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PROFILE

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An Interview with Terry Marshall - Recipient of the 2007 National Institute of Clinical Studies and Victorian Trauma Foundation Fellowship

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Terry Marshall, a Clinical Support Officer at Melbourne's Metropolitan Ambulance Service in Australia, was one of six recipients in to receive a prestigious Fellowship co-sponsored by the Victorian Trauma Foundation (VTF) and the National Institute of Clinical Studies (NICS). The award will enable Terry to undertake research in the area of paramedic assessment and management of acute pain, as he explains in the following interview with JEPHC.

RM: How long have you been a paramedic?

TM: I joined the East Gippsland Ambulance Service (EGAS) in 1987, it is now know as the South East Ambulance Region.

RM: What was your motivation for applying for the NICS/NHMRC Fellowship?

TM: I have always been interested in ensuring that the best possible care is provided for your patients. The NICS/VTF fellowship allowed me to do this. The idea of putting 'evidence into practice' is one that I could not ignore.

The next step was to decide which topic was appropriate. Pain is an area that has a significant profile at the moment. It is also an area that should be a core patient management issue. Unfortunately this is not currently the case.

The fellowship allows me time to focus on the issue and drill down to the barriers that exist between what is and what should be.

RM: What is the main focus of your research?

Author(s): Rhona Macdonald

TM: The MAS treat approximately 13,000 traumatic pain cases per year. Generally we do a fairly good job. However there are a number of patients who, despite full protocol adherence, still present to the Emergency department in considerable pain. I will focus on reducing the verbal analogue pain score from its current level to 2 or less out of 10. This will be a difficult task but urgently requires further investigation.

RM: Why have you chosen this area of research?

TM: In the last thirty years little has changed in the way the MAS manages pain. Morphine Sulphate has served us well over that time but more can be done. We need to understand the issues surrounding pain and its implications. I want to see ambulance paramedics at the forefront of pain management, world leaders if you like.

There is only one way to do that and that is to research where we are currently and where we need to go. My fellowship will allow us to identify how we should do this.

This fellowship is about change management. How we go about putting current best available evidence into practice. Many would be surprised to know that up to 40% of clinical research never reaches the patient. I am hoping to change that.

RM: Do you intend to select a specific study sample/cohort for your research?

TM: No this fellowship is about putting evidence into practice. Therefore there will not be a specific study. I will be surveying paramedics on their perceptions and beliefs surrounding pain management.

RM: Will your chosen area of research have a specific focus on prehospital care or do you anticipate that results may be generalised to a wider health care population?

TM: I will be focussing on prehospital care. This has unique circumstances surrounding it. For example how should the ambulance service respond to a patient involved in a traumatic event outside a major metro hospital? On scene times must be kept to a minimum. How do we do this whilst still treating the patient appropriately?

How should we respond to the paediatric, elderly or obstetric patient? Specialised areas require a more detailed approach. These are just some of the areas I will be examining.

RM: In what ways do you feel that your research will improve patient care or health care?

TM: We know that the majority of patients who report to an Emergency department do so because of pain. We also know that if acute pain is left untreated, chronic pain syndromes may develop. This can be devastating to the long-term prospects of many patients.

As stated earlier 13,000 traumatic pain case per year is a significant number. We need to understand intimately what we are doing and how we can do it better.

Pain management doesn't commence inside the emergency doors at the hospital. It will now start from the time the ambulance service is contacted.

RM: What is the expected timeframe for completion of your research and how do you intend to collect your data?

The Fellowship is for two years, part time. I will mainly collect information by utilising the Victorian Ambulance Service Clinical Information System. (VACIS). This is the electronic patient care record of every patient treated in the Metropolitan Ambulance Service. Information will then be extracted from the data warehouse and analysed accordingly.

RM: If permissible, would you be interested in coming back to share the results of your research with us when you have completed your study?

TM: Yes no problems.

RM: Thanks for your time today Terry and best of luck with your research.

The National Institute of Clinical Studies (NICS) is an institute of the National Health and Medical Research Council (NHMRC), Australia's peak body for supporting health and medical research.

For further information regarding the co-sponsored NICS and Victorian Trauma Foundation Research Fellowships in 2008, please visit the NICS website at:
<http://www.nhmrc.gov.au/nics/asp/index.asp?>

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