

## Professional development and skills maintenance

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**TO THE EDITOR:** Noting that the November 2007 issue of *ADF Health* contained two articles on Army medics' careers, employment and training,<sup>1,2</sup> two articles on acute clinical care of burns<sup>3</sup> or haemorrhage,<sup>4</sup> and another article detailing challenges to nursing officers' continuing professional development,<sup>5</sup> there seems to be a theme of professional development and skills maintenance developing.

Gill et al detailed a proposal for the Supervisor Medical Technician.<sup>1</sup> The skill sets articulated in their article for this position appear to approximate the Royal Australian Navy's current clinical manager course very closely. One of the major problems of maintaining a higher clinical skills set is the ability to review, revise and train in these skills while operating in a medium-tempo National Support Area role or as a Reservist whose civilian employment may not be in a "hands on" clinical role, or even in health services at all.

The Navy had a system of skills maintenance for clinical manager and advanced medical assistant personnel called the Maritime Operational Health Quality Improvement Program (MOHQIP), enshrined in doctrine as DI(N) PERS 75-48; however, MOHQIP was resource-, travel- and personnel-intensive, and training windows rarely met the operational schedules of Fleet units. Although the concept is still endorsed, the MOHQIP has not continued because of insufficient funding to keep the program viable. Without the will and resources to back

any elevation in Army medic clinical skills and the maintenance of nursing officers' competencies with a continuing professional development continuum, these initiatives will prove only partially successful.

A suitable alternative method of competency enhancement training would be the development of an online (not on the defence restricted network), multidisciplinary health education and skills maintenance "portal", where other ranks, senior non-commissioned officers and commissioned ranks of any particular skill cohort can (and should be required to) complete particular modules to remain operationally current. Many civilian online medical training organisations (including those affiliated with the Centre for Military and Veterans' Health) are highly advanced in their combined use of text-based and video training, even to the degree of the medical training equivalent of interactive "gaming" through medical scenarios. Multifaceted online training would allow individually tailored training to specific ranks and skill grades, with the possibility of being complemented by "mission-specific" activities. Such an environment would provide equal access for Regular and Reserve personnel and allow refresher training even while on operational deployment. Let's lead our new Generation Y personnel into 21st century training methods, and not be accused of being dragged kicking and screaming!

1. Gill AJ, Reidy B, Robertson S, et al. The best trained Army "medics" the ADF has ever had. *ADF Health* 2007; 8: 63-66.
2. Overton JH, Langford W, Straskye J. The battlefield medic. *ADF Health* 2007; 8: 67-69.
3. Martin H. Immediate management of burn injury. *ADF Health* 2007; 8: 60-62.
4. McLean JM, Atkinson R, Mooney L, Lovett D. The use of tourniquets in the Australian Defence Force. *ADF Health* 2007; 8: 70-75.
5. Clifford KL. The challenge of continuing professional development for ADF nurses. *ADF Health* 2007; 8: 57-59. □



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# The use of tourniquets in the Australian Defence Force

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**TO THE EDITOR:** In the November 2007 issue of *ADF Health*, McLean et al presented an article on the use of tourniquets in the Australian Defence Force.<sup>1</sup> They reviewed current developments in haemorrhage control in the context of battlefield injury.

However, they failed to mention that the ADF has had the Combat Application Tourniquet available in its inventory since 2006. They also failed to mention the existence of Health Bulletin 4/2006.<sup>2</sup> This oversight could lead readers to mistakenly believe that the Combat Application Tourniquet is not available for use in designated ADF operations.

The decision to authorise use of the Combat Application Tourniquet rests with the relevant deployment mounting headquarters. Before deployment, ADF members issued with Combat Application Tourniquets are required to be instructed in their proper use via a formal training package. Since March 2006, all personnel deploying to the land environment on Operations Catalyst, Slipper and Azure have received training and been individually issued with Combat Application Tourniquets. Personnel undertaking hazardous duties on Operations Paladin, Palate, Tower and Mazurka have also been trained and issued with Combat Application Tourniquets.

In similar fashion, McLean et al failed to thoroughly address the use of haemostatic agents in the ADF. The haemostatic chitosan bandage HemCon (HemCon Inc, Tigard, Ore, USA) has also been available for use in support of ADF operations since March 2006. As for Combat Application Tourniquets, the use of chitosan bandages must be authorised by the relevant deployment mounting headquarters, and pre-deployment training in its proper use is also mandatory. Since March 2006, all medical personnel deployed on Operations Catalyst and Slipper carry two chitosan bandages on their persons, and a further five bandages in their medical kits.

Chitosan bandage is not currently registered by the Therapeutic Goods Administration (TGA). However, the TGA has granted the ADF authority to import HemCon bandages and has permitted specific ADF Medical Officers to authorise their supply. The use of chitosan bandages has been endorsed by the Australian Defence Human Research Ethics Committee, subject to an

appropriate informed consent process. ADF policy on the use of chitosan bandages is promulgated in Health Bulletin 3/2006.<sup>3</sup>

Readers may also be interested to know that one of the future serials of Joint Project 2060, the future deployable health capability, will involve conducting an in-depth review of all haemorrhage control devices and agents on the market. The results of this study, scheduled for late 2010, will shape the future policy, training and equipping of all ADF health personnel in respect of field haemorrhage control.

1. McLean JM, Atkinson R, Mooney L, Lovett D. The use of tourniquets in the Australian Defence Force. *ADF Health* 2007; 8: 70-75.
2. Defence Health Bulletin 4/2006. Combat Application Tourniquet™ — use in the ADF. 24 March 2006.
3. Defence Health Bulletin 3/2006. HEMCON™ bandage — use in the ADF. 24 March 2006. □

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**IN REPLY:** I thank Commodore Robyn Walker for her comments.

We deemed it inappropriate to overtly reference the Health Bulletins 4/2006 Combat Application Tourniquet and 3/2006 HemCon™ bandage in the public domain at the time of submission. It is pleasing for them to be highlighted now.

We agree that good communication and application are fundamental to enabling best practice.

It is gratifying to note that the authority to use the Combat Application Tourniquet rests with the relevant deployment mounting headquarters before deployment, as the fundamental driver underlying our article was to add to the information enabling a decision for best medical practice. What is best in one theatre of operations may be different in another.

We recognise that the traditional flexibility of the Australian Defence Force is a paramount factor to operational success.

It is acknowledged that the evidence underlying the use of haemostatic agents will always be incomplete and Walker is to be congratulated on the project studying the efficacy and cost-effectiveness of all haemorrhage control devices and agents on the market now and to be developed in the future. □