



18 March 2022  
Twin Towns Services Club,  
Tweed Heads, NSW



## PRESENTATION OVERVIEWS

### Paula Sinclair

#### **Surviving & Thriving in Female Leadership**

Paula will share her career experiences as a female paramedic, her progression to become an intensive care paramedic, as the third female to successfully pass the SCAT (Special Casualty Access Team) course in NSW and work on the rescue helicopter as a critical care paramedic, along with various roles in management & leadership, all whilst juggling being a mum, studying, maintaining the physical training requirements of the roles, and working in an alpha male dominated environment. Paula will share the changes she has seen over 28 years in clinical trauma care. She will also share her own difficulties in her treatment and recovery of PTSD, and how she now focuses on supporting the staff who now provide the clinical care to patients that she no longer can do at the frontline.

### Mel Bernas

#### **Simulation – Can it be effective and engaging?**

Simulation can be a valuable part of preparing both novice and advanced clinicians for the management of not just trauma patients but all aspects of patient care regardless of the presenting issue as well as the non-technical skills in case management. So how do you get over the hump of paramedics thinking, “SIMs suck” and engage in the simulation – some tips and tricks to assist in driving professional change in the simulation space.

### Dr Jason Bendall

#### **Working in the zone – assessment and management of injuries to the neck**

The management of blunt and penetrating injuries to the neck can present significant challenges to out-of-hospital care providers with patients presenting with ABC and D issues alone or in combination. This presentation will review anatomy, classification of injury patterns and offer approaches for novice to advanced out-of-hospital clinicians. This presentation will have a bias towards managing airway complications.

**Matt Pepper**

**Tactical Medicine and Austere Trauma: Bringing Lifesaving Knowledge and Skills to Remote Teams**

The concepts of Tactical Combat Casualty Care have brought experience and data from the battlefield into the civilian realm, allowing many lives to be saved as a result of increased emphasis on rapid bleeding control, application of lifesaving interventions for preventable causes of death in trauma, and zoning of care in the increasingly dynamic and dangerous prehospital environment. The 2019/2020 Bushfire season in Australia demonstrated that emergency services in remote areas work with very similar needs and threats to those in tactical and military settings. This presentation will cover areas of convergence between the 2 domains, as well as knowledge and skills transfer that are shaping the remote and austere emergency services response into 2022.

**Ben Meadley**

**Building contemporary trauma care systems in paramedicine**

Today, major trauma represents less and less of the paramedic case mix. Although paramedics may be exposed to fewer trauma cases, the care that can be provided has become more sophisticated. In the dynamic and constantly changing post-pandemic era, paramedics need to be prepared to provide wide-ranging health care, from primary care to advanced trauma care in urban, rural, and remote environments. This presentation will discuss how we can equip the profession to use evidence-based systems to optimise trauma care, no matter the experience of the practitioner. This includes discussion around contemporary trauma care principles, clinical and technological advancements, and the “marginal gains” that can be achieved through a culture of high performance.

**Dr Jessica Forbes**

**Cultivating continuity in trauma care - from scene to recovery**

Jess has a particular interest in trauma systems and how these integrate, and will speak about how prehospital care of patients in both NSW and QLD can impact their care into the health system on the Gold Coast.

**Casey Lewis**

**Possibilities, Pitfalls and Pineapples - Paramedicine in Aid and Development**

Emergency care is challenging at the best of times let alone in lower resource settings. Drawing on his experience with the ambulance service in Vanuatu, Casey will utilise a major incident case study to explore opportunities and challenges present at the intersection of paramedicine and aid and development. Unpacking contextual differences, respectful cross-cultural relationships and the challenge of sustainability, Casey’s presentation will reflect on not only what this tells us about effective engagement offshore but also what lessons it holds for systems strengthening efforts amongst ambulance services in Australia.

**Tash Adams**

**Yeh? But Why? - an evidence based approach to progressive trauma care**

Trauma care is always changing. What may have been in practice a decade ago will have been reviewed, replaced or solidified in our ongoing clinical practice. This talk will cover some of the most recent evidence surrounding our past current and future trauma care in an interactive setting.

**Alex Thompson**

**Calling all Paramedics...**

We all know the case, “Haemorrhage/Laceration – Dangerous Location”, the ambulance responds lights and sirens with two paramedics arriving to find a minor injury which needed earlier clinical review, re-prioritisation or referral. The Queensland Ambulance Service is responding to this need with the newly established clinical hub. The clinical hub sees paramedics engage in a new area of practice, frontloading clinical care prior to paramedic arrival, providing secondary triage, health navigation and general problem solving , often via telehealth. Is the future of paramedicine behind the computer screen, rather than the windscreen?

**Brigid Wall**

**Doing your best when it matters most**

Trauma cases are rare and can be challenging. How do we set ourselves up to do well we have the opportunity to make a difference? This presentation will look at some concepts and strategies that help us to be our best when it matters most.

**Joff van Ek**

**Evidence Based Extrication: The Trauma Gap**

This session will shine the spotlight on the theory and challenge the notion of “We don’t know what we don’t know”. How by streamlining medical and technical aspects of vehicle extrication through data driven decision making, we will be well on our way to save lives and achieve better long term patient outcomes.

## Panel Discussion

### Trauma and Pre-Registration (University) Education Panel

Universities are now almost universally the source of the paramedic workforce in Australia and Aotearoa New Zealand. Trauma education has traditionally been a core element of paramedic training, historically linked to the profession's origins in first aid, industrial and mining incidents, and motor vehicle accidents. However, universities are under increasing pressure to add a wider range of teaching to their programs to address the evolving areas of paramedicine.

One of the challenges for universities is to create and implement curricula that is reflective of the needs of the industry, mirrors real-world practice and patient load, and meets the increasingly tight resource and time constraints of universities. This panel addresses a range of issues related to pre-registration university education in trauma.

- Are universities producing graduates who meet the needs of employers in terms of their trauma education?
- Are universities' resources adequate for the often time-consuming elements of trauma skills training?
- With a reduction in major trauma in the paramedic workload due to a range of improved safety standards and engineering (such as airbags, road design, increased policing, better workplace health and safety, automation in production) does this make trauma less relevant to paramedic education or potentially more relevant due to the low occurrence but high-acuity nature of major trauma?
- What is the role of employers in helping prepare new entrants to the profession to enable them to effectively manage trauma?
- How should universities balance major trauma (such as multi-system trauma, serious head injuries, penetrating trauma) with more routine trauma (such as isolated orthopaedic injury) versus sub-acute trauma (skin tears, minor wounds, etc.)?
- How should universities adapt to new developments in trauma education and trauma practice, as well as emerging types of trauma?