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## Report on the inaugural meeting of the Australasian Paramedic Academic Network

Brett Williams

brett.williams@med.monash.edu.au

Tim Pointon

pointon.timothy@saambulance.com.au

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## EDUCATION

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### Report on the inaugural meeting of the Australasian Paramedic Academic Network

<sup>1</sup> **Timothy Pointon**

<sup>2</sup> **Brett Williams**

<sup>1</sup> Department of Paramedic & Social Health Sciences, Flinders University, South Australia

<sup>2</sup> Department of Community Emergency Health and Paramedic Practice, Monash University,  
Melbourne, Australia

#### CORRESPONDENCE

Mr Brett Williams  
Department of Community Emergency Health & Paramedic Practice  
Monash University  
PO Box 527  
Frankston, Victoria, Australia, 3199

Email: [brett.williams@med.monash.edu.au](mailto:brett.williams@med.monash.edu.au)

Phone: 61 3 9904 4283

Fax: 61 3 9904 4168

The inaugural meeting of the Australasian Paramedic Academic Network (APAN) funded through a grant from *The Australian Learning and Teaching Council Education Ltd.* (formerly Carrick Institute) was held on Thursday 4<sup>th</sup> September 2008, at the University of Victoria City Campus, Flinders Street, Melbourne. Sixty-two academics, educators and researchers from Australia and New Zealand attended the meeting. Attendees represented university paramedic academics, academics teaching the supporting sciences in paramedic programs, and educators from ambulance services, internship and vocational education and training based programs. Attendees came from the following organisations.

Flinders University (SA)	Queensland University of Technology
Monash University (VIC)	Sunshine Coast University (QLD)
Edith Cowan University (WA)	Tasmanian Ambulance Service
Victoria University (VIC)	University of Tasmania
University of Ballarat (VIC)	Auckland University of Technology (NZ)
Charles Sturt University (NSW)	Australian Catholic University
Wellington Ambulance Service (NZ)	Whitireia Community Polytechnic (NZ)
Ambulance Victoria	New South Wales Ambulance Service
South Australian Ambulance Service	Queensland Ambulance Service
Australian College of Ambulance Professionals	Convention of Ambulance Authorities

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Author(s): Timothy Pointon, Brett Williams

The meeting was organised by Timothy Pointon (Flinders University) and Brett Williams (Monash University); both members of the Carrick Paramedic Discipline Research team, and Phil Clarke (Flinders University). The focus on the initial meeting was to:

1. To share latest ideas, successes and innovations in paramedic teaching
2. To development a register of expertise for consultation and research opportunities
3. To foster collaborative research and scholarship and encourage publications on the theme of paramedic education
4. To represent the visions and aspirations of paramedic academics and the discipline to government, the community and ambulance authorities.

The meeting was chaired by Tim Pointon and opened with introductions from all university and service- based representatives outlining specific programs around Australia and New Zealand. Following this attendees were divided into three discussion groups chaired by Tim Pointon, Helen Webb and Brett Williams. The discussions focused on the following three areas and each group was asked to identify major themes or synergies and potential research opportunities. The three focus areas were:

1. Curriculum and pedagogies
2. Clinical Placement and Clinical simulation
3. University-Industry interface

Following a reporting back session, Tim Pointon explored with the participants a process for establishing a network of Paramedic Academics. The meeting resolved to deal with this through an email discussion forum. Issues to be explored include:

- Membership- how broad, open to what categories of educators?
- Financial issues- some membership fees will be required
- Affiliation (either with ACAP or some other educational association)
- Primary focus of the network – research/education/political lobbying

There was considerable overlap between the three discussion groups. The ideas are summarised below.

### **Discussion Group issues**

#### **Curriculum Issues**

1. Have university programs got the right balance between clinical paramedic content and the supporting sciences?
2. How university programs deal with the amount of information required to present to students creates a problem of selecting key content.
3. Many university paramedic programs deliver some of the more generic topics in classes with other health professionals, e.g., mental health, psychology. While this is useful for assisting students in understanding multidisciplinary health care, paramedic students find it difficult to relate the issues directly to their profession. They request paramedic tutors. The questions raised here explore whether the service model meets the needs of industry and students?
4. What reference is made to industry needs when designing curriculum beyond and including industry reference groups with genuine input?
5. Do we need standardisation across the country in curriculum, hours on road, or does the CAA accreditation process create the standard required?

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*Author(s): Timothy Pointon, Brett Williams*

6. Are the national guidelines put out by the CAA sufficient guide for university courses?
7. What impact would registration have on curriculum and standardisation of curriculum?
8. How effective is distance education in producing a reflective paramedic?
9. How might a paramedic career structure impact on curriculum and the development of post-graduate offerings?
10. Content needs to be contextualised with practice, but also needs to be evidence-based with clinical skills introduced as required.
11. The physical facilities, space and equipment provided for education are not ideal in a number of university programs.
12. A number of universities are experiencing difficulties in attracting sessional paramedic staff to teach in the programs. This is partly due to the differences in salary and on-road commitments of practicing paramedics.
13. Paramedic academics within the university sector have to contend with university management lack of understanding of the industry. One example of this is the need for paramedic academics to maintain clinical skills as part of credibility with students and industry. Finding time to engage in clinical skills, given the demands of research and teaching, is difficult. Two models exist. Medically trained academics maintain clinical practice, but this is usually funded by state governments. Nursing academics often do not maintain clinical practice. Where should paramedics sit? Would a clinical loading assist? Practice to date suggests that the issue is not finance, but time for paramedic academics to meet on-road requirements for authority to practice.
14. Students are supervised by industry-based preceptors while doing clinical. A number of academics believe the universities need to provide preceptors with support and educational training. Organising this is problematic.
15. Attracting paramedics into Universities will continue to be an issue given the differences in salaries, and especially if paramedic salaries move to professional rates. Academic salaries at early grade levels are lower than that of experienced clinicians.
16. There is a need to maintain and develop paramedic mentoring programs for university students, and to foster a research culture amongst students,
17. There is a need to develop teaching expertise amongst paramedic academics.
18. Some concern about the work readiness of graduates. Discussion on this issue explored the differences between various university and VET programs of on-road hours. This issue remains unresolved although a research paper by David Dawson during the ACAP conference suggests that within 12 months graduates are clinically skilled, especially where there is an Internship.
19. Discussion also focused on post graduate programs and the direction these should take.

### **Clinical Placement and Clinical Simulation**

1. Number of placements for students is limited, especially in Victoria where four universities need to place students.
2. The number hours students spend on road is important for sound clinical education, as is the type of case.
3. Discussion focused on identifying the benefits of clinical placement in order to see what could be simulated. Areas identified included:
  - a. Being clear about the aims and purpose of placement.
  - b. Evidence suggests that quality of clinical placements vary.
  - c. Significant differences in clinical hours offered by the universities across the country.

- d. Seeing clinical placement as introducing the student to the profession as well as skills development in context.
  - e. Learning to communicate with patients.
  - f. Being introduced to other health professions in the context of the job.
  - g. 360 hours of placement appears to be the standard.
  - h. The services cannot generate the quality and number of places necessary to achieve road readiness.
  - i. Universities need to work with services to discern what is required.
  - j. Other clinical settings are important, e.g., hospitals.
  - k. The changing role of the paramedic will impact on the types of clinical experiences provided.
  - l. There is a need for more collaboration between the university sector and industry in providing quality clinical placements.
  - m. Students have identified cultural issues, shift work and learning to work with paramedics as sometimes more important skills to be learnt than clinical skills.
4. Students should be exposed to night shift
    - a. Discussion here also explored the concept of road-readiness.
    - b. What is the standard required by industry?
    - c. Does the standard vary between services?
    - d. The accreditation process does not provide guidelines on road-readiness, some programs achieve road readiness, others require an internship.
  5. Simulation education is more labour intensive and challenging.
  6. Staffing of simulation units is problematic as is purchase of sufficient equipment. Ideally require unit director and dedicated staff otherwise academic staff must find time to set up simulation exercises outside workload allocations.
  7. Academic staff require education for effective use of simulation equipment.
  8. The most important aspect of simulation is debriefing and reflection on practice.
  9. Simulation needs to be comprehensive, not ad hoc.
  10. Simulation is more than mannequins; includes audio, film, DVD etc.

### **University-Industry interface**

1. Some ambulance services forced into relationship with higher education institutions.
2. Relationships are still developing.
3. One of the major issues is student selection. This now mainly controlled through university entry processes which are outside the control of both the universities and industry.
4. Major shift in university intake towards feminization of the profession. This has impact on workforce modeling for services.
5. The universities are looking to services for support in research
6. There is a need for universities to provide support to service staff, mentors, preceptors, and sessional teaching staff on how to teach.
7. Research should guide practice – this may be an area of tension between industry and universities.
8. Funding needs for paramedics to attend conferences. Not all universities fully fund staff to attend conferences.
9. Staff from both industry and universities are too busy to foster initiatives.
10. Resources from both organizations are limited.
11. There is a need to think creatively about honorary and adjunct positions within the university for service staff.
12. Relationships are still maturing.

### Possible areas for research

- Getting the balance right between paramedic science and the supporting sciences
- What is the best model of practice for preparing graduate paramedics; the 3+1 year internship (Monash/Flinders/Victoria) or the pre-employment model (Edith Cowan/QUT)?
- What is road readiness? Is it needed?
- What direction should post-graduate education take for paramedics?
- How effective are clinical placements?

A major outcome has been the formation of APAN, which paramedic academics have welcomed a forum for sharing ideas. Situating APAN as an interest group within ACAP will ensure sustainability in the early years of its development. It will provide an on-going organisation for dissemination of educational ideas and possible shared projects. Meetings will be held annually, however, the executive will need to meet more regularly.

Plans are to develop aims, objectives, membership, leadership, nomination and election of officer bearers will be achieved by a steering committee which will meet mostly through on-line communication and telephone conferencing. Meeting minutes will be published in the APAN discussion board. The steering committee will survey membership, refine the aims and objectives and organise the next meeting of the network in Auckland in 2009. Affiliation with ACAP will be sought and formal meetings will be scheduled, at least initially, to coordinate with annual ACAP conferences. A call for expressions of interest in membership of the steering committee has already been posted on the APAN discussion board, which may be found at <http://www.coursecompass.com>. Participants who require a password, or those who are interested in participating, please contact Richard Brightwell at: [r.brightwell@ecu.edu.au](mailto:r.brightwell@ecu.edu.au) for a username and password.

### Australasian Paramedic Academic Network data

Surname					
Allen,	Jeff	Hartley,	Peter	Raven,	Steve
Arbon,	Paul	Hein,	Cindy	Reynolds,	Louise
Baker,	Stuart	Howes,	Tim	Roberts,	Louise
Bourke,	David	Ivanov,	Tina	Rogers,	Brett
Bowerman,	Lisa	Kako,	Mayumi	Savage,	Kym
Brightwell,	Richard	Lighton,	David	Service,	Melinda
Clarke,	Phil	Lord,	Bill	Shaban,	Ramon
Cotton,	Amy	McCall,	Mike	Smith,	Erin
Cotton,	Chris	McNamara,	Cathy	Stewart,	Scott
Davis,	Jordana	Manderson,	Mary	Thompson,	James
Davis,	Peter	Mitchell,	Glen	Tunnage,	Bronwyn
Dawson,	David	Morrison,	Alan	Walker,	Tony
Devenish,	Anthony	Muecke,	Sandra	Williams,	Brett
Drummond,	Claire	O'Meara,	Peter	Williams,	Michael
Edwards,	Dale	Peeetz,	Jamie	Willis,	Eileen
Everett,	Paul	Pointon,	Tim		
Goebel,	Theron	Prass,	Nick		

***Letter of invitation and Agenda for the inaugural meeting of the Australasian Paramedic Academic Network***

8<sup>th</sup> August, 2008

Paramedic Academic Network  
C/- Dept Paramedic & Social Health Sciences  
Flinders University  
GPO box 2100  
Adelaide SA 5001

Hello,

Thank you for your interest in the inaugural meeting of the Paramedic Academic Network. This is an exciting scheme which has grown from the Carrick Institute Defining Discipline Initiative. The aim of this network is to bring together professionals working in paramedic education and explore the rich opportunities for research synergies. We have a timely opportunity to develop this special interest group which could influence the maturation of paramedic education across Australia and New Zealand.

In order to encourage discussion at this inaugural meeting there will be three focus group discussion which give attention to three contemporary area of interest:-

- Curriculum and Pedagogies
- Clinical Placements and Clinical Simulation
- University – Industry Interface

It is envisaged that there will be opportunities for sharing innovative pedagogies, discussing strategies and exploring the challenges facing the paramedic educator. Interlaced within all of these areas of interest are opportunities for collaborative research. To make the discussions effective we would like you to think about contemporary issues within your own workplace. Consider triumphs and/or anxieties that you would like to share with the group. It is very likely that your thoughts will be especially beneficial to the whole network.

Can we also ask that you start to ‘brainstorm’ research opportunities or identify gaps in the literature *now*. In other words, if you had to list your top 5 research ideas, what would they be? Coming to the meeting with these already arranged (conceptually is fine!) will help with efficiencies, and clearly identify where the research synergies currently lie.

If there is sufficient enthusiasm from the attendees, we would also like to develop the group into a formal association. We will be seeking nominations for membership of the management committee, which will be responsible for establishing the rules and constitution of the network. If you would like to be part of a management committee please let any of the undersigned know.

Think about the aims and objectives of the network, its structure, communication strategies and how you would like the group to be affiliated. Your ideas will be used by the management committee to form the network into an effective and positive association.

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*Author(s): Timothy Pointon, Brett Williams*

The agenda for the meeting and the aims and objectives of the network are included below.

We look forward to seeing you and hearing your thoughts on the 4<sup>th</sup> September 2009.

Sincerely,

Tim Pointon, Flinders University  
Brett Williams, Monash University  
Phil Clarke, Flinders University

## **Aim**

To form a collaborative network of paramedic academics from Australia and New Zealand for the enrichment of education and research within the discipline.

## **Objectives**

- To share latest ideas, successes and innovations in paramedic teaching
- The development of a register of expertise for consultation and research opportunities
- To foster collaborative research, scholarship and encourage publications on the theme of paramedic education
- To represent the visions and aspirations of paramedic academics and the discipline to government, the community and ambulance authorities

## **Inaugural meeting – Agenda**

12:30 pm – Welcome and Introduction

12:45 pm – Introductions from University representatives

1:30 pm – 4:00 pm Focus groups (45 minute for each focus group)

- Curriculum and pedagogies
- Clinical Placements and clinical simulation
- University – industry interface

	Curriculum and pedagogies	Clinical Placements and clinical simulation	University – industry interface
1:30 – 2:15	Group 1	Group 2	Group 3
2:15 – 3:00	Group 3	Group 1	Group 2
3:00 – 3:15	Afternoon Tea		
3:15– 4:00	Group 2	Group 3	Group 1

4:00 pm – Report back from Focus Group Chairmen

4:30 pm – A research project – Brett Williams

4:45 pm – Business

- Constitution and structure
- Membership and committee
- Communication strategies
- Affiliations
- Fees

5:30 pm – Close