

From stretcher bearer to “Paramedic”

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In Australia and New Zealand we have recently commemorated ANZAC (Australian and New Zealand Army Corps) Day, a day where we honour and respect past and present service men and women who have served for both Australia and New Zealand. The day itself marks the anniversary of the landing of troops at ANZAC Cove, Gallipoli Peninsula, Turkey (formally part of the Ottoman Empire) on April 25th 1915. Sadly, this campaign was poorly planned and resourced, nevertheless, it was seen as one of the defining days of the two countries young existence (1, 2). One of the many stories that most Australians or New Zealanders would be able to recount from this landing is that of Simpson and his donkey and that of Henderson and his donkey.

Private John Simpson (his real name was John Simpson Kirkpatrick) from Australia and Private Richard Henderson from New Zealand were both stretcher bearers. Simpson was from the 3rd Field Ambulance and his role, in conjunction with other stretcher bearers, was to transport wounded soldiers from aid-posts at the front to the Casualty Clearing Stations on the beach. The stretchers bearers also did basic wound management with dressings carried by the infantry soldiers (1). What epitomises the in-field management of a wounded soldier in the “Great War” still exists in contemporary management in the current prehospital setting.

In numerous cases, management of the wounded has changed little over the last 100 years with the basics being done in the field and prompt transport to definitive care for ongoing management. However, when we look at the training that military medics undergo today it is a far cry from what they did nearly 100 years ago. There is little information known about their training prior to departing for the conflict in 1914 (1). What is known and was recorded is that the stretcher bearers were ill prepared for what they were about to experience. Coupled with this is the fact that the medical response planning for the Gallipoli landing was poor and in most cases clearly lacked direction and overall co-ordination

(1). So what have we learnt from this? Preparation, preparation, preparation!

In the military today the training is extensive and covers a broad scope of practice. This ranges from specialised nursing related skills through to specific prehospital care techniques and management of environmental health issues. The end result is that medics are more refined, perfected and prepared for the various settings of war and peace keeping. But how much preparedness is enough?

Even today there is debate about the preparedness of university paramedic graduates for work as novice paramedics. The article by O'Brien and colleagues highlights that graduates need not only knowledge-based training but also a variety of clinical experiences. These clinical experiences need to be extensive so the graduate is deemed competent and has the confidence to practise as a novice paramedic (3). Therein lies the next question, what does work ready mean?

In the rest of this issue the article by Melifont and colleagues investigated the learning and teaching of clinical decision-making and critical reflection from an interdisciplinary approach (4). The article by Moutia and colleagues looks at the operation of healthcare delivery at the 2008 World Youth Day held in Sydney, Australia (5). The article by Ross and colleagues looks at the attitudes of paramedic students at a large Australian university towards the elderly. (6).

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