very efficient and effective response to a range of emergency situations," Lisa says.

Q How is the Centre structured?

A St John NT operate two facilities in the Northern Territory. One is located in Telegraph Terrace in Alice Springs and the other at the Joint Emergency Services Communication Centre at the Peter McAulay Centre in Berrimah. The Berrimah Centre is one of a kind in Australia in that it houses police, fire, ambulance and emergency services in the one centre. All our staff with the exception of three are based here, including the duty managers.



Lisa Holmes



“ Whilst shift work can be a challenge, the roster works for me and my family ”

Q How many staff are there?

A The Centre has 32 St John NT staff: 29 based at the Darwin facility and three based at the Alice Springs facility. There is currently one ECC Manager; two ECC Duty Managers; one educator; five shift supervisors; and 24 emergency call takers/dispatchers.

“ I love this job and have never considered anything else ”

Q What geographical areas are covered?

A St John NT provide pre-hospital emergency care and transport to the community within 150 kilometres of a staffed ambulance station. We may attend emergency cases beyond 150 kilometres from a staffed ambulance station, however approval from the Territory Duty Manager is required first.

Q What is unique about the Centre?

A The Centre is unique in that St John NT share the facility with police, fire and emergency services. The communications staff for all services sit together in one room, along with CCTV for ease of access.

“ You never know what you are going to get when you answer the call ”

Q Does sharing the facility enable inter-professional communication and assistance?



Staff at St John Ambulance Northern Territory Communication Centre in Darwin



A Having all of the emergency services together allows for quick and efficient communication and access to other services. We have a joint computer system – I/CAD – that can populate jobs across all services, with updates and critical information available to all relevant services. We are conveniently located in the centre of the room with police on one side, and fire services on the other.

An example of why this is so effective is that if we need the police quickly for a crew in trouble, we can put a job across to the police on I/CAD and our staff can quickly walk over to the police operator to ensure they have seen the job and receive real-time updates on how long and where the police unit is. This works across all three services.

Q What mental health and wellbeing initiatives have been introduced by St John NT?

A The creation of the role of the Mental Health and Wellbeing Coordinator is probably the most significant initiative, apart from reintroducing

the Peer Support Team. The Mental Health and Wellbeing Strategy 2019–2022 is the plan for the future.

The Strategy aims to identify and create better pathways to help and support staff and volunteers throughout work-related and personal stress and crisis situations by opening up the conversation about mental health issues and offering better access to early support systems that can assist in times of crisis, with the goal of building strength and resilience within the St John NT team.

“ We have lots of support available in the organisation and we all look out for each other, after a bad call we check in and can take timeout ”

Q Is there anything else you want added? Any future plans?

A Future plans include secondary triage, clinical oversight, 24-hour Duty Manager ECC coverage and further alternative patient care pathways.

Acknowledgement

A big thank you to St John Ambulance Northern Territory, Craig Garraway, Rob Webster, Leetasha McIlwain and all the fantastic St John Ambulance Northern Territory Communication Centre staff for supporting and participating in this invaluable study.

About the study

The Emergency Service Communication Centre Staff Wellbeing Study is a collaboration between Edith Cowan University in Western Australia, Whiteria New Zealand and the Laurentian University in Ontario, Canada. It is the first international multi-centre study of wellbeing in emergency service communication centre workers and may provide evidence for targeted intervention and support for the provision of mental health resources.

Due to the size of Australia it was decided that initially only one state or territory would be included, and the Northern Territory was selected. However, other states will be covered in due course.

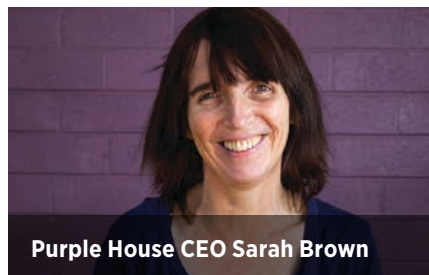


Ngurra: A home away from home

Why would paramedics be interested in what goes on in a little purple house in Alice Springs? And how could that little purple house which has chickens, a pizza oven and a fire pit be crucial in making a dramatic improvement in dialysis survival rates in Central Australia?

As health workers, we're all interested in doing our bit to grow better health outcomes and find innovative solutions to the daunting levels of chronic disease that surround us. And that's exactly what underpins the Purple House story.

It's no secret that the rates of kidney disease are very high in the middle



Purple House CEO Sarah Brown

of Australia. For people from remote communities getting the treatment they need means having to pack up their lives and move to a regional centre to be close to a dialysis machine. Not only does this mean leaving their work and homes, but for many it means leaving their country, with all the sacred sites that are precious to them, and living in a place where few people speak their first language.

That's where Purple House comes in. Since its establishment in 2003, Purple House has been a home away from for dialysis patients and their families. It's then grown to operate more than 14 remote dialysis clinics and a mobile dialysis unit called the Pur-

ple Truck to help them back home so that families and culture can remain strong. It also offers social support and aged care services for patients receiving treatment in regional centres.



Purple House Purple Truck

But for the average person walking through the front door of its headquarters, which is based in a purple-coloured suburban house in the

middle of Alice Springs, they might wonder what they have stepped into. On an ordinary day there's music playing (often Johnny Cash and gospel songs), kangaroo tails cooking, a puppy coming to say hello. "Is this a dialysis centre?" people ask, "Because it sounds like you mob are having too much fun!"

Yes, we offer dialysis, but also so much more – we now offer all kinds of support for dialysis patients and their families from very remote communities.

Our success is largely because of our history. We've been different from the start. In 2000, people from the Western Desert created some magnificent paintings for an auction at the Art Gallery of New South Wales. In that one night they raised a million dollars.

Their aim was to get a dialysis machine in the remote community of Kintore. With the money we raised we were able to do that, and started to get people home on dialysis, which immediately saw a big improvement in outcomes.

People were able to get back home to teach their kids and grandchildren, to work in their community, and to continue to have big, meaningful, culturally rich lives, cared for by their families.

.....
“People who are supported to visit their own country miss dialysis less often, and report much improved wellbeing”

Over the years our Pintupi directors have helped other communities far beyond their own cultural and linguistic boundaries to get dialysis.

In addition, we offer primary health services, allied health, aged and disability services and we have a thriving social enterprise which produces



Bush Balm products. And every little part makes a difference.

Recent statistics show we now have the best survival rates on dialysis in the country. Hospitalisations for people who can get home to country are about half of the rate for those who can't. People who are supported to visit their own country miss dialysis less often, and report much improved wellbeing.

We are all about helping people to have the best life possible (whatever that means to them) and having some control over their lives. We are about hope!

And this translates into services where nurses want to stay on, patients attend, and we are all bloody proud of what we have achieved.

It is incredibly complex though. We straddle different understandings of health and wellbeing, whole different world-views. We operate across state and territory borders. We have the logistics of building, maintaining and supporting services in some very remote locations.

But despite that, these services lead to great outcomes, reduced need for acute care services and a whole lot of positive vibes!

If you want to get a sense of it all, try

our Facebook page 'The Purple House' - or even better, come for a cuppa! We love visitors, volunteers and complete randoms walking through our front door! You never know what it might lead to.

For example, last year, after years of raising funding, growing support and sharing our story, our work was finally recognised with a new Medicare item number for a dialysis done in a remote community by a nurse or Aboriginal health worker.

This is a game changer for us. Now we can work at helping even more communities to get their family members home on dialysis, to keep them healthy and far away from needing your (incredibly valuable) services too often.

For all of us – directors, staff, volunteers – there is little to compare to the thrill of helping people to return to their country and their families, and to live full and active lives in the place they need to be: HOME!

Purple House CEO Sarah Brown is a guest speaker at ROAR 2019, where she will talk about the crusade she undertook to bring dialysis to remote communities and how she came to embrace and understand the cultural and spiritual needs of the people who live there.

RESPONSE | Q&A



Mitch Mullooly 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. In this Response Q&A, Mitch talks to us about being a unified and identified voice for members, and the importance of being fit for life, not just duty.

Q What attracted you to a career in paramedicine?

A Interestingly I never really was! I started out my career as a lifeguard and group fitness instructor. As a lifeguard I worked both at the pool and the beach. One summer I had a couple of good rescues while on patrol at the beach, of which the local ambulance attended, and it was suggested to me then that I became an auxiliary ambulance officer. They offered me pre-hospital emergency care training in return for my time. This appealed as I thought the added skill base would assist me as a lifeguard, and of course as a fitness instructor, so I immediately jumped on board. Clearly the profession and I gelled as it wasn't too long before I was offered a permanent position in Auckland and the rest, as they say, is history!

Q In 2018 you took over the reigns from Sean Thompson as Chair of the New Zealand Chapter. Has chairing the Chapter been everything (so far) you expected it to be? Any surprises?

A Sean was an amazing Chair and I am extremely privileged to have taken over the role from him. The role is very much a learning experience for me, and one that I have completely embraced. PA is an enthralling organisation and I have met so many wonderful and inspirational people.

As a relatively young and emerging entity here in New Zealand, being a part of PA and contributing to the organisational growth and professional development is a truly exciting prospect, especially as we move toward national registration.

Any surprises? Not as yet, but I guarantee there will be!

Q National registration for paramedics in New Zealand is on the horizon. How do you think registration will impact your profession?

A National registration will present a very big change for the profession in New Zealand and with any type of change process there will be uncertainty, apprehension and potential ambiguity. Like anything, there are pros and cons. We do know though that registration will give the professional paramedic broader career options. Already we are seeing paramedic practice expanding to industrial, community, primary health and specialist acute event situations.

The flip side of this is as there are currently no national standards to ensure that a person who is administering medications and calling themselves a paramedic has achieved a recognised standard of practice, then the safety of the public is at risk. I believe this is at the forefront of what we need to focus on and to gain clarity around. Emerging is the distinct voice of paramedicine and with becoming a recognised health profession I foresee great things.

Q What do you see as being PA's biggest role in supporting its members?

A I believe PA's key role is to strengthen the profession through solid representation and to assist the growth and development of paramedics, as well as paramedicine as a wider profession.

A primary focus for the New Zealand Chapter is on relationship building, being a unified and identified voice for our members and having an increased influence over a vast array of subject matters, primarily of which impact paramedics themselves, but what also impacts on the welfare of our patients, who are at the centre of everything we do.



Mitch Mullooly

Q You are passionate about the physical and mental health within the ambulance sector and run a Facebook page called ‘Team Fit for Duty, Fit for Life’. Can you tell us why you started this program?

A For many years I had been championing the ‘fitness for duty’ mantra as sadly, I had seen far too many of my wonderful colleagues leave the vocation they loved due to sustaining a debilitating injury or because they were suffering from chronic illness.

With my previous experience of being a fitness instructor and my long-held passion for quality nutrition I made it my personal mission to actively spread the word about healthy living and wellbeing within the ambulance sector, and started giving tips and advice on how we could achieve this.

“ A primary focus for the New Zealand Chapter is on relationship building, being a unified and identified voice for our members and having an increased influence over a vast array of subject matters ”

Initially this was largely by word of mouth, newsletters and organisational bulletins, and my reach was relatively limited to these forums alone. It was then suggested to me that I start a Facebook page, which initially sounded like a ludicrous idea, as social media was certainly not my forte! However, I thought if I could extend my reach and help more of my colleagues then a personal challenge for myself would be to learn to love all things social media!

My biggest driver for this was to be able to spread my in-

fluence to help as many as I could in our profession to not only be fit for our working environment but ultimately fit for our daily life outside of our work commitments, hence how ‘Team Fit for Duty, Fit for Life’ came about.

Q What’s the single most important thing that paramedics can do to improve their health and wellbeing?

A The single most important thing we can all do is to get up and move! Unfortunately, as a profession we have become very sedentary. Although we have seen many advances in equipment to assist in decreasing our injury risk profiles, there is also a flip side to that which often increases our risk for potential injury as we are no longer exposed to, nor have the experience of, moving our bodies in a truly functional way.

Many perceive our work as being very physical, and yes at times we have long sustained periods of physical exertion, however a majority of our time is spent sitting. We sit on station waiting for a call, we sit in the vehicle responding to a call, we often sit while talking with and assessing our patients, we then sit on our way to the hospital, and we sit on our return to station or to the next call. We sit so much, and we need to get up and move!

We all know the amazing health benefits of exercise and movement, not only physically, but emotionally and psychologically as well. We often educate our patients on this exact topic, yet commonly it is something we don’t spend a lot of time on ourselves, or for ourselves. We must turn that around and we must make it a priority.

Q And finally, you are a busy person wearing many hats, sometimes all at once! What’s the one thing you do just for yourself that you couldn’t live without?

A Yes, many hats indeed! And to add to those hats, I also co-own a commercial citrus orchard. Quite a juxtaposition when one day I can be sitting in meetings and the next driving a tractor! One of my favourite things is to walk through the orchard at dusk, the air is still, the smell of the blossom is intense, the trees are healthy and the fruit set is looking good. For me, this is my mindfulness practice, being completely in the present moment, drinking it all in and showing gratitude for everything around me and everything that my life is, and for this I am truly thankful. And of course, hugs from my son!

You can read more about Mitch’s Team Fit for Duty, Fit for Life in the first of a new health and wellbeing series commencing in this issue of Response. Mitch will also be presenting at ROAR 2019 in Alice Springs in April.



A day in the life...

Name: Steve 'Sunny' Whitfield

Role: Expedition Team Medic (Paramedic)

Location: High Himalayas, Kuri Pass

Medical professionals have long been engaged in the exploration and expedition industries, and historically it has been physicians who have provided medical support. However, as a paramedic who has taken part in expeditions over the past five years, I have transitioned from logistical roles to medical roles.

This retrospective account follows a day in the life working as an expedition medic (paramedic) during a high-altitude Himalayan expedition, where I carried the rudimentary tools needed to sustain and support life and provide pre-hospital care in an unforgiving and austere environment.

04:00 – Reveille

My wrist-watch vibrated against my cheek announcing reveille. Although daylight was still hours away I opened the hood of my minus 25 degree sleeping bag and instantly felt the bitterly cold dry air on my face. My tent buddy groaned a morning welcome as we both attempted to sit up.

If you have never been inside a minus 25 degrees sleeping bag in the high Himalayas, put it on your bucket list! A task as simple as sitting up gives you the impression of life inside a cocoon, only the cocoon is located in the depths of a deep freeze and has inadvertently become part of your body's frozen exoskeleton. In these conditions something as simple as putting boots on requires careful preparation and planning that is amplified by the confines of a small high-altitude tent. Although this situation sounds particularly trying, there is no place I would rather be at that moment because I am part of an expedition team aiming for a high Himalayan pass and these opportunities are not afforded often.



Our team was self-sufficient for nearly five days, supported by a team of Sherpa guides and yaks. As I struggled to locate my gloves, the dim light from a distant head torch can be seen on the skin of the tent and the crunch of foot-steps on the ice and rock soon follow. “Namaste Mr Steve, hot tea”. It’s the voice of Pemba, one of our Sherpa guides. He has already awoken, dressed and equipped himself. He has also melted ice and made tea. I had not even got one boot on!

Sherpa people, the mighty unsung heroes of the mountain, first came into the region in the 16th century from Eastern Tibet. They have become the contemporary backbone of successful expeditions throughout the Himalayas. A study in 1976 determined the remarkable fact that Sherpa people possess unique haemoglobin-binding enzymes and a doubled nitric oxide production that assist them in the high altitudes. This genetic adaptation occurred after generations of living in the high regions and has increased their lung efficiency in low oxygen conditions.¹



04:12 – Breakfast

The previous night my tent buddy and I suffered a thorough inconvenience. We had collapsed into our tent at 22:00 and were soon insensible from the fatigue of the previous day. The mountain gods may have been displeased with our efforts because a few hours later a katabatic wind stirred in the high valley and travelled down the mountain range. It gained momentum as it gusted through our small camp, causing the failure of two guy ropes supporting our tent. Without many options available in the dark and unable to call for assistance due to the ferocity of the wind, we opted for body weight and stones as tent anchors, thus a rather sleepless night ensued. When reveille sounded, it released us from the cold darkness. Outside all was calm and I gratefully accepted the tea from Pemba, performed a quick stocktake of equipment and was thankful that the only casualty of the night was the loss of the inner of my glove.



Although desolate, the high lands of the Himalayas entice and engage explorers with their raw beauty. The previous evening, we had observed a stunning red sunset over the high ice-capped peaks and the following morning the moon was reflecting off them. Folklore ascribes a red sky at night as indicating clear weather ahead and sailors, climbers and explorers have passed the rhyme through generations (red sky in the morning – sailor’s warning, red sky at night – sailor’s delight). With that in mind and with the knowledge that mountain weather can change quickly, we struck camp and climbed north-west to the next way-point, closer to the high pass.



06:28 – The journey continues

We made good time through the glacial moraine and the weather was looking great. I was dealing with the loss of an inner for my right-hand glove from the previous night and it was a noticeable loss. (Inners support peripheral thermoregulation and provide protection and comfort to your hands.)



07:48 – Shingles

It became obvious that one of our Sherpa guides was unwell and suffering pain. Examination showed he had shingles and would be unable to continue. I provided pain relief and then he and another Sherpa began their slow journey back to base.

10:56 – Dehydration, blisters and sunburn

A considerable part of the medic's role is emotional support and attending to minor medical ailments. After hours of steady progress through the valley I was called to attend a team member with a burst blister that had resulted in exposed tissue. I improvised a second skin from strapping tape. (I carried broad-spectrum antibiotics in case of infections.)

In extreme conditions you adapt to working with what you have and quickly learn that minor issues can become game-changers if not addressed promptly. The adage 'prevention is better than a cure' rings true in this remote and severe environment, but you cannot mitigate all risk.

13:02 – Lake Louise Score review

Earlier, with the support of the team leader and team Sidar (Nepali leader), we implemented a buddy hydration system whereby team-mates monitor the fluid intake of their climbing partner, and their exposure and sunburn potential. The radiation from the sun coupled with the blinding reflection from the snow burns exposed skin swiftly. We gathered in a small depression for a short lunch stop that allowed for a quick review. Thankfully the team members had thus far maintained regular observations.

At this altitude, it is also imperative that climbers are monitored for signs of acute mountain sickness (AMS) and the Lake Louise Score is a simple method employed daily as a risk reduction strategy. Two climbers presented with headaches at different times and they were moni-

tored for AMS and encouraged to drink more water. Diamox (dexamethasone) is carried to mitigate altitude issues but the best method is to get low – fast.

16:23 – Lost climber

As the day wound down our team sought a safe camping site. Before the first yak was unloaded, we were notified via radio that a Korean climber was missing from another party. She had been seen in our vicinity a few hours before our arrival. With last light looming we decided to raise camp first and then plan a response. Meanwhile, several Sherpas moved to the camp boundary and were banging cooking pots with stones. Interestingly, as our team planned a search pattern, the lost climber arrived at our camp having been attracted by the banging sound the Sherpas made. Such a simple solution had saved a life.



19:28 – Health checks

Just before dinner I performed daily health checks on the team members that graph any developing trends and reminded them to ensure care and personal hygiene of hands, feet and teeth. Lapses in hygiene essentials in the harsh mountainous terrain can result in issues that impact the progress of the entire expedition. One person had developed a sore throat and was encouraged to drink more water and use a throat gargle.

20:08 – Planning, preparation and reflections

As I finished the clinical notes on the team, I noted that we had covered 16.6 kilometres that day. With eight days remaining, the team was in a good position to complete

their objective. I caught a last glimpse of the northern stars over the Himalayan peaks before I turned in for the evening.

04:00 is the scheduled reveille, when my watch will again signal for us to continue our journey.



A typical 24 hours

This account is a typical 24 hours in the mountains as an expedition medic (paramedic). Although it was not filled with mass trauma and evacuations (these do happen), the majority of the role is prevention and team management. The influence paramedicine is making on the expedition medicine industry is growing and opportunities are expanding. A wise man once told me to surround myself with people who are faster, smarter and better than me. He said the more you listen the more you learn, the more you learn the more opportunity you will discover, so get out there and explore.

Want to know more?

If you would like to know more about working as an expedition medic (paramedic), please email Steve Whitfield at steve@earthtrails.com.au

Steve will be presenting at ROAR 2019 in Alice Springs in April.

Reference

1. Morpurgo G, Arese P, Bosia A, et al. Sherpas living permanently at high altitude: a new pattern of adaptation. *Proceedings of the National Academy of Sciences* 1976;73(3):747-751.



Back to Alice ROAR 2019

RURAL OUTBACK AND REMOTE PARAMEDIC CONFERENCE 10–12 APRIL

Our 2019 Rural Outback And Remote Paramedic Conference (ROAR) will welcome delegates from across Australia and New Zealand, with paramedic delegates from ambulance services, the mining industry and private industry, joined by rural and remote nursing staff and educators. ROAR 2019 will bring together the most diverse and vibrant group of participants a rural and remote conference has ever seen!

Program highlights

Wednesday 10 April

This year's program commences with pre-conference workshop sessions delivered by thrill-seeking paramedics Steve Whitfield and Mick Stuth. As two paramedics working together in a remote town in Queensland, they share a passion for adventure, travel and helping people. Both regular volunteers on overseas projects and expeditions, they struggled to find the placement opportunities that were afforded to other healthcare providers. Over many shifts together they developed the concept of the Planet Medic platform as a way of engaging the profession they loved with adventurous opportunities for community development.

Steve and Mick will be delivering an interactive hands-on workshop around improvised medical skills for the austere medic. They will demonstrate the skills needed to support patient care during extended extrica-

tions and focus on some of the forgotten basic principles of basic life support in pre-hospital care.

Look out for Steve's 'day in the life' profile in this issue of *Response*.

Delegates will then be officially welcomed with an outdoor buffet barbeque dinner on the beautiful lawns at the Mercure Resort Alice Springs. Sponsored by Guild Insurance, they will come together to meet the like-minded professionals they are about to join for an incredible program of activities and presentations over the next two days.

Thursday 11 April

Day two commences with an optional early morning pre-breakfast physical fitness session – bootcamp style – with our own Mitch Mullooly from New Zealand. Mitch is Chair of the New Zealand Chapter, and we are thrilled to also feature her as our Response Q&A in this issue of *Response*. Throughout the conference Mitch will be sharing tips and tricks to keep you



moving and mindful of the positive impacts of nutrition and exercise to keep you at optimum levels of performance in what can be a physically demanding environment.

The program continues with:

Personal safety – tactics to keep you on the front foot

As a result of their years of employment with the South Australian Ambulance Service, Guardian Personal Safety Trainers Simon Leonard and Steve Tebbett have seen first-hand the impact violence and aggression



in the workplace can have, both on individuals and families. Their training courses are based on real-world experiences and cover:

- Understanding escalation, effective communication, mental state assessment and de-escalation techniques. How your behaviour and attitudes affect others and your body's physiological response to stress
- Preparedness for work and the relationship between factors such as fatigue, personal and professional relationships and attitude to violence and aggression
- Scene assessment, approach and safety
- Physical techniques to control aggression. How to achieve physical disengagement from an aggressive person as a last resort and promptly retreat to a safe distance
- Debriefing a violent incident, documentation, reporting and the possibility of post-traumatic stress disorder.

Acute rheumatic fever/rheumatic heart disease workshop

Melissa van Leeuwen is a clinical nurse specialist in rheumatic heart disease for the Northern Territory RHD Control Program based in Alice Springs. This session will include a

discussion around acute rheumatic fever and rheumatic heart disease – what it is, why it is something to be concerned about and how it is treated. A look at the anatomy of the heart will be included as well as a practical session on giving intramuscular injections.

Paediatric clinical assessment, sepsis and septic shock workshop

Sukoluhle Moyo, an experienced clinical nurse educator on the paediatric ward at Alice Springs Hospital will deliver a brief recap of anatomy and physiology around how paediatric patients are different from adults. Delegates will learn how to outline the differences in the paediatric cardiorespiratory system, identify deficits that occur with common childhood illness and how children compensate for these deficits.

More than 'Just by the numbers': Resuscitation in Resource Limited Environments and Everything but the Kitchen Sink! workshops

Paul Reeves, an Intensive Care Paramedic with the St John Ambulance Critical Response Unit in Alice Springs presented at our inaugural ROAR conference in 2018. He joins us once again to teach delegates resus-

citation techniques in resource-limited environments, and shares what to pack in your kit in these two amazing and informative hands-on workshops.

Workshops are followed by:

Tribal EMS in the United States: Challenges and innovation

Delivered by international guest speakers Dr Chelsea White and Elizabeth Melton, this informative presentation discusses two Tribal Community EMS programs in New Mexico, USA, and how they continue to flourish.

They discuss how a collaborative effort between healthcare teams addresses unmet and undermet medical needs in the Pueblo of Laguna community. And on the Ramah Navajo Reservation, how primary care paramedics provide minor emergency/urgent care in their station when the local clinic is closed.

Tracy Walczynski, Director of the Central Australian Retrieval Service and Staff Specialist in Emergency Medicine and Michelle Withers, an emergency physician and retrieval specialist based in Alice Springs, will offer an update on the



Medical Retrieval and Consultation Centre. This will be followed by an engaging presentation using telehealth on how to deliver a baby 600 kilometres away!

Carol Bartee, an emergency department clinical nurse educator at Alice Springs Hospital will provide an advanced life support brief refresher for the experienced, and an introduction for those wishing to take the course; and clinical psychologist Amanda Akers from CRANA Bush Support Services will teach delegates about personal resilience when working in isolated and remote areas away from family and friendship support networks.

St John Ambulance NT CEO Judith Barker will share her journey beginning as a junior intern paramedic in South Australia to life as CEO of the most remote ambulance service in Australia – the lessons learned and the sheer grit and determination it takes to be the best you can in a changing and challenging environment as a woman. A personal insight into what it is like to push yourself outside your comfort zone in a highly competitive and progressive arena.

In this issue of *Response*, readers will learn about the innovative and inspiring journey of Purple House – led by Sarah Brown. Sarah will talk about the crusade she undertook to

bring dialysis to remote communities and how she came to embrace and understand the cultural and spiritual needs of the people who live there.

Katie Mitchell of the Outreach Central Australian Health Service will explain the many challenges faced by midwives delivering care to pregnant and delivering women in often difficult and extreme situations. This discussion will include cultural barriers to care provision and how to overcome the odds to achieve the best outcome for both mother and baby.

To conclude ROAR 2019, delegates will be treated to a dining experience under the stars at Ooraminna Station Homestead. What a fantastic way to reflect on the learnings and new friendships delegates will take away.

Our sincere thanks go to our sponsors St John Ambulance Northern Territory, Guild Insurance and the Northern Territory Convention Bureau. Their support will ensure we are able to deliver a truly unique and valuable experience for paramedics and health professionals working in rural and remote areas in Australia.

*Program subject to minor changes and updates. Full program updates announced via PA's social media, website and Rapid Response.



Places for ROAR 2019 are filling fast, so register now for this memorable CPD event. Registrations close 27 March.

What are your goals?

Welcome to our new series written by Mitch Mullooly focussing on paramedic health and wellbeing. Throughout the series Mitch will share tips and ideas on fitness, health and good nutrition and help you get 'Fit for Duty, Fit for Life'. We kick off the series with 'What are your goals?', in which Mitch discusses the importance of setting goals that are challenging, specific and achievable.

“ Ahhh... a new year, a new me. How about setting some new year's resolutions... ”

Setting goals

Most of us know how important goal setting is when working towards accomplishing our big dreams. Without setting goals, we're much more likely to wander aimlessly through our careers, lives and relationships, missing out on so many ways we could be fulfilling our true potential. Yet in order to be effective, goal setting has to go beyond a once a year scribbling down of new year's resolutions, because it's one thing to have goals and another thing to actually work towards them.

Here are my top five tips to setting meaningful goals for 2019, ones that you might actually accomplish!

1. Make them challenging, get uncomfortable

When you're setting goals make sure they're challenging, make goals and intentions that are a step out of your comfort zone, get uncomfortable – you will work harder for it! Be super clear and specific about your goals, how they look, feel, how you need to act and who you need to be to get these. Prioritise them, create a solid foundation so that you can grow. Why you want these goals will fuel you. Know your why. How do you want to truly evolve this year? What drives you deep down?

2. Make sure they are your goals, get super clear and specific

I recently read that goals are most meaningful when they are what you truly want for yourself, not what others want for you. Create these from your core and from all the things that fill you. Stay in your lane and stay focussed, don't compare or worry about what others are doing. Figure out the goals that excite you, whether they are health, fitness, family, financial, career, relationships, personal development or spiritual. Get super clear and specific.

Use your imagination. If you're not sure what your current goals are you might want to think back to the things that interested you when you were younger or less busy and didn't put up as many imaginary barriers. Ideally your goals both scare and excite you!

3. State them in a positive way, self-coach

Be positive when setting your goals, if you are negative from the start they won't happen. It's incredibly important to state them in a way that emphasises what you actually want to happen, not what you want to avoid happen-

ing. Why? Because our brains can really only hold onto one thought at a time, and when we state the negative what do you think will end up happening? You guessed it, a negative outcome.

Instead, frame your goals in a positive way. Check in with yourself often, have your intentions changed? Adjust as you go. Are you staying true to your core values? Are you making changes or staying the same? Is what you are doing improving you and getting you closer to your goals? If not, give yourself a pep-talk, self-coach! Focus on what will get you results, don't stay stuck, move forward.

4. Create a timeline, schedule it, lock it in

The worst thing you can do when creating goals is to have them be completely open ended. For most people, this creates a scenario where they have a list of goals they wish they would someday achieve but they never take a single step towards trying to accomplish them. That's why it is so important to create a timeline, schedule it, lock your actions in to a daily routine, and STICK TO IT!

Stick to your goals like glue, reflect each month to make sure you remain on track, you need progression and measurable results along the way. Question if you're not getting them, then why? Map it out, become a strategist, plant your seeds, water them and watch them grow!

5. Dream big!

Creating deliberate, well thought out goals will help you stay on task and accomplish way more in the long run. This method can be applied to any area of your life with really great results. And don't forget, even if you don't accomplish a goal in a set amount of time, it doesn't mean you are a failure. We all fail, and failures can be some of the most valuable learning experiences if we let them be. Just make sure to keep trying, keep moving forward and keep dreaming big!

So, what are your goals for 2019?

Check out more fitness and wellness tips and challenges at the Team 'Fit for Duty, Fit for Life' Fitness and Wellbeing Challenge page at <https://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.

Answering the Call

Beyond Blue's landmark national survey – Answering the Call – was the first national survey of the mental health and wellbeing of personnel in the police and emergency services. 21,014 police and emergency services volunteers and current and former employees across a range of roles, ranks and locations participated in the survey.

A snapshot of key findings

Prevalence of mental health and wellbeing

- 10% of employees had probable PTSD. PTSD rates ranged from 6% in the state emergency services sector, to 8% in ambulance, 9% in fire and rescue, and 11% in police.
- 21% of employees had high psychological distress and 9% had very high psychological distress – much higher than the 8% and 4% respectively among all adults in Australia.
- 39% of employees reported having been diagnosed with a mental health condition in their life by a mental health professional, compared to 20% of all adults in Australia.

Suicidal thoughts and behaviours

- Employees (5%) reported having suicidal thoughts more than two times higher than adults in the general population in Australia and were more than three times as likely to have a suicide plan.
- Higher levels of suicidal thoughts were evident for fire and rescue (6.9%) and ambulance (6.5%) employees than police (4.7%) or state emergency service (4.5%) employees.

Individual risk and protective factors

- Approximately half of all employees (51%) indicated that they had experienced traumatic events that deeply affected them during the course of their work.
- Rates of PTSD increased with length of service. Among employees with less than two years of service 2% had probable PTSD, which increased to 12% among employees with more than 10 years of service.
- Psychological distress was almost twice as high among

those who had spent 10 or more years in the service when compared to those who had spent less than two years employed in the service (32% and 17% respectively).

- About 1 in 5 employees get poor quality sleep. A higher proportion of employees who work long hours and have high work demands have poor quality sleep. Employees who had good sleep quality (34%) tended to have higher levels of wellbeing and resilience.

Substance use

- Employees had high rates of alcohol consumption with almost 50% exceeding NHMRC guidelines for both short-term and long-term harm.
- About 5% of employees and 13% of employees with probable PTSD reported having used illicit drugs within the past year. This compares with 16% of Australians aged 14 or older who reported using illicit drugs within a 12-month period.

Risk and protective factors associated with the working environment

- 3% of employees reported experiencing frequent, high stress bullying, and 8% of employees reported infrequent, high stress bullying. About half of those exposed to high stress bullying had high or very high levels of psychological distress.
- Being verbally or physically assaulted in the line of duty was associated with higher levels of psychological distress. Some 28% of police employees, 18% of ambulance employees, and 4% of fire and rescue employees were verbally harassed or assaulted often or very often. Some 25% of police employees, 13% of ambulance employees and 4% of fire and rescue employees were physically attacked or assaulted sometimes, often or very often.



Stigma

- Employees held notable levels of stigma surrounding their own mental health (self-stigma), such as the amount of shame they had about their mental health condition (33%), the amount of burden it causes those around them (32%) and avoiding telling people about their mental health condition (61%).
- 10% of employees believed their organisation was not committed and resourced to make changes to promote mental health and wellbeing, and almost three quarters of employees were neutral regarding their agency's commitment to supporting people with mental health conditions.

Seeking support

- More than a third of employees felt that they needed support in the previous 12 months. 3 out of 4 of those employees then sought support or treatment.
- Approximately half of employees (47%) who received support or treatment felt they received sufficient support for their needs (comparable with the general population at 45%).
- The most commonly accessed type of support by employees was formal or informal debriefings with a manager or work colleagues (38%).

Workers compensation

- About 14% of employees had made a workers' compensation claim as a result of trauma, stress or a mental health condition sustained during workplace duties.

Former employees

- Almost 1 in 4 former employees (23%) had probable PTSD, 23% had high psychological distress and 19% had very high psychological distress.


Overview

Answering the Call examined factors that affect the mental health of employees, volunteers and former employees in the police and emergency services. This included personal and workplace factors associated with mental health and wellbeing, stigma and support seeking, experiences of the workers' compensation system, and experiences of former employees after they left the service.

Police and emergency services agencies were found to be among the highest risk organisations for exposure to traumatic events and the development of high psychological distress, PTSD and related mental health conditions. The findings highlight factors that impact on the mental health and wellbeing of personnel in the police and emergency services sector that need to be addressed. This includes supporting the development of mentally healthy workplaces for all employees and volunteers, as well as more effectively supporting personnel for their mental health and wellbeing.

Over recent years, police and emergency services agencies have noticeably increased activities to support the mental health and wellbeing of their personnel. It is acknowledged that all police and emergency services agencies have policies and programs that address mental health and wellbeing and provide a range of beneficial supports to their staff and volunteers. However, the survey results have highlighted areas where there are opportunities to improve the management of risk in the workplace and to enhance the support provided to personnel when they need it.

The full report, including recommendations, can be found at <https://www.beyondblue.org.au/about-us/about-our-work/workplace-mental-health/pes-program/national-mental-health-and-wellbeing-study-of-police-and-emergency-services>



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The role of paramedics in palliative care

by Susan Gravier and Andrew Noble

Increasingly, paramedics are being called on to manage chronic and complex health needs, including symptom relief for people receiving palliative care and/or at the end of life.

Palliative care provides a support system for people living with a life-limiting condition to live as actively as possible for as long as possible. The World Health Organization defines palliative care as an approach to care that supports the physical, emotional, social and spiritual needs of a person with a life-limiting illness – a definition adopted by the Australian Government National Palliative Care Strategy and Palliative Care Australia.¹⁻³ Palliative care supports people with a life-limiting condition as their capacity for normal functioning deteriorates and their quality of life and that of their family and carers is affected. Essentially the treatment goal moves from curative to comfort measures. Sometimes these measures

can still be quite active, such as tumour reducing surgery or radiotherapy, at other times it focusses on support for emotional, social and spiritual needs.

Older people approaching their natural end of life (with or without chronic conditions) may also benefit from palliative care provided by a multidisciplinary team that is likely to include paramedics. Although their conditions may not be life limiting, their state of health may be such that they require urgent symptom management and are likely to die in the foreseeable future. The increasing numbers of very old Australians will see this cohort grow over time.



Life-limiting conditions can affect people of any age. Trajectories of these conditions vary from a rapid death to a slow progressive deterioration over many years. Cancer is a commonly recognised life-limiting condition, but there are others including many common chronic conditions such as dementia, cardiovascular disease, neurodegenerative diseases, and advanced stages of respiratory, kidney and liver disease. The symptoms of palliative conditions are also frequently underestimated. As well as the widely recognised issue of pain control, other symptoms commonly encountered in paramedic interventions include respiratory distress, excess respiratory secretions, nausea, delirium and agitation. Palliative care may be required either throughout the course of a condition,

intermittently, or towards the end of life. Similarly, the involvement of allied health professionals will vary depending on individual need.

As illustrated in the Case Studies, the complex nature of the person's needs will often require paramedics to work with different agencies, health professionals and families to meet patient preferences when providing care. Like Frank and Kathy, many people receiving palliative care at home wish to be cared for and to die at home. However, ambulances may be called despite advanced care planning that expresses these preferences, the involvement of palliative care teams and a desire to avoid hospital admission. In these situations, the actions and decision-making capacity of paramedics can influence where and how a person may die and if their wishes are upheld.

Paramedics can be involved in the care of a palliative patient, particularly in the case of sudden deterioration or imminent death, an incident such as a fall or injury, or transportation from one site of care to another. Intensifying needs of care and unexpected symptom exacerbations can distress families and carers. When 'regular care services are not immediately available, paramedics may be called to provide care or to transport the person to hospital. As illustrated in both case studies, they may also need to train family to provide care such as pain relief so that the person is able to remain at home.

Commonly, paramedics assess and treat symptoms associated with advanced disease such as pain, nausea and vomiting, constipation, dehydration, confusion, weakness. While all Australian ambulance services have guidelines that address pain and nausea, not all have guidelines to assist in accurate assessment and management of some of the other palliative symptoms previously outlined.

Hospital admission may be appropriate for people whose needs cannot be met at home or for treatable/reversible symptoms. However, with an increasing focus on out-of-hospital palliative care, there has been a need for ambulance services around Australia to develop specialised roles. For example, Extended Care Paramedics (ECPs) or Community Care Paramedics who have additional training and equipment for servicing community palliative care needs.

The Case Studies presented here illustrate how paramedics with an understanding of palliative care can help a person to remain in the place or community, according to their wishes, where they feel they belong. Enhancing their quality of life and dignity and that of their families. Deciding what is the best approach to providing

palliative care and support will depend on the individual's situation and any legally binding anticipatory directives. Keeping up with new treatments, evidence, and best practice allows us as a profession to optimise care for each person. Ongoing professional development and education can provide the confidence and understanding required to work with people in whatever care setting as they approach the end of life.

The role of paramedics in supporting older people is increasingly being recognised, and opportunities for the provision of services and innovative approaches to care are increasing as the Australian population ages.

Case study 1

Frank, an elderly man with advanced asbestosis was living at home, cared for by his daughter Anne. Late in the evening, he developed some haemoptysis and increased pain. He was adamant that he did not want to go to hospital. Anne contacted the palliative care agency managing Frank's care but since they did not have after-hours home visit capacity, they called for an ECP to attend and assess. In consultation with the on-call palliative care specialist, a plan was formulated. The level of background analgesia was increased, as were the breakthrough doses of analgesia. Additionally, the ECP sourced tranexamic acid from a hospital by arrangement with the palliative care specialist so that this drug therapy could be initiated immediately. The result was that Frank was made comfortable and his wish to stay at home was accommodated, while Anne was reassured and further educated about caring for her father.

The close collaborative relationship between this ambulance ECP team specialising in palliative care and the palliative care services meant that Frank could receive a higher level of care while remaining out of hospital.

Case study 2

Kathy is a middle-aged woman recently diagnosed with late stage cancer of the gall bladder with liver metastases. Her goal was to remain at home with her husband and two teenage children. Having just enrolled in a palliative specialist service, Kathy had received only one home visit, which resulted in the prescription of oral pain medication. A sudden deterioration in her condition one weekend meant that she was unable to swallow her oral

medication. The palliative service did not have weekend home visit capacity so an ECP was called to assess and treat. In consultation with the on-call palliative care specialist, a subcutaneous line was inserted, and Kathy was successfully transitioned from oral to continuous parenteral analgesia with a pump. Additional breakthrough analgesia was provided to manage her pain crisis. The ECP team taught Kathy's husband, Dave, about PRN analgesia administration via the sub-cut line and several pre-prepared doses were left with the family should they be required for breakthrough pain.

About the authors

Susan Gravier is a Research Associate with CareSearch at Flinders University. Susan trained as a physiotherapist in Adelaide and has worked in regional Victoria, Canada and Hong Kong. Having worked on healthy ageing and active ageing projects for many years, she is now a researcher in palliative care. CareSearch and palliAGED are Commonwealth Government-funded online resources that pull together and consolidate evidence-based information and resources into accessible language and formats. CareSearch provides evidence-based palliative care information across the lifespan and across the health system; palliAGED provides that information for the aged care sector. Susan is currently leading the allied health component of the CareSearch and palliAGED Engagement Project.

Andrew Noble is an Extended Care Paramedic Clinical Team Leader who has worked for SA Ambulance Service (SAAS) for the past 22 years. He has also worked as a rescue paramedic in central Australia and the Solomon Islands. He is a Clinical Lecturer at Flinders University in the School of Paramedic Science. As well as working as an ECP, Andrew coordinates training of SAAS ECPs and has an interest in the developing role of paramedics in the field of safe ED avoidance.

The CareSearch Blog: 'Palliative Perspectives', which includes 'Understanding palliative care' can be found at: www.caresearch.com.au/caresearch/TabId/3781/ArtMid/6000/ArticleID/305/Understanding-palliative-care-and-why-it-matters.aspx

Resources for allied health professionals, including information to support your clinical practice; clinical evidence; education; resources and research can be found at www.caresearch.com.au/caresearch/tabid/80/Default.aspx

Information about the CareSearch and palliAGED Engagement Project can be found at www.caresearch.com.au/EngagementProject

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2. <http://www.health.gov.au/internet/main/publishing.nsf/Content/Palliative%20Care-1#pcs>
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"I want to further myself clinically to the best of my capability. I want to be involved in things like aeromedical retrieval, search and rescues."

— Michael Dixon, CQUni Graduate

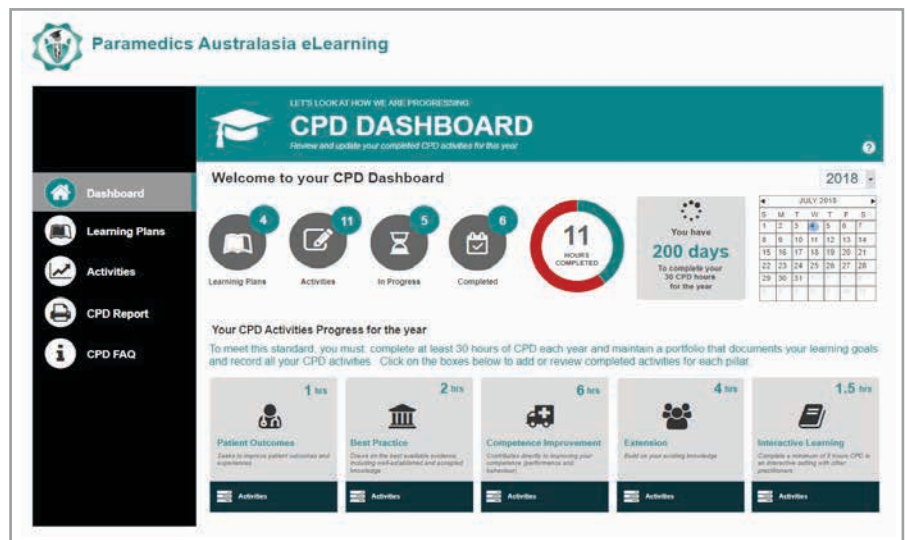
Have you started your CPD Portfolio?

PA's custom-built personal CPD portfolio for members is integrated within our eLearning platform. This member-only portfolio service has been created to specifically meet the Australian Health Practitioner Regulation Agency (AHPRA) CPD Registration Standard.

The CPD Portfolio offers a personal storage platform to record CPD activities for annual registration renewal (and in the event of an AHPRA audit). And it's free to members!

The Paramedicine Board of Australia's minimum CPD requirement applies to all registered paramedics (except those with student or non-practising registration). To meet this standard, paramedics are required to:

1. Complete at least 30 hours of CPD each year that:
 - (a) seeks to improve patient outcomes and experiences
 - (b) draws on the best available evidence, including well-established and accepted knowledge that is supported by research where possible, to inform good practice and decision-making
 - (c) contributes directly to improving your competence (performance and behaviour) and keeping you up-to-date in your chosen scope and setting of practice



- (d) builds on your existing knowledge, and
- (e) includes a minimum of eight hours CPD in an interactive setting with other practitioners.

2. Maintain a portfolio that documents your learning goals, records all your planned CPD activities, your reflection on how these CPD activities have or are expected to improve your practice and evidence of having completed these activities.

Our eLearning platform provides so many opportunities for members to meet these requirements, and maintain a secure history of their CPD activities.

So have you started your personal CPD Portfolio? It's simple, log in using your PA membership number and password at: <https://elearning.paramedics.org/moodle/>

Got questions? Email PA's eLearning Manager Ally Batucan at: ally.batucan@paramedics.org

Farewells and honours

New Practitioner Award

Congratulations to St John Ambulance Northern Territory paramedic Olivia Engeler, who received the 2017 New Practitioner Award sponsored by our Northern Territory Chapter.



Newly appointed

Congratulations also go to Alan Eade, past Vice-President of Paramedics Australasia and Chief Paramedic Officer at Safer Care Victoria who was recently appointed to the position of Adjunct Associate Professor in the Department of Community Emergency Health and Paramedic Practice at Monash University. The Department is a world leader in paramedic education and research led by paramedics.



A fond farewell

Ambulance Victoria recently farewelled paramedic Georgie Hall. Georgie, who was the Sunshine Senior Team Manager and one of Ambulance Victoria's first ever-female paramedics, retired earlier this month after 30 years in the service. Georgie was one of the first women in Victoria to be admitted to the paramedic training program, which was only open to men up until 1988! All the best in your retirement Georgie.



A great honour

At PAIC 2018, we honoured Malcolm McDonald Esq OAM, FPA for his outstanding contribution to managing our original CPD Program. Before national registration and the mandatory CPD quota for paramedics, PA provided an opportunity for members to voluntarily undertake annual CPD for their own personal and professional development goals. Malcolm single-handedly managed the program, assessing annual progress reports for members and providing accreditation.

With the new era of paramedicine and the development of an online eLearning site to enable members to obtain the mandated 20 hours of CPD activity annually, Malcolm took the opportunity to retire and handed over the reigns to Ally Butacan, our eLearning coordinator, and PA's team of staff.

Malcolm was presented with a special gift from PA at the PAIC 2018 conference on the Gold Coast in the form of handmade silver cufflinks bearing his initials. Cufflinks have been bestowed to a very small number of PA members (at the discretion of the Board), over the past 5 years, including retiring presidents. The cufflinks were crafted by the Flynn brothers of country Victoria, silversmiths whose work resides in Buckingham Palace, the Whitehouse, the Vatican and now with Malcolm in Queensland.

A retired executive of Queensland Ambulance Service, Malcolm has left an outstanding legacy in the CPD role with PA and we hope that he now has more time to devote to his passions of research and writing and supporting his beloved Clan Donald. Malcolm is pictured here with his grandson, showing off the cuff links.



New PA partnership – competitive private health insurance for members

Navigating private health insurance is a minefield for many of us, and one of the costliest annual expenses for individuals and families. It can be difficult to accurately compare products and benefits across the many health insurance plans on offer, and sometimes impossible to compare ‘apples with apples’.

However, with the government’s private health insurance reforms coming into effect in April this year, the following key changes will make it easier for consumers to compare like-for-like products:

- Private hospital insurance will be categorised under a new tiered system as either ‘Gold’, ‘Silver’, ‘Bronze’ or ‘Basic’ – and a new standardised list of 37 ‘clinical categories’ will define the minimum standards for services to be covered under each tier. Insurers have until April 2020 to transition to this new system but many will start from 1 April this year
- Hospital policies will be renamed to include the words: Gold, Silver, Bronze, or Basic, based on the category they belong to. Although this will make it easier to compare like-for-like products, it’s important to understand that belonging to the same category tier only sets a minimum standard, so consumers still need to take care to understand the benefits of individual policies when shopping around
- Extras cover will not be categorised at this point in time, so will be required to change any naming convention that involves ‘precious metals’ that could make it seem like it is
- Some natural therapy treatments, such as naturopathy, homeopathy and aromatherapy, will no longer qualify for health insurance benefits under the reforms
- You can expect to see an upgrade to the privatehealth.gov.au website, coupled with an increase in powers and resources for the Private Health Insurance Ombudsman
- Standard Information Statements (SIS) will take on a new format and be renamed as the Private Health Insurance Statements (PHIS) to make comparing policies easier.

With these changes in mind, PA has identified an opportunity to offer a highly competitive and reputable private health insurance product to members and their families. Our partnership with Emergency Services Health will enable us to offer genuine Gold category private health cover with some unique benefits. Emergency Services Health has a strong reputation and track record and as a not-for-profit member-only organisation, shares common values with Paramedics Australasia.

About Emergency Services Health

- Designed for emergency service families: They understand our unique health issues and have tailored their insurance to suit.
- Backed by Police Health, who have a 98% member satisfaction rating.¹
- Value for money: When you compare apples with apples, Emergency Services Health premiums are usually lower than those of other insurers.²
- Generous benefits: Emergency Services Health pay 80 percent of the service fee on most extras claims.³

- Gold Standard Hospital Cover: Emergency Services Health Hospital Cover is Gold standard, with no exclusions, co-payments or excess.*
- Rollover unused benefits: Emergency Services Health provides a Rollover Benefit, which means that for many extras services any unused annual maximum benefit not claimed during one calendar year can be rolled over to the following year.*
- Choose who treats you and where: Emergency Services Health gives you the freedom to choose your preferred hospital, doctor and any other service provider.⁴
- 100% Ambulance Cover included as standard: for emergency transport, clinically required non-emergency transport and treatment not requiring transport.*
- Hassle-free claiming: Emergency Services Health members can easily make claims using a mobile app, or by swiping their membership card at most providers.
- Not-for-profit and members own: Members are the top priority, there’s no shareholders or overseas owners.

The Paramedics Australasia/Emergency Services Health Private Health Cover will be launched in March 2019. Stay tuned for further information on this great member opportunity.

¹ hirmaa member satisfaction survey 2017

² Do a benefit comparison and see for yourself

³ Waiting periods and other conditions apply

⁴ Provided they are recognised by us

Working towards achieving balance

by Robyn Smith, CEO, Paramedics Australasia

Being a board director is one of the most rewarding, challenging and personal-growth experiences an individual can undertake. It is also a role that can't be entered into lightly.

The Board Directors of Paramedics Australasia have a wide range of responsibilities and roles that are captured in our current Constitution, and ultimately there is a significant duty of care that is regulated by the Australian Securities and Investments Commission.

To assist in what can be a steep learning curve, directors new to the PA Board are provided with an induction package of information and resources, and access to governance information to ensure their obligations are understood. Longer-standing PA Board Directors also play an important role in mentoring new PA Board Directors, with the President and CEO the driving force behind governance and compliance.

Given the wide-reaching responsibilities and governance, why would a member of Paramedics Australasia aspire to be a PA Board Director? Being a Board Director provides experiential opportunities and enables the individual to learn a range of skills that they may not experience in their current job, including corporate finances, communications, advocacy, and board and meeting protocols. Networking opportunities are increased for board directors as they not only engage and exchange knowledge with fellow directors, there are also opportunities for increased communication with the broader paramedic community throughout Australasia.

Being a board director is a highly regarded statement of achievement to include in your personal résumé, and

shows a commitment to make a difference to paramedicine and your professional organisation by contributing to policy development and organisational direction.

In order that our Board is fully informed of its obligations, keeps abreast of trends and best practice, PA communicates regularly with the professional organisations focussed on supporting and providing resources for not-for-profit, professional and industry member organisations.

In a recently released 2018 survey conducted by the Associations Forum, we observed some interesting trends in the governance of not-for-profit and member-focussed boards.

Key findings

- The long-term trend towards smaller boards continues with the average number of directors dropping to 9.34.
- There is a continuation of the trend towards improving board performance through increased budgets for board governance training and performance reviews.
- There is a trend towards improving governance structures following regular constitutional reviews.
- Gender balance on not-for-profit boards continues to increase, with 39.5% of directors in 2018 being women.

Balance and diversity on the PA Board of Directors

The topic of skills balance on the PA Board of Directors is regularly addressed and our current Constitution ensures a balance of directors who are both paramedics and non-paramedics. This enables a mix of skills and knowledge from within the paramedic community and in the external business community. However, our current Constitution does not specifically address gender balance on the Board, nor does PA currently have a policy concerning this.

A number of women have been elected to the role of PA Board Director and have contributed significantly to the organisation over the past 10 years or so. These directors have included Helen Eyles, Simone Haigh (current Vice-President), Bronwyn Tunnage (now serving a second term as a PA Board Director) and Sharon Duthie. However, with only two female directors on the Board at present out of a total of 12 directors, we are still falling significantly behind the average of 39.5% female directors on not-for-profit boards, 30% female directors on ASX top 100 boards and 45.8% female directors on Australian government boards.

At a recent PA Committee of Management meeting attended by Chapter Chairs, the SPA Chair, the PA President, Treasurer and staff, the topic of gender balance on the PA Board was addressed. It was fully agreed that there is a general imbalance of female and male directors on company boards in Australia and that PA is clearly trailing in comparison to many of the averages (as

described above), particularly as it is estimated that over 45% of the paramedic workforce comprises women.

“ The question that isn’t so easily answered relates to whether mandatory quotas for female inclusion on the PA Board is the most appropriate course of action ”

The question that isn’t so easily answered relates to whether mandatory quotas for female inclusion on the PA Board is the most appropriate course of action, or whether there are other non-interventional strategies we could undertake to enhance opportunities for female paramedics to seek a directorship on the PA Board.

There are numerous studies on what is the correct number, or ‘quota’, of women on a corporate board that affects real change. A general thought is that having three women on a corporate board has been found to be the ‘tipping point’ for effective board gender balance.

The current PA Board of Directors will be looking to develop a policy on Board Director Gender Balance in coming meetings and we welcome input from members who may have a viewpoint on this subject to help us reflect best practice for the organisation. Input or comment is invited by mid-March 2019. Please email your views to robyn.smith@paramedics.org



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WREST POINT

Photo credit: Roger Wong

Changing our perspectives

by Brittany Shaw, SPA State Representative, Qld

How many cannulas have you made? As a student, this question is asked of us hundreds of times throughout our studies. Never by our mentors or our lecturers. Never by our patients. But by our peers. Something happens as soon as we get signed off on that one skill that changes the way our reputation as a student is developed... well among our peers anyway.

Ten successful cannulas out of 10 attempts is deemed to be the gold standard; if you utter the word 'unsuccessful' there is a sudden need to justify why. Your pulse races as you scramble to find the words and reasons that will make the unsuccessful cannula not count against you. Every failed attempt follows you around every shift and every class. Every successful attempt gets worn as a badge of honour. Any student who says they didn't miss a cannula on placement is put on a pedestal. There is no adjustment for the criticality of the patient – you could have been upside down, in a car, in the rain, attempting a cannula on a patient who was hypovolaemic with their blood pressure in their boots and that unsuccessful cannula will be attached to you for the rest of your degree. The reward comes from being successful at the skill, not in having the courage to attempt it.

I have had 20 mentors throughout my various placements and not one has asked for my cannulation rate. They are more concerned with whether my technique is correct, or if I have the clinical judgement for knowing when and when not to cannulate. Whether I asked for feedback or did I try to get in the practice room as much as possible to solidify my muscle memory? As students we are still learning and practising our craft. So why do we, as students, place so much weight on this rate?

My cannulation streak isn't perfect, but does this make me a bad student? Being a good student or a good paramedic can't be measured in numbers. Not the number of cannulas or LMAs you've inserted, or the number of cardiac arrests where return of circulation has been suc-

cessful. It is measured in the difference that you make to someone's life.

The patients on the other side of our treatment aren't concerned if you need to check your protocols before administering a drug or if you need to ask for advice about which oxygen mask might best suit their needs. They care about how we make them feel and how we communicate with them. Do we make them feel heard and respected? Do we acknowledge their fears and respond appropriately? That's what they remember six weeks, months and years down the track.

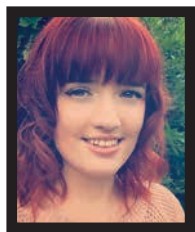
“ We need to start changing our perspectives as students to make sure we don't hold our standards against a single fine motor skill ”

Now don't get me wrong, our clinical skills are important, but we need to start changing our perspectives as students to make sure we don't hold our standards against a single fine motor skill. No student walks in on day one and interprets an ECG perfectly in less than a minute – we spend months developing this skill and will still be developing it after we graduate. When expectations of 'perfect scores' are placed on students they stop trying to challenge themselves for fear of failure. If the weight of peer expectations is heavier than your belief in the skill's success you have already set yourself up for failure.

Every attempt at a skill is a chance to learn and develop as a student. Every time we sit and chat with a patient, every time we go outside our comfort zone and push ourselves is a chance to become a better clinician. An unsuccessful attempt isn't a failure – not learning from it is.

So, go practise in the simulation rooms, watch how more experienced staff present themselves to their patients, push yourself to remember the non-clinical aspects, live and learn your clinical skills... but never forget that superb clinical skills are only one part of the job.

Meet the 2019 SPA Executive Committee



Carolyn (Penny) Pearson
Convenor

I have recently completed the Bachelor of Nursing/Bachelor of Paramedicine at Australian Catholic University in Canberra. This year I look forward to completing my graduate year while serving as the SPA Convenor. This is my second year on the SPA Executive Committee, following three years on my local student paramedic committee. I will be working closely with Co-Chairs Lewis and Dasha, and Secretary Renee to achieve our aspirations for 2019. I have had an amazing student experience filled with outstanding opportunities and I love creating similar opportunities for students to prepare them for their future paramedic careers. I am passionate about expanding the role of paramedics in the community and continuing research.

Carolyn.Pearson@studentparamedic.org.au



Lewis Jones
Co-Chair State Support

I'm currently studying at Western Sydney University going into my final year and second year on the SPA Executive Committee. My previous tenures on the SPA and WSSPA committees were challenging and fun, during said tenures I ran several social events, multiple CPD nights and hosted a couple of conferences. I previously studied certificate 3 and 4 in fitness, and currently work in aviation. I'm incredibly excited to have stepped up into a leadership role on the SPA team. We're looking forward to bringing many events, bits of knowledge and smiles to many people this year.

Lewis.Jones@studentparamedic.org.au
Twitter @jonezy911



Daria (Dasha) Budarina
Co-Chair Programs

I have recently graduated with a Bachelor of Paramedic Science from Flinders University and will commence my paramedic internship with SA Ambulance Service in February. This is my second year on the SPA Executive Committee and I am looking forward to incorporating everything I learnt last year. I will be responsible for organising SPAIC19, as well as other events, with the help of my amazing team. I look forward to organising an amazing conference and ensure the success of our endeavours.

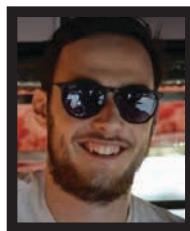
Daria.Budarina@studentparamedic.org.au
Twitter @budarinadasha



Renee Guesnon
Secretary

In 2019 I will be completing my final year of study at Australian Catholic University in Canberra. I grew up in remote Australia, where I spent my earlier years in Kununurra and then finished my later schooling in Darwin. I am very excited to hold the position of Secretary for the 2019 committee and look forward to the challenge of making it the most memorable year yet.

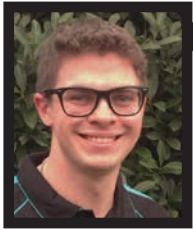
Renee.Guesnon@studentparamedic.org.au



Michael Adler
Online Editor (Web & Social Media)

I am a recent graduate from the Bachelor of Paramedic Science at Flinders University. This will be my second year on the SPA Executive Committee and I am thrilled to be appointed to the position of Online Editor. Having run PR within FUSPA through my studies and taking on the SPA PR last year, I aim to take what I have learnt and expand on SPA's online presence within our website, Facebook, Twitter, Instagram and other online platforms. Specifically, I am interested in involving local societies in which they can use SPA to be at the forefront of promotional material of CPD events and activities in their local area. Don't hesitate to contact me regarding anything social media; I am just a click away!

Michael.Adler@studentparamedic.org.au
Twitter @Michael_Adler



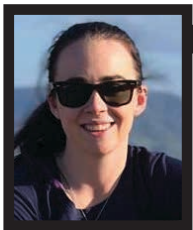
Dan Phillips

Publications

A graduate of Charles Sturt University's Bachelor of Clinical Practice (Paramedic) degree in 2018 and the incumbent SPA Publications Officer, I'm excited to be returning to the role for 2019. I have a keen interest in regional and remote pre-hospital care, as well as promoting paramedic students in research. I am the co-founder of the annual student-led 'Dare to Know' conference in Bathurst, of which I returned as a co-organiser and MC for the event in 2018. In my first year in the role of Publications for SPA, I was proud to work with an exceptional committee to bring regular updates on the work of students throughout the year. I am excited to continue in this role for another year with another quality committee.

I am always looking for new material to publish, so if there are any paramedic students who want to show off their work, don't be afraid to contact your state's SPA Coordinator or myself.

Daniel.Phillips@studentparamedic.org.au
Twitter @Dan_Phillips95



Brittany Shaw

Australasian Coordinator, Qld

I'm currently study my Bachelor of Paramedic Science through CQUniversity's distance program. This will be my second year as the Queensland Rep and I am excited to keep pushing the boundaries with what we can accomplish. My personal goal for this year is to achieve 10 things I previously thought I would never do, and hopefully this can translate into some of the massive CPD events Queensland will be hosting.

Brittany.Shaw@studentparamedic.org.au
Twitter @brittshaw94



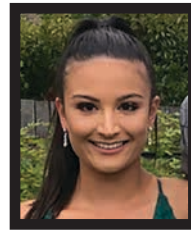
Nateisha Allison

Australasian Coordinator, NSW

I am currently studying a Bachelor of Health Science (Paramedicine) at Western Sydney University, where I am going into my final year of study. This is my first year on the SPA Executive Committee and I look forward to taking on the role of New South Wales Coordinator, where I hope to bring the NSW universities closer together. My personal goal for this year is to organise my first CPD event where I hope that students from

different universities will attend. I am excited for my first year on the SPA Committee and cannot wait to work with the great team.

Nateisha.Allison@studentparamedic.org.au

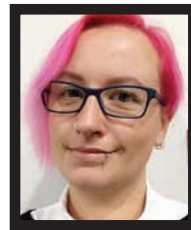


Ashleigh Goodwin

Australasian Coordinator, ACT

I am in my fourth and final year of the Bachelor of Nursing/Bachelor of Paramedicine at Australian Catholic University in Canberra. I am the Vice-President for my local student paramedic society in Canberra, which is known as SPA Canberra-Spartacus. I am very excited to be appointed to the role of ACT Coordinator, as I strive to provide members and students with professional development activities to develop their clinical knowledge and skills. I cannot wait to see what the ACT can accomplish over the next 12 months.

Ashleigh.Goodwin@studentparamedic.org.au

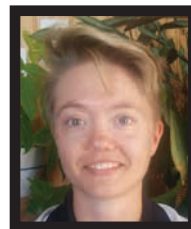


Christie Ryan

Australasian Coordinator, Vic

I am a recent graduate of the Bachelor Health Science Paramedicine degree at Victoria University. I've previously served as both president of VUSPA and been an appointed representative on the PA Victoria Committee. My favourite events are the yearly conferences and I look forward to attending my fourth SPA-IC and third PAIC in 2019. I'm very excited to be reprising the role of Victorian Coordinator for a second year, liaising with the Victorian society presidents to further support the clinical, education and networking of our future paramedics.

Christie.Ryan@studentparamedic.org.au
Twitter @malicemadden



Rachel Lewandowsky

Australasian Coordinator, Tas

I am in my second year of a Bachelor of Paramedic Practice at University of Tasmania. Before this I completed an honours degree in science, majoring in zoology, and I love that paramedicine is a chance to build on my knowledge of biology and apply it practically! As the Tasmanian Representative, I look forward to supporting the professional development of my fellow students and building connections between first and second year students in Tasmania, and with students in other

states. This is an exciting time to be studying paramedicine, as the sector professionalises and paramedics become recognised as clinicians with the opportunity for career-long learning and professional development.

Rachel.Lewandowsky@studentparamedic.org.au



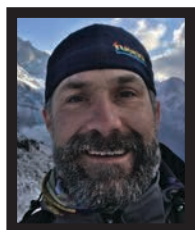
Nicola (Nikki) Rees

Australasian Coordinator, NZ

I'm in my third year of the Bachelor of Health Science majoring in paramedicine. I currently work in clinical research and volunteer for St John Ambulance Service. I'm still recovering from

being a part of (an amazing yet traumatising) Fernosim at SPAIC2018, and I'm hoping this year will bring even bigger and better knowledge, experience and learnings for New Zealand (and Australian) students. Studying paramedicine opens so many doors, and I think exciting times are ahead.

Nicola.Rees@studentparamedic.org.au



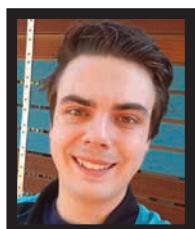
Stafford Wulff

Australasian Coordinator, SA

I am based in Adelaide and studying Paramedic Science at Flinders University for the fifth (and hopefully) final year. I have been on the FUSPA Committee for four years, including as President last

year. This year, I have the honour of being the SA Coordinator. Outside of PA life and uni I work on road for SAAS as an ambulance officer, teach wilderness first aid and get to play at being an overseas guide for leadership programs. Being part of SPA for the first time in 2019 allows me to continue my commitment to my fellow students to enhance the learning and understanding of their future career as a paramedic while making it fun and engaging.

Stafford.Wulff@studentparamedic.org.au



Joshua Johnson

Australasian Coordinator, WA

I am returning for the second year as the SPA Western Australian Coordinator. I am now in my third year of study in Paramedical Science at Edith Cowan University. I look forward to providing

support and further development opportunities for our future paramedics, as well as sharing what I've learned over the course of my time at university and with SPA. I have been a volunteer country ambulance officer since mid-2016 and

have a strong passion for community engagement, a value I am eager to continue to employ in my role with SPA. 2018 proved to be a great year that was topped off with a fantastic conference hosted by the SPA committee and I can't wait to see what 2019 has in store.

Joshua.Johnson@studentparamedic.org.au



Esther Sands

Conference Committee

I have recently completed my Bachelor of Paramedicine at Australian Catholic University in Brisbane. Last year I attended my very first SPA conference and benefited from various learning oppor-

tunities and made many connections. I have a strong passion to help those around me grow in their own skills and professional development. This will be my first year on the Conference Committee. I am thrilled to be a part of the SPA team for 2019 and help organise what I hope to be a positive experience for all those attending.

Esther.Sands@studentparamedic.org.au



Sophie Ducker

Conference Committee

I'm a recent graduate from Auckland University of Technology in New Zealand. This is my second year with the SPA team and my first year on the Conference Committee. I'm looking forward

to working alongside the other conference committee members to bring some awesome SPA events and, of course, celebrating appropriately at the social events! I can't wait to see what this year has in store for our committee – bring on SPAIC19!

Sophie.Ducker@studentparamedic.org.au

Twitter @Sophie_Ducker



Benjamin Schloss

Conference Committee

I completed my degree with Flinders University in Adelaide in 2018 and am awaiting job offers from the services. Born and bred in Victoria, but have been enjoying living in Adelaide for the past five years. I'm excited to be joining the SPA Conference Committee and to be a part of such a great event.

Benjamin.Schloss@studentparamedic.org.au

The WASP review



by Joshua Johnson, SPA State Coordinator, WA



2019 WASP team

2018 was a big year for the WA Student Paramedics (WASP). It started off with the usual flurry of open days and social events to get the study year back into swing. Social barbeques and rock-climbing sessions were organised so that everyone could get to know their new committee and share ideas for the year ahead.

The first CPD session was run by Safety Direct Solutions and focussed on the extraction of a difficult patient. The night included station-based



Extrication CPD

scenarios such as confined spaces, road crash rescue, CPR on the move and vertical lifts. The event was a great way for students to get hands-on learning in an environment vastly different to lecture rooms, and was so popular it resulted in another session in semester two.

In semester one, WASP worked closely with the WA Department of Emergency Services to organise a mass casualty event in an old theme park. The exercise yielded over 100 live patients and 250 emergency service workers and volunteers, including the local Fire and Rescue Service, the State Emergency Service and fully equipped incident management teams from the State Wide Operational Response Division. The weather on the night was less than desirable but student medics pushed through and learnt a lot about interagency cooperation and large-scale emergencies.

For the first event in semester two, WASP teamed up with SPA to present a career trajectory series. Topics included a future of paramedicine lecture to educate students on the multiple career options in both the public and private healthcare sectors. To get the graduating third-years ready there was a live interview panel involving industry professionals who provided feedback on students' ré-

sumés and performance.

Adding some fun to the year, WASP held a quiz night to challenge students on a different level. Thanks to the sponsors on the night, there were some great prizes to give away.

Talis got involved to run year-specific workshops that allowed students to focus on their developing skills and team up to help build confidence in their new skills. First-year students got hands-on with extricating and patient movement; second-year students focussed on cannulation and IV access, including the importance of aseptic techniques; and third-year students gained further in-depth skills in de-escalation and challenging behaviour management.

The year finished off with an unforgettable graduation cocktail party to farewell our graduating students of 2019. WASP had an excellent year working together, and we wish all students a successful 2019.



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Selected abstracts

The following abstracts are from the Australasian Journal of Paramedicine, Volume 16, 2019 (available online February). The AJP now employs 'continuous publishing', so check out the AJP dedicated website regularly for new articles relating to pre-hospital and paramedic education research: <https://ajp.paramedics.org>

Agreement between student paramedics when measuring blood pressure

Amelia Hutchins, Amanda Te Momo, Linda Tran, Liz Thyer, Paul Simpson

Introduction

Blood pressure (BP) measurement is a core vital sign used by paramedics during patient examination. Throughout the pre-hospital phase of the patient journey, several paramedics at multiple time-points may measure the BP of a single patient. An understanding of agreement in measurement of BP between paramedics may inform the reliability of serial vital signs and trends arising subsequently. The aims of this study were to assess agreement in BP when measured by student paramedics on healthy volunteers, and to validate teaching methods in an undergraduate paramedicine program.



Methods

A prospective observational design was used to investigate agreement between student paramedics. Pairs of students simultaneously auscultated BP using a dual-head stethoscope, resulting in 40 pairs of systolic and diastolic measurements. Differences in measurements were assessed using paired T-tests. Agreement was assessed using Bland Altman plot analysis and intra-class correlation (ICC).

Results

There were no significant differences between measurements for SBP (-1.1 mmHg, 95% CI -3.77–1.57; $p=0.41$) or DBP (1 mmHg, 95% CI -1.67–3.67; $p=0.45$). Regarding agreement, Bland Altman analysis showed a mean difference of 1.1 mmHg (95% limits of agreement -17.44–15.24) and 1 mmHg (95% limits of agreement -15.11–17.12) for SBP and DBP, respectively. ICC agreement was excellent for SBP (ICC 0.92; 95% CI 0.85–0.96) and good for DBP (ICC 0.82; 95% CI 0.65–0.90).

Conclusion

This study of student paramedic measurement of BP indicates there are high levels of agreement when measured concurrently by pairs of students, and validates the teaching methods used at the host university program.

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Registered paramedics, insurance and first aid – looking for coherence in law

Michael Eburn

This article challenges the view that professional indemnity insurance is required when paramedics provide first aid at an unexpected accident or medical emergency while not at work. It is argued that an interpretation of 'practice' that includes emergency first aid would be inconsistent with the policy of the law reflected in 'Good Samaritan' legislation and would be contrary to the public interest.

The provisions of the Registration Standard 'Professional Indemnity Insurance' are linked to judicial decisions on what it means to practise a profession to demonstrate that an interpretation of 'practise' that excludes first aid is consistent with the law. The Paramedicine Board of Australia and the Australian Health Practitioner Regulation Agency should give a clear statement that providing first aid at an unexpected health emergency is not and will not be considered professional practice by an off-duty registered health professional who is at the scene of the emergency, simply by coincidence.

The incidence of anxiety among paramedic students

Howard Landon Wills, Elizabeth Ann Asbury

Introduction

Summative assessments are an established form of assessing student performance, knowledge and ability against learning outcomes. The impact of anxiety on paramedic student success is not well understood but may adversely affect student outcomes. The aim of this study was to explore the origins and incidence of anxiety among paramedic students.

Methods

Distance and campus-based students from all three years of the Bachelor of Health Science (Paramedicine) program at Whitireia New Zealand were approached to participate in this study. A mixed method data collection was used. Participants completed an online survey including the Westside Test Anxiety Scale (WTAS), program-specific



questions and free response section to garner qualitative data. Quantitative data was analysed using descriptive statistics and t-tests, qualitative data was the subject of thematic analysis.

Results

One hundred and seventeen paramedic students participated in the study. Participants with previous tertiary education to diploma level had significantly higher WTAS scores than those with prior degree qualification (36.72 ± 5.92 vs. 31.42 ± 7.58 , $p=0.02$). Students undertaking full-time work with part-time study had significantly higher WTAS scores than those enrolled in full-time study with part-time work (36.71 ± 7.0 vs. 32.09 ± 7.25 , $p=0.027$). Qualitative analysis identified three themes: stressors, obstacles to learning and negative experiences.

Conclusion

High levels of anxiety were identified across the student body. There were significant differences in anxiety based on previous educational achievement and between full-time and part-time students. This demonstrates that different course delivery methods and student backgrounds may impact on paramedic student anxiety.

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