Air Medical Journal 38 (2019) 141–142

Contents lists available at ScienceDirect

Air Medical Journal

journal homepage: http://www.airmedicaljournal.com/

Forum May/June 2019

AAMS

Addressing Posttraumatic Stress

We save countless lives every day, yet more first responders die from suicide than in the line of duty. It's a natural human function to feel unsettled when things don't work out like we hoped and expected them to. What becomes unnatural is "sucking it up" and moving on without fully grasping what has happened. While your mind attempts to distract itself with activities and staying busy, your body knows something isn't right. The sickness plays out in alternative ways: destructive mind patterns of reliving the event(s), abusing the people around us and/or ourselves, and we remedy with alcohol or drugs and other destructive habits.

We end up fragmented, in a million different pieces, trying to make sense of how we got here. The fragmented pieces are how we got here. Each life we weren't able to save, each tragedy we had to witness, chips away at our mind while our body tries to figure out where the broken pieces fit. When we don't actively seek where they fit, the broken pieces internalize and destruct their surroundings.

So what can we do? If we tell our colleagues or boss that we're struggling, they may think we are no longer strong enough to handle the job, right? Wrong. Every one of us, including those of us who aren't bosses, has a responsibility to ourselves and our teams to understand and educate others in recognizing the signs of posttraumatic stress disorder (PTSD), to stand up for others when their struggle is brought to light and finally, knowing when to get help for ourselves. This illness is plaguing our industry; many of us have already recognized its destruction and established programs to guide our teams towards the right path.

May is Mental Health Awareness Month, and we're gathering stories and insights from our members on how they're destroying the mental health stigma. Whether you are a health care or EMS worker, lead a PTSD program, or have suffered from PTSD yourself, please consider sharing your story with us; you never know who might need to hear it. You can send your story to msabbagh@aams.org.

Maryam Sabbagh, Director of Communications

AMPA

EMS & CCTM

I began my career in medicine with EMS, and I have nothing but respect for the men and women involved in the practice of out-of-hospital medicine. Most EMS systems are primarily focused on providing prehospital care as a public service, and there is little doubt that EMS fellowship training and EMS subspecialty certification prepare physicians to significantly impact the care provided by the systems in which they participate. And while EMS certification at all levels emphasizes prehospital medicine, EMS providers of all disciplines are both well-prepared and well-positioned to practice out-of-hospital medicine in other venues, including wilderness medicine, tactical medicine, community paramedicine, and air and critical care transport medicine.

That having been said, I recognize that it is also neither necessary nor sufficient to hold an EMS certification to practice air and critical care transport medicine. The expertise that nurses, respiratory care practitioners, intensivists, and other medical specialists provide is invaluable in our field. And all but the most specially trained paramedics and EMS physicians will find that there is something to be learned before stepping foot onto an aircraft or critical care ambulance. But we all share something in common — the need to grow beyond our initial training, to fill in the gaps, and to learn from each other to provide outstanding team-centered care within the specialty of air and critical care transport medicine.

Brendan Berry, President

ASTNA

Safety

I learned about complacency and safety awareness from the late Michelle North. Michelle set the groundwork to have crew resource management (CRM) implemented into our air medical industry.

I was on my way to work for a 12-hour shift starting early morning. It was foggy with scattered rain showers. My morning prayer changed to our crew's safety on this shift, knowing we could be flying in this weather after just recently switching from VFR to IFR.

My thoughts went to the NTSB observation that "common threads to air medical crashes are nighttime flying and bad weather." At the time our program had just started flying a new EC145, with all the bells and whistles. I had a sense of concern for the expanded abilities yet comfort in knowing that I have a say in turning down a mission. Many years ago a dear friend and coworker engrained these wise words in my head: **"YOU ARE IN CHARGE OF YOUR OWN SAFETY."** This statement could not be more accurate.

When I arrived at work that morning, I was told of an aircraft that had been missing since the previous evening. My best friend flew with this program, that was now going on 6 hours missing. It was a little later we got the news that the aircraft had been found and there were no survivors. This aircraft was an also an IFR aircraft with all the bells and whistles.

I went and sat in our helicopter. As tears flowed, I questioned myself about my own ***complacency.*** I had yearly training in AMRM, a remarkable annual Safety Day held by our program, as well as the standard of completing safety cards every morning with our briefing. However, is this enough? Am I truly accountable, or have I become complacent? This is something Michelle North would ask.

Today, we have helicopter flight data monitoring (HFDMS), night vision systems

1067-991X/$36.00

https://doi.org/10.1016/j.amj.2019.03.012

(NVG), safety management systems (SMS), risk assessment tools, helicopter terrain and warning systems (HTAWS), and safety cultures—but are **you** accountable? Do you hold your crew accountable? What is your safety attitude and skills in an emergency landing? This is what we should be asking ourselves with each mission.

"***The least experienced press on, while the more experienced turn back to join the most experienced who didn't take off in the first place."***

YOU owe it to yourself, **YOUR** family, and **YOUR** colleagues to have a safety culture attitude and be in charge of **YOUR** SAFETY!

Please be safe.

Sharon J. Purdom, President

IAFCCP

Moving Forward

Recent news seems to be filled with the sentiment of "how do we move our industry forward"? I think about this and reflect on the questions of what does forward look like? How much does it cost? What does buy-in look like for our stakeholders? Is it achievable? What kind of red tape will we encounter by deciding, any decision? Then I find solace in the understanding of what EMS looked like 15 years ago. I talk to my mentors about what it looked like 30 years ago, because it gives me a vision of what a forward moving industry looks like. I see the new paramedics graduating; their scope and precision of care ever expanding, their passion and understanding remaining steadfast. I see the clinicians teaching them, from medic to nurse to doctor, who are committed to the value their efforts will bring. I see operators flexing with the changes in payor strategies, aggressively trying to do more with less. I see patients who get better service today than they did yesterday, because it's what they deserve. It is an exciting time to be alive and engaged!

The IAFCCP has been busy these past couple months towing this fast-paced line and serving its mission of providing excellence in leadership, education, and advocacy. From a high level, we have sat in on multiple podcasts and roundtable discussions analyzing the impact of degree requirements for paramedics. We have represented not only our membership, but our industry by serving in Washington, DC, on the National Highway Transport Safety Association's discussion on descriptors surrounding the titles of EMT-P and EMS. Internally, we have moved to consider all the inputs from our members and optimize our outputs. This has led to an operational realignment of our committees and subcommittees, and we are gearing up to participate in conferences from EMS Today to EMS World in Quito, Ecuador, to CCTMC upcoming in Albuquerque, NM. We have more state delegates now than I have ever seen before, thanks to Cory Oaks' leadership.

If that isn't enough, we are conducting discovery on multiple new projects that will be visible and beneficial to our members. All of this being is executed in alignment with our core mission of serving our members who support our committees in alignment with our sister associations of the industry.

My challenge to you is: what does your stake need to be if you are engaged? What does engagement look like? What do your thoughts of progress look like? I look forward to seeing you on the flight-line.

And so it goes.

Ryan Walter, President

NEMSPA

Don't Just Read This—Do It

I could be very wrong, but I naturally assume that most readers approach periodicals like the AMJ in the same way that I do. I begin by scanning the table of contents to see which articles catch my interest. Then I scan or read those articles, looking for specific elements that pertain to my personal role and interests in the activities of air medical transport services.

The exception to this approach to picking and choosing what to read is the way that I read the contents of this Forum. I carefully read (not just scan) every Forum article in every issue in order to remain aware of what is important to each organization that has a specific and essential role in the delivery of air medical transport services. Even though my personal interest in these services centers on the aviation component, I acknowledge that excellence in prehospital and interhospital patient transport requires the coordinated integration of the skills and functions of all the players who care for and transport each patient on every flight.

For example: In the Forum of the previous issue of the AMJ (Mar/Apr 2019) I was led to consider the importance of coordinating the following issues for the success and improvement of our services.

1. **NEMSPA**: A 4-step process to evaluate and improve all processes related to our services
2. **AAMS**: Leadership training—what, who, where, when, and why
3. **AMPA**: The unique aspects and advanced requirements of air medical transport caregivers within the overall practice of EMS paramedicine
4. **ASTNA**: Technical expertise is essential, but it is incomplete unless accompanied by visible manifestations of genuine compassion, kindness, and caring for others *and* for ourselves.
5. **IAFCCP**: Air medical transport services must operate within a broader system that includes a hierarchy of political entities. To be successful, we need to be aware of those entities and understand their needs and perspectives. And, as those needs change, we must be ready to consider adapting our internal processes to accommodate those changes.

After reading each of these perspectives on providing high quality air medical transport services, I pondered whether my own organization was up to speed in these areas. Perhaps we might need to apply the process described in the previous NEMSPA Forum article to these topics. Processing the Forum in this manner may make it the most important feature in each issue of the AMJ.

Bill Winn, General Manager