

# Health Education Collaborative Newsletter

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***A message from  
the CEO***



***Bruce Greaves  
CEO/Director***

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## **Welcome to issue 8**

What a month we have had! COVID continues to take its toll on society changing the way we work, live, socialise and learn.

The daily updates are awaited with apprehension. We see many experts giving their opinion on what should have been done with hindsight on their side and the amount of Facebook experts on the subject is mindblowing! Everyone seems to be looking to place blame on someone or some organisation, or trying to gain political points without having any responsibility. What is missing here is the human factor; regardless of all the plans, processes, protocols, job descriptions, contracts and training, people will always make mistakes or bend the rules to suit their own needs. Let's hope we can move past the blame game and work as a united country to address the current stage of the pandemic which we are facing.

During the past month and a half, I have trained approximately 300 Australian Defence Force (ADF) personal, 40 plus outreach outbreak nurses, as well as security guards, maintenance staff, cleaners, police and fire crews at the Flemington and North Melbourne towers as part of my work with the DHHS. The training was designed to standardise the use of Covid 19 awareness and PPE across these groups (appropriate to the level of protection required for their job role as per DHHS guidelines). This has been an immense task and one that I have enjoyed doing and being part of the greater team involved in managing the pandemic.

## **What is my training highlight from this experience so far?**

Facilitating a training session for 80 ADF personal at one time to don and doff full PPE. It was a sight to behold and I only wish I had taken a photo. I did have several ADF clinicians I had previously trained assisting to assess competence.

**Bruce Greaves CEO/Director**  
Health Education Collaborative

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## Course Development

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### New courses

Due to the COVID 19 stage 4 lockdown, the course has been postponed until Wednesday, 7 October 2020 (there are limited places remaining).



**FRACTURE MANAGEMENT**

A NEW COURSE IN COLLABORATION WITH THE AUSTRALIAN ORTHOPAEDIC ASSOCIATION

A collaborative course with the Australian Orthopaedic Association, the peak professional body for orthopaedic surgery in Australia.

The Fracture Management course covers the essentials of managing fractures in primary care.

The course is delivered in a blended format incorporating online and face-to-face learning. Topics covered include basic anatomy, physiology of the musculoskeletal system, different types of fractures and associated complications, emergency management, investigations, diagnosis and referral, splinting, casting and post-application management.

The course is designed for postgraduate healthcare professionals working in health facilities such as emergency departments, primary care, casting clinics, specialist rooms and rural and remote settings.

**HEC** Health Education Collaborative

**AOA** AUSTRALIAN ORTHOPAEDIC ASSOCIATION

For course bookings and further info, please contact Health Education Collaborative

Bruce: 0444 547 036  
Margaret: 0419 939 458

info@healthec.com.au  
www.healthec.com.au



#### Venue

Holmesglenn Private Hospital  
490 South Road  
Moorabbin VIC 3189

#### Date

Wednesday, 7 October 2020

#### Time

8.30am to 5pm

Be the first in Australia to attain this endorsed fracture management certificate in immobilisation, splinting and casting.

For further information and to enroll visit our website  
[healthec.com.au](http://healthec.com.au)

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## Clinical Update



**Marg Vilella**  
**Director/ Education**  
**Director**

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## Clinical Question

Last month's clinical question answer.

Interpret the following Lead II rhythm strip.



**Rhythm:** irregular

**Rate:** atrial rate – 90 bpm and ventricular rate 75 bpm

**P waves:** present, all look the same, 1<sup>st</sup> and 6<sup>th</sup> is not followed by a QRS complex

**PR interval:** progressively longer PR interval, then P wave not followed by QRS

**QRS duration:** within normal limits

**Interpretation:** second degree AV block type I

**If you did not know the answer to this question, you may like to enroll in the ECG Basics course.**

[Click here](#) for more information.

## Oxygen Saturations

As clinicians, we frequently measure oxygen saturations as part of assessing vital signs. What are you measuring and how is this number generated?

Oxygen saturations (SaO<sub>2</sub>) or “sats” measures the percentage of oxyhaemoglobin (oxygen bound haemoglobin) in the blood. Each haemoglobin (hb) molecule contains four heme groups that can readily bind molecular oxygen present in the blood. This means that one haemoglobin molecule can bind up to four oxygen molecules during transport in the bloodstream.

Pulse oximetry is the most common way of measuring oxygen saturations. A probe is placed on the fingertip or earlobe to measure oxygen saturation levels indirectly. One side of the probe contains a light source with two different types of light – infrared and red. These two types of light are transmitted through the body's tissues to the light detector on the other side of the probe. Haemoglobin that is more saturated with oxygen absorbs more of the infrared light, whereas haemoglobin without oxygen absorbs more of the red light. The microprocessor in the probe calculates the differences and converts the information into a digital value expressed as a percentage.

What is considered normal oxygen saturations for adults?

What factors affect the accuracy of the reading?

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## *In the Chat Room*



This week we interview Christi Pendleton Business Developer and Senior Medical Scribe Trainer with Medscribe Australia



**HEC:** So, Christi what does a scribe do?

**Christi:** A scribe is the right-hand person to the physician they are working with. The primary job is to assist with the documentation for the physicians to reduce the amount of time they spend in front of the computer and focus that time on their patients; scribes do so much more than just documentation. Scribes can also assist with ordering pathology and radiology studies, send referral letters physicians, and so many other things the physicians may need assistance with.

**HEC:** Why did you want to become a scribe?

**Christi:** Initially, I was a pre-med student seeking opportunities to expand my knowledge while completing my undergraduate degree. Things changed throughout my time completing my degree, so I changed my degree to health sciences and health education. After graduating, I moved to Australia to be with my husband and the opportunity arose for me to help expand Medscribe across Australia. Since starting with the company, I have been able to start a new program currently being implemented at WISE Specialist Emergency Clinic in Sydney.

**HEC:** What is a routine type of day for yourself as a scribe?

**Christi:** Honestly, there is no predictability when it comes to my job. Like any position in the medical environment, no day will be quite like another. Since it is unpredictable, a scribe can learn so many different things in one day and come back the following day and learn something different. Definitely a great way to study!

HEC: What do you love about the job?

Christi: Being able to teach the new wave of medical students the basics so when they go to medical school or become physicians, they may have a leg up on their colleagues. Those physicians will then want to have their own scribes and continue the cycle of scribes becoming physicians and so forth.

HEC: What is the most challenging part of your job?

Christi: The challenging part is working with several physicians who have different ways of doing things. However, this is the best way to learn because you can learn things in a variety of ways and find what works for you.

HEC: Is there anything else you would like to share with us about being a scribe.

Christi: This job is one of the best jobs I have ever had! I am primarily in management now; I remember when I first started as a scribe and having all this knowledge at my fingertips. I was able to ask real life physicians about real cases and see their thought process come to life. This is also a great way to find a mentor!

HEC: Is there any advice you would like to give to anyone considering becoming a scribe?

Christi: Always be ready and willing to learn!

Thanks Christi, it was highly informative to hear from a working scribe and get your insights into the role.

Next month we will hopefully be able to bring you the chat I had with an infection preventing control nurse working on the front line as part of the Department of Health and Human Services response team to COVID.

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## **Events**

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On Thursday, 3 September 2020, Bruce will be facilitating a webinar training session for South East Melbourne PHN (SEMPHN) Administration staff on the correct use of face masks.

Face masks are effective in reducing community spread, only if used correctly. In fact, they can contribute to the spread of infection as many people touch or grab the mask in the middle which is the area of highest concentration of contaminant on both the inside and outside of the mask. Therefore, when they touch their face, they directly spread germs to themselves or they contaminate a surface by touching it causing potential community spread.

Therefore, correct mask use and hand hygiene together is essential to prevent spread.

SEMPHN have been very proactive providing this session to help ensure safety for their staff now and once they return to the office after lockdown ends.

The session will involve the donning and doffing, cleaning and or disposal of cloth reusable, surgical masks and N95 masks including when it is appropriate to wear one of these more high-level masks.

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If you would like us to present at any of your events, please contact us on [info@healthec.com.au](mailto:info@healthec.com.au) or phone Marg on 0419939458.

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## ***Trainers wanted***

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### **We are still recruiting! If you are interested, please give us a call.**

Over the next 12 months we will be developing and delivering courses that require face to face training sessions. If you have a special interest or are skilled in an area of training give us a call you just might be the person we are looking for.

To submit an expression of interest or obtain further information, please contact Bruce from Health Education Collaborative on 0444 547356 or click [HERE](#) to enquire.

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## ***Collaborative Partnerships***

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### **Partner with us.**

Got an idea for a course or program?

Want to turn your academic research into a course?

Already have the material but not sure how to develop it and get it out there?

Want someone to develop a learning program for your organisation?

Then give us a call.

If you would like further information or to just run an idea by us, then contact us via our website to leave an expression of interest. [www.healthec.com.au](http://www.healthec.com.au)

**Next Issue: September 2020**



**Contact us:**

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Web page: <http://www.healthec.com.au/>