

## **Clinical Fellow Post in Emergency Medicine (EM) and Pre-Hospital Emergency Medicine (PHEM)**

As any budding PHEM doctor will know, gaining sufficient supervised exposure is one of the main issues faced by newcomers to the speciality. Despite attending numerous courses, the fact remained that I had very little 'real life' experience of pre-hospital emergency medicine.

Admittedly I was able to gain some exposure by using my weekends to explore various voluntary and paid opportunities in motor racing, rugby and other sporting events, but I found that real training opportunities were few and far between.

Whilst looking for further training opportunities, I became involved with the West Yorkshire Medic Response Team, an voluntary organisation which provides medical support to the local ambulance service, and through this, I learnt about the Clinical Fellow position at Mid Yorkshire Hospitals NHS trust.

The position was advertised as a blend of emergency medicine with a variety of in-built PHEM opportunities, organised via the department's links with the local ambulance service and other organisations.

As an anaesthetic trainee, the thought of completing a year of emergency medicine in a middle grade role was daunting, however the potential to learn new skills that would complement my future career attracted me to the post.

The breakdown of the rota was approximately 80% EM and 20% PHEM. This translated to roughly one day per week dedicated to PHEM experience, although PHEM days could be taken consecutively, for example, to allow attendance at a relevant course or conference. I was given an educational supervisor who was a EM and PHEM consultant, therefore covering my development in both specialties.

I was fortunate to be allowed to continue to keep my anaesthetic skills up to date by being allocated a 'trauma' list every 3 weeks or so, which was important for revalidation and knowledge retention. This also allowed me to appreciate trauma from 3 different angles; as a PHEM practitioner, as an EM practitioner and as an anaesthetist.

The real plus point of the position was being afforded an honorary contract with Yorkshire Ambulance Service. This allowed me an unrivalled opportunity to gain an understanding of how the ambulance service works. I was able to spend lots of time on the road with different crews, ranging from Bronze commanders to Rapid Response Vehicles and double crewed ambulances. As well as developing my pre-hospital skills, I was able to learn how ambulance personnel work together and what, as doctors, we might be expected to bring to the scene.

I was lucky enough to spend time with the local Hazardous Area Response Team, seeing how they operate and communicate as a team, and training with them using high-fidelity simulation, working at height and in constrained areas. Throughout my time working with the ambulance personnel, I developed my communication skills and learnt how to work well within small teams.

Clinical shifts were complemented by shifts at ambulance Head Quarters working with the complaints and governance team, clinical dispatch teams and the trauma coordinator.

I was also able to spend time responding with a BASICS consultant during this time at HQ, again learning the role of a doctor within the PHEM environment and grasping the importance of governance within PHEM.

Throughout my time in post, I was encouraged to carry out other relevant activities, such as presenting at a local firefighters trauma conference, spending the day at the air ambulance base and spending time at the medical centres of Silverstone and at Twickenham.

I also completed a small research project looking at the value of prehospital cricoid pressure during prehospital Rapid Sequence Induction, which was presented as a poster at the national Trauma Care Conference.

Other projects included developing a standard operating procedure for performing prehospital femoral nerve blocks, writing an article for the ambulance service newsletter on carbon monoxide poisoning and looking at the timing of trauma cases within the Yorkshire area to assist the development of a new air ambulance rota.

In addition, I was encouraged to attend the ambulance critical care forum meetings to discuss new critical care issues.

Throughout this time, I was completing clinical observer shifts with the Medic Response Team and as a result, I was signed off as competent to respond solo. I was also able to complete the Advanced Trauma Life Support and Immediate Care in Sport qualifications using study leave.

Despite being very hard work at times, I thoroughly enjoyed the post and I believe that I learned much that will be useful in my future PHEM career. The time in the Emergency Department (ED) was excellent for developing skills in managing sick adults and children, as well as useful practical techniques, such as fracture/dislocation reduction. It also allowed me to see ED from a different perspective and I think this will alter my behaviour and attitude as an anaesthetist. The PHEM component of the position gave me unmatched exposure to many different aspects of the pre-hospital environment, allowing me to gain an understanding of how the ambulance service works and develop key skills that will undoubtedly afford me access to numerous opportunities in the speciality during my future career.