

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,^{1,2} two articles on acute clinical care of burns³ or haemorrhage,⁴ and another article detailing challenges to nursing officers' continuing professional development,⁵ there seems to be a theme of professional development and skills maintenance developing.


Gill et al detailed a proposal for the Supervisor Medical Technician.¹ 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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