

FEATURE

## Women in Emergency Services Valerie Jacques

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## FEATURE STORY



PHOTOS BY JUSTIN VAN LEEUWIN

# Valerie Jacques

By Janice Clarkson

Valerie grew up in the small town Lac-Etchemin, 50 miles south of Quebec City in the Chaudière-Appalaches; a region named after the Chaudière River & the Appalachian Mountains. Her parents worked at the local hospital where her mother was a psychiatric nurse and her father was a cook. Growing up with her brother and sister in a small rural town of 5000 inhabitants, their neighborhood was safe with little or no crime. People know each other, looked after each other and it was easy to recognize strangers. Her uncle was one of her teachers in primary school. She grew up going to school, playing a lot of sports, and working during the summer months. It was a busy but exciting time for a youngster.

## FORMATIVE YEARS

After graduation from high school in 2000, Valerie was too young to enroll in the paramedic training in Quebec, so she enrolled in the three year police foundations program at Collège François-Xavier-Garneau. However, she talked to the career counsellor to review the process of enrolling in the paramedic program but it was through a friend who had just returned to Quebec with her paramedic training, who told her she could enrol in a paramedic program immediately, if she was in Ontario.

On that advice, Valerie applied to and was accepted into the two year primary care paramedic PCP program at College Boreal in Sudbury. The program covered emergency care

services performed to minimize complications before and during transportation of a patient to the hospital. It prepared aspiring paramedics to work in Ontario to take the theory examination of the ambulance service branch of the Ontario Ministry of Health, with the title of Primary Care Paramedic.

## THE LANGUAGE CHALLENGE

For Valerie, the introduction to English and communication in another language was very challenging. The courses and exams were in French, some of the books were in English and, between classes, some students would speak to her in English. She would often reply in French.

Graduating from Collège Boreal in 2003 Valerie went to Hamilton to complete her 3 month clinical internship that provided her with additional professional responsibilities and where she would be exposed to more English speaking people. She did her primary care paramedic placement with the Hamilton Paramedic Service.

Valerie talked about how stressful it was having to pick up a language in the shortest possible time and to use it immediately in a clinical setting. Figuring out the language is hard enough, but she had to pick up the content and knowledge and write reports and exams. She wanted to perform well in her internship. The language barrier sometimes showed up and she was not sure her preceptor understood if it was a language barrier or medical issue and this was a bit of a struggle.

After working for a few years, Valerie applied to and was

accepted at Algonquin College for an additional year of training to earn her Advanced Care Paramedic designation – ACP. She was able to build on their existing knowledge and skills to develop greater critical-thought processes, increased leadership qualities, and master advanced skills in respiratory care, cardiac care, pharmacology, trauma care, obstetrics and pediatrics and medical emergencies. With this advanced knowledge there are now certain medications and doses she can administer. She was also received training in the paediatric field at the Children's Hospital of Eastern Ontario.

## ON THE JOB

Valerie typically carries approximately 25 different medications including epinephrine Benadryl and Gravol, although the number and type of medications may vary in each region. ACPs perform advanced airway management including intubation, intravenous therapy, place external jugular IV lines, perform needle thoracostomy, perform and interpret 12-lead ECGs, perform synchronized and chemical cardioversion.

“When we see a patient who is experiencing signs of a heart attack, if after performing a 12 lead ECGs the findings show signs that confirms a heart attack is happening, we can bypass the emergency department and bring the patient directly to the heart institute.”

“When patients are exhibiting signs of a stroke, we can bypass the emergency department and bring them to the stroke center at the Civic Hospital. There are certain criteria that the patient must meet in order for us to bypass other emergencies.”

## 9-1-1

The job of the emergency dispatcher is to gather and evaluate information related to medical emergencies and make the decision whether it is a code 3 – a lower priority call when lights and sirens are not used – or a code 4, where the lights and sirens are used. All this is completed prior to the arrival of the paramedics. Another dispatcher is responsible for looking after the ambulances in the city, trying to send the most appropriate unit to the caller.

There are usually two paramedics in a unit, however sometimes there are third when there is a student intern or when a paramedic has been off the road over 90 days, in which case the paramedic will be given a couple of observation shifts to get back with the familiar routine. While there are several rotating shifts used, Valerie prefers the straight day 12 hour shift, 10A-10P.

“The rotations shifts can be difficult especially if you have children. The impact of shift work can lead to medical, psychological, and social issues. I see co-workers that have children and I am pretty amazed how they can balance sleeping, 12 hour shift work, and unpredictable overtime.”

## REWARDING POSITION

May of this year will be Valerie's 10 year anniversary with the Ottawa Paramedics and, although she has seen some friends hesitate and change careers, she loves her job. While all cases are rewarding in different ways, for Valerie, the most rewarding was delivering a baby in the back seat of a car.

“I love the action, the movement, the adrenaline rush, not knowing what to expect, the constant change. The most rewarding part of my job is seeing instant results and we get the thank you immediately. Even when we show up at the door, people say thank you for coming.”

## CRISIS MANAGEMENT

A crisis can happen at any time. Whenever she shows up the agitation of the group is intense and the intensity increases as the number of people increase. Everyone is trying to help and wants to give advice or information. It is hard to establish priorities.

“Helping de-escalate a situation is critical. Sometimes telling a person to calm down is not helpful. People who are experiencing a health crisis cannot always communicate their thoughts and feelings clearly.”

“It is important to keep your voice calm, stay calm, simple communication, avoid overacting, and listen to the person. When you are not calm mistakes are made. When the patient sees you calm they become calm.”

“Information is rushing at you in the first five minutes of entering a place, especially if there are other emergency workers. They want to update you immediately. Multi-tasking is the challenge when I first get to the scene. I evaluate the situation by assessing the room, locate the nearest exit, is it safe for my partner to come in, what is here, who is here?”

## CHALLENGES OF THE POSITION

I asked Valerie how she dealt with stress. She told she has developed strategies to cope with the stress. She has become more aware of her stress levels and more aware of her limits.

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As a physical relief to stress, Valerie has started doing yoga and trail running in the Gatineau Park. She also has the support of friends and family.

“I have learned that your stress limit will change because your personal life changes and that you get cumulative stress from work. What’s important is not so much knowing your limit but how to avoid getting to that limit. Prevention is the key.”

There is more and more research on cumulative stress showing that simple things – like changing your uniform when you are done your shift – will decrease the amount of work incident stress you bring home. Little things do make a difference when they add up. Accepting that a call may have affected you more for whatever reason and working towards getting better instead of wondering why it affected you and not your partner.

**MENTORS**

When she was first hired Valerie was paired with someone who had over 20 years experience under his belt.

She had great partners during her career and that made a difference. She learned things they did not teach her in school.

“I learn something from every partner and after 10 years I have developed my own style; but I keep learning from new partners. There was a paramedic, Ed Ouston, who was here, but has since retired. He was such a well grounded person, always happy, physically mentally and emotionally fit”.

“You can love this job or it can be the longest 12 hours of your life if you are not getting along with your partner. You

spend more time with your partner than your spouse. In my case, I have had the same partner for about a year.

**FUN AND RELAXATION**

Valerie participates in many sports including skiing, rock climbing, biking, and running. She has participated in Ottawa Race Weekend, running the half marathon and running in the Army half marathon. She also just started hot yoga and loves it.

“It’s hard for me to remain still. The running makes me happy and I like being with nature.”

**CHALLENGES FOR WOMEN IN THE FIELD**

“There are physical limitations to this job. Lifting the stretcher can be difficult for some woman. The weight is not the problem, it is the height they have to lift. I’ve been told by the women returning from maternity leave, that the job is different when you return to work. I think the challenge is having a little one at home you see work through a different lens. Today there are more than 30% women paramedics. She has always felt welcome.”

“When I started, I was 19 years old and I worked with an amazing senior paramedic. I was the age of his daughter. I have the impression that senior paramedics are still a little protective of younger females that get into the field. At the beginning of my career I had something to prove to them; that I was fit for the job, but after a few years I came to realise that this is more of a generation difference and that his generation is naturally overprotective of us. Working together was a learning curve for both of us. We learned from each other.

**GOALS AND ASPIRATIONS**

“In this job I believe you look at short term goals to stay realistic. Injuries can happen so quickly and you never know what you will walk into at work. But one important issue is to like what you do because if you don’t, this job will become really hard on you.”

“My goal is pretty simple...to be happy and healthy in what I do and who I am. My goal is to stay in this field as long as my body, mind and soul can take it. One year at a time, one shift at a time, one call at a time.

“As for aspirations, I love the work, I love the road, the patient care aspect, and want to remain in it. There are options for us within the Paramedic Ottawa Service because our service has grown so much in the past 10 years. I could apply for a job in the office headquarters where you can do teaching or quality review. This is such an expanding field and right now we have community medicine where we see people at home for prevention, and the research aspect is growing and if I keep doing what I am doing I think other doors will open.”

Valerie has just completed her university degree online from Charles Sturt University, Bathurst, Australia, earning her Bachelor of Clinical Practice (Paramedic).

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