

Medicine, designs and makes wedding accessories for pets and cosplay props, and is an expert procrastinator.

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Every doctor a trauma practitioner: clinical immersion as a pathway to operational clinical readiness for general duties medical officers

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The ADF expects a great deal from its generalist medical practitioners on operations. Preservation of the deployed force requires that medical officers are experts in primary care and occupational medicine. Accordingly, when not deployed, most full-time ADF medical officers augment the experience gained in garrison health support by engaging in clinical placements in general practice or civilian emergency departments. This model of learning produces broadly skilled medical officers well equipped to meet the needs of disease non-battle casualties.

But what about trauma? Australian service members deploy on operations confident in the expectation that, if they are wounded, they will receive best-practice trauma care. In recent years, work has begun on an Operational Clinical Skill Set (OCSS) for deployed general surgeons, recognising the growing gap between military and civilian practice. Likewise, it has been recognised by many authors that routine civilian clinical activity offers variable exposure to the situations surgeons may encounter in the field; there is a need for a purposeful approach to learning – an Operational Clinical Readiness Pathway (OCRP). This is equally the case for generalist medical officers. Civilian primary care and emergency department placements do not offer the concentrated experience of in-hospital trauma management necessary to allow non-specialists to care for injured soldiers in the wards, or while awaiting evacuation and onward movement.

In this presentation, we propose a pilot program in which general duties medical officers are offered the opportunity to be embedded within an admitting trauma unit for a period of four weeks. This period of clinical immersion will enable attainment of pre-defined learning objectives centring on the knowledge and skills required to provide comprehensive medical

care to trauma casualties in the period following initial resuscitation and damage control surgery. Key competences would include tertiary survey completion, prevention and recognition of common complications of trauma, and understanding the role of nursing and allied health specialists in trauma care. If successful, we hope to expand the program to include other military health disciplines, acknowledging that it is the entire healthcare team, not isolated experts, who support optimal function of the deployed trauma system. Ultimately, we believe that trauma clinical immersion can emerge as one of many learning experiences within an OCRP that will allow every serving doctor to be a confident and competent trauma clinician.

Biography:

Major Mahoney is an anaesthetist and intensive care registrar in the ADF Medical Specialist Program seconded to the Royal Hobart Hospital where he is also the Director of Trauma. He has research interests in military medical education and trauma epidemiology.

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Experiences from a Medical Technicians perspective during Middle East region draw down - preparation, training and future planning.

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Al Minhad Air Base, Camp Baird, is a Coalition Military facility accommodating multi-national personnel who together support military personnel operating within the Middle East region (MER). Headquarters Middle East exercises command and control of deployed ADF units in the MER through Op Accordion. Op Accordion enables contingency planning and enhancement of regional relationships in the MER by providing communications, force support, airbase operations and health care. Camp Baird has been the home to thousands of soldiers, sailors and airmen and women over the past two decades however in the last six months has undergone a substantial decrease of personnel. This draw down process has led to large teams being reduced considerably.

The AMAB Health facility is currently responsible for the health care of ADF personnel both in location and within the greater MER. The purpose of this presentation is to outline the different roles and responsibilities of an Australian medical technician in a coalition medical facility prior to, during and post the draw down process. Additionally this presentation will outline future planning for a medical facility when expansion is required to support a larger number of personnel.

Lastly, this presentation will detail the improvements to training required by medical technicians prior to deploying to a non-warlike environment. This includes the upskilling of medical technicians to perform more advanced medical procedures, AME responsibilities and administrative roles.

This presentation will expand on the following points:

1. Preparation and pre-deployment training for medical technicians
2. The roles and responsibilities expected of a medical technician
3. Overview of injury patterns, patient presentation and management
4. General staffing, layout and services available in the AMAB Medical facility
5. Different standards in training and treatment between different coalition forces
6. Improvements in training inclusive of specific training deemed pertinent for a medical technician prior to deployment in non-warlike environments.

The presenter will cover topics mentioned above during the presentation. They will outline the importance for improvement in pre-deployment training for a Medical Technician and how best we prepare ADF medical personnel for changes in circumstances on operations. This information is especially relevant as their role both nationally and internationally is constantly transforming. The threats to coalition personnel are rarely consistent; therefore, in order to be ready for the next mission, Medical Technicians need to be adaptable and prepared.

Biography:

CPL Allana Smith enlisted into the Australian Regular Army in the Royal Australian Medical Corp as a Medical Technician on 24 February 2014.

On the completion of the Australian Defence Force Medical Course CPL Smith was posted to the 1st Close Health Battalion based in Darwin, Northern Territory.

She deployed with 1st Battalion Royal Australian Regiment on Operation AUGURY to the Philippines in 2018. During this posting she completed Subject 1 Corporal Course and subsequently promoted to Corporal in 2019.

CPL Smith then posted to the 2nd General Health Battalion Brisbane, Queensland, now 2nd Health Battalion in January 2020, where she deployed to Operation ACCORDION in the United Arab Emirates in 2021.

CPL Smith has been awarded the Australian Operational Service Medal, Australian Operational Service badge, Australian Defence medal, Philippines Military Merit Medal and Australia Day Medallion.

CPL Smith grew up in Glenelg, South Australia where her parents and younger brother reside. She has a keen interest in sport and plays Netball, Tennis and Australian Rules Football.

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Forward Medicine Competition for Defence Health Personnel

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In the past, the Royal Australian Army Medical Corp has conducted clinically focussed and driven inter-unit competitions, the Cerliter and First Aid in particular to build spirit-de-corp and a competitive culture within and across health units/sub units. The competitions at the time provided sub-units with the opportunity to strive for excellence in the provision of forward medical care in a simulated field environment. Due to operational tempo requirements and incremental training liabilities, Army wide inter-unit competitions in health units have ceased to exist and have not been conducted over an extended period of time.

The Forward Medicine competition will be a premier event to test the skills and prowess of teams of Health personnel from across the country. The event/activity is designed to test the Tactical Combat Casualty skill set over a wide variety of tactical medicine components. Teams will be faced with a Full Mission Profile scenario that will play over a series of phases, with each phase, the scenario will unfold a little further. The overall scenario will be physically demanding and teams should be prepared for exertion over an extended period. Teams will