

## SESSION OVERVIEWS – DAY 1

James Yates & Rob Fenwick

### **Paramedics in Advanced Practice**

What is advanced practice? Should paramedics work in these roles? What's it like to work in advanced practice? What benefits are there for wider healthcare systems?

In their signature laid back style, James and Rob will try to answer these questions, and many more. Combining research, best practice and insights from their (many) years of experience with banter and light-hearted commentary, this keynote address aims to be educational, aspirational and not too boring.

Louise Reynolds

### **Research agenda update**

A professional capability for registered paramedics is the use of evidence in making informed and reasonable clinical judgements and clinical reasoning to solve problems. In drawing on and using this knowledge, as a profession, paramedicine needs to be responsible for creating this knowledge. Already, there exists a number of academic pathways in which Australasia is a leader in paramedicine research. However, we now need to ensure that we have a sustainable and impactful agenda that sets out the guiding priorities, that fosters collaboration. Phase 1 of the agenda involved a survey of Australasian stakeholders, establishing a preliminary list of research priorities and gaining insights into the barriers and enablers of conducting paramedicine research. Phase 2 employed a systematic consensus process to select 37 research priorities across six research areas, forming the Research Agenda for Australasian Paramedicine. This agenda aims to enhance patient care and the paramedicine profession through coordinated and efficient research in Australasia.

Liz Thyer

### **Workforce survey update**

There is currently a lack of comprehensive, accurate paramedicine workforce data in Australasia. The data that is available either has a very narrow focus or is broader government data that is largely occupied with demographic information. This research aims to track the Australasian paramedicine workforce to identify trends across demographics, fields of employment, intention to upskill, intention to leave the workforce and other key variables. This National survey across Australia and New Zealand is being funded by the College and conducted by a team of researchers from Western Sydney University, Edith Cowan University and Auckland University of Technology.

Alannah Morrison

### **3 Minute Thesis: How do paramedics navigate conveyance decisions?**

This research aimed to explain how paramedics navigate conveyance decisions. Constructivist grounded theory methodology has been employed to answer this research question, well suited due to the dearth of knowledge in the substantive area. This research has identified the theme: in the absence of certainty, defer to the ED.

Greg Murphy

### **3 Minute Thesis: The patient experience of accessing community healthcare in rural NSW: addressing barriers with alternative models of primary care**

People who live in rural and remote regions face restricted access to healthcare services due to varied barriers. Currently, health equity is a vital factor driving health services, and is explored through the experiences of individuals in rural NSW. The ongoing healthcare crisis in rural NSW has primarily centred around augmenting the number of general practitioners and community nurses, yet challenges persist in securing funding, employment, and retention. A potential solution to assist rural healthcare is community paramedicine, which presents a fresh approach to primary healthcare in regional areas by leveraging the existing paramedic workforce to reach patients anywhere.

Julia Stone

### **3 Minute Thesis: Self-compassion and PTSD symptoms in paramedics**

More than one in four paramedics are suffering from a diagnosable level of post-traumatic stress disorder (PTSD) symptoms. Self-compassion is a known protective factor against PTSD in both military and civilian populations, yet whether this was also true for paramedics was unknown. This study, involving 334 paramedics, found that levels of self-compassion (how paramedics respond toward themselves during difficult times) explain unique variance in their levels of PTSD symptoms; and more specifically, “over-identification” is the key component. Since we know self-compassion levels are readily increased through even brief intervention, these findings open up exciting possibilities for prevention and treatment strategies.

Lisa Hobbs

### **3 Minute Thesis: Exploring the perceptions and experiences of Australian female paramedics through creative arts-based research**

Ambulance service culture has moved from a male dominated profession to be more inclusive of females in the workforce. During this transition, experiences of women in paramedicine have largely been unreported. This study explores the perceptions and experiences of women who have worked in the profession during the gradual feminisation of Australian paramedic culture, through creative arts-based research. The project consists of an online survey, semi-structured interviews with creative element, and researcher generated creative outputs, to explore the rich and deep experiences of women. By un-silencing female paramedics, new knowledge can be generated to fill a gap in paramedicine literature.

Dr Tim Makrides

### **Reimagining the ambulance services of the future: An evidence based redesign**

In the last twenty years, there has been a substantial rise in the demands placed on modern paramedic systems. The traditional response model of deploying more ambulances to meet the increasing demand is no longer sustainable. In this presentation, we invite you on a journey through a collection of research papers that delve into novel and pioneering practices within the field of paramedicine. Our main objective is to answer a fundamental question: What does the ideal paramedic system encompass?

Tanie Stickland

### **Does parent/carer and paramedic choice for hospital destination differ in the setting of Children with Special Health Care Needs?**

One of the most notable trends in child health has been the increase in the number of Children with Special Health Care Needs (CSHCN). They are an extraordinary group of children striving to live with some of the rarest, complex, functionally limiting and life-threatening health problems. When compared to other children, CSHCN have disproportionately higher rates of ambulance usage; emergency department presentations; inter-hospital transfers and hospital admission. The primary aim of this scoping review was to determine if parent/carer and paramedic transport destination choice differs whilst also exploring factors influencing paramedic destination choice for transport of CSHCN.

Katie Tunks Leach

### **I'm not religious but thank God you're here: A mixed methods study exploring chaplains in Australian Ambulance services**

Chaplains are included in several Australian ambulance organisations, however despite evidence demonstrating strong connections between spiritual beliefs and health outcomes, little is known about their role or value. This exploratory sequential mixed methods study identified a role built on professional caring relationships, that provided proactive and reactive care in paramedic workspaces. Incorporating emotional, psychological and spiritual care, chaplaincy promoted wellbeing, reduced barriers to help-seeking and supported paramedics in accessing support. Perceived religiousness of chaplains and other organisational factors acted as barriers to paramedics using chaplaincy, however pre-existing relationships were also influential in determining whether paramedics would seek chaplain support.

Matt Ferris

### **Review of Australasian Ambulance Service Fatigue Risk Management Systems (FRMS)**

This presentation will discuss the findings from an Australasian review on the current state-of-play of Fatigue Risk Management Systems (FRMS) in ambulance services, specifically the fatigue monitoring tools, mitigation strategies and general fatigue management. The findings provide insight into existing FRMS frameworks and present opportunities to enhance fatigue management across the paramedic sector and promote collaboration between services.

Dr Brendan Shannon

### **Harnessing Global Insights for Local Action: Navigating Community Paramedicine Programs Across Borders**

This presentation aims to provide guidance on the future of community paramedicine programs in Australia. Utilising qualitative methodology using a systems-based analysis, 29 participants from seven countries were selected and provided their insights on community paramedicine program development. The result spotlight the crucial role of community involvement, strategic collaboration, and effective communication in successfully implementing and managing community paramedicine programs. By interpreting these shared international experiences and insights, we can better inform the design and implementation of community paramedicine programs in Australia, thereby influencing policy decisions and practical approaches in the community health sector.

Richard Armour

### **A retrospective cohort study of the performance of MPDS in identifying patients requiring chest compressions at overdose prevention sites**

In accordance with global recommendations for improving survival from out of hospital cardiac arrest, the provision of telephone CPR advice has been established as a standard of care for ambulance service dispatch. However, patients at overdose prevention sites may frequently present as unconscious with agonal breathing, despite not suffering a cardiac arrest and urgently needing oxygenation, ventilation, and naloxone. This retrospective cohort study of over 1.6 million patients in British Columbia, Canada, sought to examine the performance of MPDS® in identifying patients at overdose prevention sites requiring chest compressions.

Sascha Baldry

### **“It’s just frustrating...” The experiences of paramedics interacting with aged care staff: A phenomenological study**

This phenomenological study examined the experiences of paramedics interacting with aged care staff throughout the potential transfer of a resident to hospital. It aimed to analyse this interaction from an underrepresented perspective to describe the essential features of the paramedic experience of this interprofessional relationship. Our study found that paramedics have predetermined expectations of aged care staff during their interactions. In circumstances where staff fail to meet these expectations, the interaction is viewed in a negative light and this impacts on clinical decision-making and potentially on resident healthcare outcomes in this environment.

Sian Wanstall

### **The F word: Perceptions and attitudes about fatigue among Australian paramedics**

Australian paramedics experience high levels of fatigue, which is associated with poor health and safety outcomes. Understanding how paramedics perceive and experience fatigue is critical in effective fatigue management. Thirty Australian paramedics participated in a qualitative interview exploring lived experiences of fatigue; data were thematically analysed. Themes include normalisation of fatigue to cope, poor relationships between paramedics and employers related to fatigue management, and fear and stigmatisation of formally reporting fatigue. Under-reporting fatigue and limited knowledge of fatigue management policies and screening tools was evident. To address these barriers, we recommend co-designed fatigue risk management policies, alternate fatigue screening tools, and education.

Matt Wilkinson-Stokes

### **Parliament to the frontlines: Viewpoints on community paramedic specialists within emergency medical services**

What does the medical community – and broader society – think about Community Paramedics operating within emergency services? To answer this, a multidisciplinary team including Professors in Paramedicine, Medicine, and Nursing was formed to conduct the study and 44 participants interviewed: Parliamentarians (n=2), Chief Health Officers (n=3), Department of Health executives (n=7), Emergency Department, General Practice, and paramedic college heads (e.g. ACEM, RACGP, ACP, n=5), jurisdictional ambulance service CEOs, Medical Directors, and managers (n=7), academics (n=7), frontline clinicians in medicine, nursing, and paramedicine (n=8), and patients (n=5).

Max Han

### **Out-of-hospital paramedic interactions with people living with dementia: A Scoping Review**

In Australia, one in 12 people aged 65 and over have a diagnosis of dementia – which is also the second leading cause of death for all Australians. Paramedics play a crucial role in person-centred dementia care, particularly within the community care space. As consensus has been established on paramedicine's integration into inter-disciplinary care teams, the lack of clarity regarding the paramedic role in dementia care requires attention. This scoping review therefore aimed to identify and report paramedic interactions with people living with dementia in the out-of-hospital setting.

Dennis Walker

### **The impact of workplace factors, workload and culture on the medication safety practices of paramedics**

Established guidelines for medication safety focus on hospital, pharmacy, nursing and operating theatre settings, with little to no mention of paramedic practice. A systematic review published in 2022 qualitatively established the factors that contribute to paramedic medication errors. This study builds on that work, quantifying those factors both in terms of their contribution to known errors and their prevalence within paramedic practice.

Buck Reed

### **What is the relationship between professional registration, identity and professionalisation in Australian Paramedics?**

Registration was a key event in the development of paramedicine in Australia. However, registration, like any phenomenon is views by individuals through the prism of their experience and values. While Australian paramedics are largely supportive of regulation it is often misunderstood in its function and outcomes. Additionally, there is a component of the profession which is openly hostile to regulation. This presentation presents research exploring these views and looking at how regulation impacts the professionalisation, identity and culture of paramedics.

Robbie King

### **Patients' experiences of non-conveyance following an Australian ambulance service paramedic response: A constructivist grounded theory exploration**

Understanding patient experience contributes to quality, safe, and effective healthcare. This research explored the experience of patients who received an emergency ambulance response and paramedic-led healthcare that resulted in a decision for them to not attend a hospital ED. Constructivist Grounded Theory methods were used to generate and analyse data from semi-structured interviews with 21 participants who received paramedic-led healthcare from an Australian jurisdictional ambulance service between August 2020 and October 2021 that resulted in non-conveyance.

Ben Lawson

### **Identifying organ donors attended by prehospital healthcare professionals: A scoping review**

Organ donation is a life-saving intervention for patients with end-stage organ failure, yet the demand for organs surpasses the supply, leading to a significant disparity in transplant waiting lists. To address this, innovative strategies like uncontrolled donation after circulatory death (uDCD) programs have been proposed. This study presents a scoping literature review that comprehensively evaluates the involvement of prehospital healthcare professionals in identifying potential organ donors and the barriers impacting this process. Although established uDCD systems hold promise in alleviating waitlist burdens, a lack of consensus on criteria, strategies, and ethical considerations hinders efficient and ethical utilisation. Further research is needed to address these gaps and establish evidence-based guidelines within an Australasian context.

Grace Madden

### **Workplace sexual harassment experiences of early-career female paramedics in New South Wales**

The findings indicated that all participants had experienced WSH in the profession of paramedicine. Four major themes emerged from the analysis; 1. power dynamics between men and women in paramedicine, 2. the influence of an "old boys club" culture, 3. instances of workplace sexual harassment in paramedicine, 4. feelings of silence, invisibility, and hopelessness. This study discussed the implications of WSH on individuals, organisations, and service delivery within paramedicine. Whilst a small study, the findings could offer guidance, support, and potential recommendation for changes in paramedicine and related professions.

Matt Wilkinson-Stokes

### **Jurisdictional Guidelines – Challenges and Opportunities**

The limit of IN Fentanyl is 200 mcg in one service; 400 in another. Half our ICPs RSI/DSI; the rest don't. Opioids are indicated during labour in 4 states; contraindicated in another 4. Clinical guidelines - directly or indirectly - determined the medical treatment 4.5 million people received last year. How are there so many differences? What is the right treatment? And why does a \$5 billion industry disagree so much on fundamental medical treatment?

Associate Professor Elliot Long

### **FEAST of FAMINE; how much fluid for paediatric sepsis resuscitation**

Published in 2011, the Fluid Expansion As Supportive Therapy (FEAST) study demonstrated that fluid bolus' used for sepsis resuscitation in Sub-Saharan African children increased mortality compared to maintenance fluid alone. We will discuss the strengths and limitations of this study, the impact of the study results on sepsis guidelines and care, and how the results of this study might change your everyday practice.

Lucinda Peacock

### **Chronic Pain in the Paramedic Practice Setting - A Qualitative Study of Patients' Perspective**

A presentation of the results of a qualitative study undertaken which aimed to understand the perspectives of patients with chronic pain who have received management in the paramedic practice setting.



Rachael Vella

### **A comparison of immersive and traditional simulation methods on self-reported performance in undergraduate paramedicine students**

Simulation and clinical practice have long served as the foundations of clinical education and assessment in various health fields, including paramedicine. More recently, the incorporation of extended realities in simulation practice has emerged as a possible addition to undergraduate paramedicine programs, complementing existing practical methods. The primary aim of this study was to determine if immersive or traditional simulation provided greater ratings of self-perceived performance. This randomised controlled trial provided a direct comparison between a traditional simulation program (standard simulation rooms) and an immersive simulation program (360-degree projection simulation room). This research suggests that undergraduate paramedicine students expressed higher ratings of self-perceived performance in traditional forms of simulation.

Hannah Lindsay

### **Assessment of optimal methods for preoxygenation in prehospital emergency anaesthesia**

Prehospital emergency anaesthesia is a procedure that carries risks, including oxygen desaturation and hypoxia. Preoxygenation with a bag-valve-mask and reservoir bag with 15L.min<sup>-1</sup> oxygen flow is traditionally utilised to reduce these risks. In this experimental study, the impact of alternative preoxygenation methods such as a refill valve attachment rather than reservoir bag, and the addition of nasal cannulae was investigated. Percentage of expired oxygen was analysed at 1 minute and 3 minutes of preoxygenation. Between reservoir bag and refill valve attachment, there was no significant difference in expired oxygen percentage. However, outcomes improved with the addition of nasal cannulae.

Ashleigh Finn

### **Lifelong Learning is Key: Exploring the Factors that Improve Self-directed Learning in Undergraduate Education**

The field of healthcare is constantly evolving and many accrediting bodies and organisations globally, are promoting the use of self-directed learning (SDL) as a critical skill for 'lifelong learning'. Therefore, there is greater emphasis within tertiary education, including paramedicine, for students to become self-directed learners. This project explored the drivers that improve the student learning experience, in undergraduate clinical science programs that utilised SDL. Understanding these factors will allow educators to implement SDL strategies more effectively within tertiary curriculum, ensuring students are better equipped to enter the professional workplace and engage in 'lifelong learning'.

Kenny Ng & Mitchell Cowan

### **Will this change your practice – Cardiology**

This session provides a critical analysis of Smartwatch ECG technology and its role in detecting the causes of syncope. In addition to its well-established use in detecting atrial fibrillation, Smartwatch ECG technology has made significant advancements in diagnosing other forms of tachyarrhythmia, bradyarrhythmias, and even ECG features associated with sudden cardiac death.

Associate Professor Bronwyn Griffin

### **Blazing Trails: Igniting Out-of-Hospital Practice with Paediatric Burn Research**

This session delves into evidence-based paediatric burn care in the pre-hospital setting, emphasising the crucial role of early interventions in saving skin cells. Participants will explore guidelines, literature, and collaborative approaches to enhance patient outcomes and mitigate the longterm impact of burn injuries.

Jack Howard

### **Development of an international CPR-Induced Consciousness guideline: A Delphi study**

Over the last twenty years, prehospital medicine has seen a continued increase in both presentation and awareness of CPR-Induced Consciousness (CPRIC). Its occurrence in the prehospital field causes technical and ethical challenges for clinicians both physically and mentally. Lack of treatment guidelines, data collection, and an agreed upon definition for CPRIC have restricted advancements on the topic. Thus, our author team used the Delphi methodology to survey an international panel of prehospital clinicians in order to create CPRIC definitions, management guidelines, and a reporting framework which can be used for reporting purposes.

Hannah Stack

### **Paramedic and Medical Students' Experiences of Sexual Harassment During Clinical Placement**

Workplace sexual harassment is an alarming worldwide issue that can cause severe adverse effects for victims, especially women from traditionally male-dominated professions. Recent enquiries and studies have shown paramedics and doctors are exposed to concerning rates of sexual harassment. However, there is little understanding of whether this also affects paramedic students who perform duties in the same environment as paramedics. This systematic scoping review aimed to explore paramedic and medical students' experiences of sexual harassment whilst undertaking clinical placement. The session will discuss the seven themes revealed from the thematic analysis, in addition to the content analysis results identifying the three most reported adverse effects of sexual harassment.

Dr Simpwe Sobuwa

### **Direct admission versus inter-hospital transfer to a level I trauma unit does not improve survival following severe traumatic brain injury**

Introduction: TBI is the leading cause of global mortality and morbidity. Objective: This study examined severe TBI patient outcomes based on transportation. Methods: This retrospective, quantitative analysis examined patient outcomes in patients transported to Inkosi Albert Luthuli Central Hospital (IALCH) from January 2017 to December 2018. This study covered 12+-year-olds. This study included GCS- and CT-classified severe traumatic brain injury (TBI) patients. Results: 167 of 202 cases were male. 41.1% of patients were injured by motor vehicle collisions. Direct admissions had higher mortality than interhospital transfers ( $p < 0.001$ ). Direct IALCH admissions were shorter than inter-hospital transfers. New injury severity score (NISS), revised trauma score (RTS), and Glasgow Coma Scale (GCS) predicted mortality well, with NISS being the most accurate. Conclusion: Severe TBI patients admitted straight to a level I trauma hospital have worse outcomes than those transferred from another institution. In severe traumatic brain damage, physiological/anatomical scoring systems and predictors can help predict death.

Alannah Morrison

### **The use of social media and online focus groups for contemporary research in Paramedicine**

This research aimed to examine the use of social media platforms for recruitment and online asynchronous focus groups for data collection. 3 social media platforms were employed and one professional body was asked to disseminate the research advertisement. The online focus group was facilitated through 'Zoom meet & Chat'. Social media proved to be highly successful in rapidly recruiting paramedics from across the world, and is recommended for future participant recruitment. Asynchronous focus groups need to have further consideration for their application to research.

Richard Armour

### **Paramedics and Palliative Care – who, what and why**

This session aims to explore palliative care in the prehospital setting and the role that paramedics play through several short 15-minute presentations followed by a panel discussion with questions from the audience. Richard will review the epidemiology and aetiology of palliative care patients who are likely to interact with paramedics. By understanding the needs of this patient group, paramedics can more confidently fill their own knowledge gaps and identify areas for system change.

A/Prof Barbara Hayes

### **Advance Care Directives within Palliative Care**

Because legislation related to advance care planning varies between Australian states and territories, this session will focus on principles to use when interpreting written advance care planning documents. Informed consent on behalf of the person lacking medical decision-making capacity is the basis for understanding how advance care planning is applied to a decision.

Olivia Hedges

### **Palliative Care Connect Program – Ambulance Victoria**

The rising demand for palliative care creates a corresponding need for responsive ambulance services. This presentation introduces the Palliative Care Connect Program within Ambulance Victoria's Patient Care Academy. Focused on elevating palliative paramedic practice, the program enhances capabilities, refines processes, and strengthens systems for improved care across the palliative care landscape.

Jo Kelly

### **A practical approach**

This session aims to explore palliative care in the prehospital setting and the role that paramedics play through several short 15-minute presentations followed by a panel discussion with questions from the audience. Jo will explore some of the practical challenges that paramedics are likely to face such as the initial approach, recognition of the terminal stage of illness and communication with family members.

Hannah Woodruff

### **The path less travelled: Paramedicine in Queensland Mining & Construction**

In this session the paramedic shares their journey from working as a Branch Station Officer in a remote area to seeking a work opportunity that offers better work/life/study balance. They discovered private sector work in mining and construction and secured a position with Corporate Protection Australia (CPA) in their health and medical sector. Working as a paramedic in this dynamic environment, they often found themselves as the sole medical personnel on-site, dealing with low acuity cases and occasionally challenging decisions. They offer advice to other paramedics considering this industry, emphasizing the importance of being proactive, assertive, and well-prepared while embracing the endless opportunities the private sector has to offer.

Ethan Dooley

### **An introduction to Event Medicine**

A brief introduction to Event Medicine, my journey and how this unique speciality has evolved and how it positively impacts the greater health care continuum. I will discuss what motivated me to pursuing this path less travelled, my experiences along the way and advice for those interested in being involved with this exciting and evolving speciality.

Kerryn Wratt

### **The path less travelled: Journey into the Wilderness**

A short description of my journey into Wilderness Medicine and how I have applied it to my daily clinical practice. This will include my motivations for pursuing this as an area of specialist practice, the training I have undertaken along the way and some advice for others who may wish to follow a similar pathway.

Lucinda Peacock

### **Panel on pain; Chronic pain and paramedicine. Evidence-based management and implications for paramedics.**

What is chronic pain? How is chronic pain different from acute or traumatic pain? How can paramedics alter their approach when treating these patients? This presentation will discuss evidence-based practice and assessment/ management strategies for paramedics to consider when treating this patient cohort; including the application of the biopsychosocial model and a holistic approach.

Shell Piercy

### **Managing Acute Pain: Māori and Indigenous Australian Populations.**

Highlighting some considerations for paramedics providing care for Māori and Indigenous Australian populations with acute pain. This session looks at three key points, firstly removing labels and biases in our practice, considering cultural expression and experience of pain and the healthcare system. And lastly our duty as health professionals to improve health outcomes for both Māori and Indigenous Australian populations.

Katrina Sedgwick

### **Non-Pharmacological Pain Management and Distraction Therapy: The use of distraction in managing Paediatric Pain and Distress**

Pharmacological management has been the long-standing practice of managing paediatrics in pain and distress. However, research has shown that a multi-modal approach, including non-pharmacological methods such as distraction, supported better patient outcomes than pharmacological management alone. The session will review a 2023 Systematic Review looking at the pre-hospital application of Paediatric Distraction Tools, and share some simple, actionable steps to incorporate distraction techniques into your practice.

Craig B Campbell (DProf)

### **Ideal model of preceptorship and mentoring**

Undergraduate paramedic programs cannot prepare work-ready graduates. These programs provide a wide theoretical, philosophical, conceptual and critical thinking foundation for graduates to build their clinical practice. A period of supported learning by educated facilitators is critical to reducing the transitional learning gap from university to real-life paramedic practice. Paramedicine has yet to clearly define a conceptual framework for this period of supported learning. This discussion will explore the work of the ACP Preceptorship working group towards a definition and position statement on preceptorship for the profession in Australasia.

David Paterson

### **Beyond clinical practice: the role of empathic leadership in supporting optimal patient outcomes**

The impact of managing human interactions in mission critical environments (crew resource management) are well documented from aviation to medicine to education. What are some of the essential elements of the interactions between leaders and followers in paramedicine that can support the delivery of best care for patients and promote patient safety? This brief presentation will explore the role of empathy, Emotional Intelligence (EQ) and psychological safety in the interactions between followers and leaders in paramedicine and present practical suggestions for the ongoing development of the profession.

Jemma Altmeier

### **Advocacy: building a case for change**

In this presentation, Advocacy and Government Relations Manager, Jemma Altmeier, will talk about the College advocacy agenda highlighting the activities and tactics used to engage decision-makers, collaborate with stakeholders, and influence government policy and legislation.

## **SESSION OVERVIEWS – DAY 2**

Matthew Simpson

### **Best of the Best - The Lived Experience of Paramedics Delivering Care to the Mentally Unwell: A Descriptive Phenomenological Study**

Changing consumer demands have necessitated ambulance services to transform their approach to patient care. Evidence-informed clinical practice guidelines for physical health have expanded, but not for mental health. This descriptive phenomenological study sought to understand the lived experiences of paramedics caring for mentally unwell individuals in the community. Eighteen Australian paramedics were interviewed, illuminating four central themes: 1) Are we ready for this - the paramedic and patient interaction?, 2) The barriers to accessing care for mental health consumers in a one size fits all system, 3) It's just all a little bit grey, paramedic education and training on mental health presentations, and 4) The Paramedic, The Clinician, and The Person. The findings emphasise the need for improved education, training, support, and enhanced access to specialised services and referral networks.

Alecka Miles

### **Best of the Best - From Hurdles to Horizons: Paving the way for progress in Community Paramedicine programs in Australia and Aotearoa New Zealand**

This presentation explores the dynamics of community paramedicine programs in Australia and Aotearoa New Zealand, examining both their facilitators and challenges. Based on insights from 37 participants through surveys and interviews, four overarching themes emerged: (1) clarifying paramedic roles, (2) manoeuvring funding and legislative complexities, (3) addressing fixed paramedic mindsets, and (4) capitalizing on health workforce shortages. The result of this study highlights the significance of interprofessional understanding of paramedic roles, health system challenges that hinders wider paramedic contribution to health care, the impact of fixed mindset roles for paramedics on the growth the profession and the current opportunities due to current health workforce shortages.

Dr Alan Batt

### **Best of the Best - Developing a competency framework for contemporary paramedic practice in Canada**

Paramedic practice continues to evolve internationally, and there is a duty to ensure paramedic education reflects the complexity of contemporary paramedic practice, and outlines the features required for competent practice in diverse contexts. This research used a novel six-step model to identify and explore paramedic practice across Canada. The draft framework contains 27 professional activities across five domains: person-centered care, collaborative care, safe care, self care and professional care.

Caitlin Wilson

### **Predictors, effects and missed opportunities of feedback to emergency ambulance staff: A mixed-methods diary study**

Presentation on a mixed-methods PhD research study involving online diary entries with emergency ambulance staff in the United Kingdom. The aim of the study was to describe the predictors and effects of feedback received by prehospital clinicians in the UK, and to identify situations where prehospital clinicians desired enhanced feedback. The results suggest that feedback positively impacts personal wellbeing, professional development and service outcomes and highlight subsets of patients and staff that prehospital feedback should be enhanced for to improve clinical decision-making and staff wellbeing.



Dr Claire Wilkin

### **Paediatric Presentation**

Claire will assess data from her service and international literature to highlight the common reasons for paediatric presentation, explain why they access care in this way and discuss the care options for paediatric patients across the age range. This is the first in a series of 3 presentations – the following sessions will examine the care considerations for paediatric patients with complex medical histories and special needs, and the final session will examine paediatric trauma from a human factors perspective

Rebecca Schrale

### **The Burn injured patient- common presentations and management**

The majority of burn presentations seen in a Burns Unit in Australia and New Zealand are small in size but can still be complex to manage. In this presentation the aetiology of burn injured patients that are transferred to hospital will be discussed along with current management strategies. Recent findings from the Burns Registry of Australia and New Zealand (BRANZ) will be reviewed along with common presentations including minor burns.

Mel Alexander

### **Care of the Older Person - Hip Fracture Care Guidelines in Australia- Are we adhering to the gold standards of care?**

Hip fracture has a high morbidity and mortality rate despite improvements in care over the past 40 years. With an ageing population and high health care burden associated with hip fracture, a proactive approach is required to optimise the outcomes of these patients. A review of the guidelines highlights areas for improvement in the pre-hospital phase of care that can have a vast impact on outcomes.

Ethan Dooley

### **The Extremes – Heat: Are they hot or are they hot?**

This session discusses the pre-hospital management of hyperthermia using mass gathering events to set the scene to explore the difference between environmental hyperthermia and hyperthermia associated with drug ingestion and acute behavioural disturbance. We will immerse you into the world of paramedicine at events, highlight the aetiology, pathophysiology, assessment findings and treatment based on contemporary evidence-based practice, while having some fun along journey.

## Tanie Stickland

### **Beautiful, diverse, complex and challenging - Children with Special Health Care Needs.**

Tanie is a current Monash postgraduate Honours student and Ric Bouvier scholarship holder, in which she is researching parent/carer and paramedic decision making for transport of Children with Special Health Care Needs. An area of research interest which has been inspired by her eldest son having a chronic health condition since infancy. Tanie is inspired to share her son's journey through the often-hectic prehospital emergency space into the Emergency Department to enhance prehospital care for all families like hers – those with beautiful, diverse, complex and challenging Children with Special Health Care Needs.

## Nick Roder

### **Intubation in the setting of airways and inhalation burns**

“Just because we can doesn't mean we should.” The widening scope of practice for the ICP has begun to capture patient cohorts that lie at the fringes of well-defined research that support pre-hospital RSI. This session will explore the patient with airways-burns to understand if we are applying best practice in this low frequency, high acuity trauma.

## Sascha Baldry

### **Care of the Older Person - Care in Place**

Older people, particularly those living in residential aged care facilities, often have poorer outcomes when transported to the emergency department due to issues such as frailty, cognitive impairment and co morbidities. However, this unique patient group presents challenges on many fronts for paramedics when attempting to provide care in place. Using a case study approach, this session will look at the risks and decisions behind avoidable hospital admissions for this patient cohort.

Kerryn Wratt

### **The Extremes – Cold: Hypothermia - How do you warm up a cold chicken?**

A discussion on the latest in clinical management of environmental hypothermia including the use of case studies to highlight aetiology, pathophysiology, assessment findings and treatment based on recommendations of the International Commission for Mountain Emergency Medicine, The European Resuscitation Council, The Australia and New Zealand Committee on Resuscitation and the Wilderness Medicine Society.

Shaun Whitmore

### **Paediatric Trauma, Tactics for success. Simplifying the complicated**

Management of children, particularly in the trauma setting has always tended to be a stressful patient cohort for many Paramedics. This session aims to shine a light on strategies to assist in maximising the understanding of common threads of assessment and treatment of both adults and children, and a focus on minimising aspects of paediatric care that create that stress. The session has a focus on the impact of Human Factors, and the ability of Paramedics to minimise this impact via the development and fostering of clinical resilience.

Marc Schnekenburger

### **Prehospital Burns Care Before Arrival To The Burns Centre**

This talk will give an overview about epidemiology of major burns, pathophysiology and burns assessment. It then follows a primary survey outline with a focus on fluid resuscitation, hypothermia, and analgesia. Fluid resuscitation is a cornerstone of the early treatment of major burns patient. From a starting rate we work our way through to a more goal-directed titration. We will explore challenges and opportunities to optimise care on longer transfers to the Burns Centre.

Dr Tegwyn McManamny

### **Care of the Older Person - Delirium and the Paramedic Detective**

This session places the paramedic as a detective tasked with the prehospital assessment and care of the older person with delirium, an acute disorder of attention and cognition. The session will uncover the epidemiology of this condition, share assessment and care objectives, and discuss how registered paramedics can add value to the care of this cohort of patients.

Ryan Parry

### **The Extremes - Into The Wild: Case Studies from Wild World of Wilderness Medicine**

Endurance Medical Services (EMS) is an industry leader in specialist remote and austere medicine services, typically multi-day endurance events, such as ultramarathons. Ryan, Wilderness Paramedic and Associate Medical Director, presents an overview to the approach of providing medical support to these logistically complex events, a selection of case studies from the field, and subsequent learnings that everyone can apply to their own practice.

Dr Henry Zhao

### **Spotlight on stroke - Current imaging, diagnostic and therapeutic options for stroke**

Stroke is a fast moving field and modern stroke medicine incorporates advanced imaging techniques to aid in the provision of highly effective reperfusion therapies. This talk will explore the basic concepts of the ischaemic cascade, imaging techniques for salvageable tissue and advances in therapeutics for ischaemic and haemorrhagic stroke.

Skye Coote

### **Spotlight on stroke - Posterior circulation stroke**

Posterior circulation stroke – review the anatomy and physiology of posterior circulation strokes including the clinical localisation of symptoms. Understand why these strokes are frequently misdiagnosed and the impact this can have on outcomes. Review some of the more common posterior circulation presentations

Dr Wayne Loudon

### **Spotlight on stroke - Pre-hospital triage of acute stroke in the era of endovascular clot retrieval – achieving equity of care**

Treatment of acute stroke is time critical and requires early and accurate decision making to ensure patients receive the appropriate reperfusion therapies within the appropriate times. Prior to 2015 patients with an occlusion of a large cerebral vessel had a very poor prognosis however the advent of endovascular clot retrieval has drastically changed this. Pre-hospital clinicians are now more important than ever within stroke systems of care. This session will explore the importance of clinical assessment and retrieval decision making across metropolitan, regional and remote areas of Australia.

Skye Coote

### **Spotlight on stroke - The Australian Stroke Alliance**

The Australian Stroke Alliance: Improving prehospital stroke care – The Australian Stroke Alliance is a powerful collaboration of national agencies dedicated to improving stroke care for Australian's suffering from stroke. It is revolutionising the prehospital setting, bringing new technologies, devices and care pathways to all Australians, regardless of location.

Jordan Emery

### **Closing Address – Culture Hang-ups in Paramedicine and Why Leading with Love is the Answer**

Across Australia and the world, ambulance services are embarking on enormous reform agendas. Critical to the success of those reforms are organisational cultures where people feel safe, valued and empowered. To help our organisations and profession achieve its fullest potential, we must shake some of our lingering culture hang-ups. Leading with love offers a real solution to these hang-ups, and is a critical capability required of current, future and aspiring leaders within the profession. It's an approach to leadership that will ensure our people and organisations can deliver the best care to communities for years to come.