

FACILITATED ELECTIVE IN PHEM

London Ambulance Service

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PLACEMENT OVERVIEW

Building on my intercalated BSc in Urgent and Emergency Care, I was delighted to be awarded the opportunity to undertake a facilitated elective with the London Ambulance Service (LAS) through the Faculty of Pre-hospital Care (FPHC).

During my 5-week placement, I completed 18 allocated shifts and attended 56 emergency call outs, with patient cases offering a variety of clinical acuity, logistical challenges and decision-making complexity. I was able to engage with and learn from a diverse range of services including double crewed ambulances (DCA), fast response units (FRU), advanced paramedic practitioners (APPs), the Hazardous Area Response Team (HART), mental health joint response unit (MHJRU) and the London Air Ambulance (LAA). My elective experience was further enriched by time spent in the control room and Tactical Operations Centre (TOC), attendance at a coroner's inquest, clinical governance days, as well as a taste of event-based medicine at the London Marathon.

BACKGROUND

The LAS serves a dense and diverse population presenting with a range of medical and social needs. London's urban nature results in a variety of incidents including medical emergencies, major trauma and large-scale event coverage. Furthermore, as the UK's capital, there is a potential for mass casualty events (e.g. marauding terrorist attacks). With London offering a particularly unique pre-hospital arena, I was excited to gain such a breadth of experience.

PLACEMENT AIMS AND OBJECTIVES

During my elective, I aimed to consider the processes behind resource allocation, hospital conveyance, and safe discharge on scene. I wanted to gain first-hand experience in how various emergency services (e.g. police, fire, HART) collaborate to ensure scene and staff safety, whilst optimising working conditions. Furthermore, I aimed to analyse time-critical, information-light decisions by taking part in interdisciplinary debriefs and keeping a reflective logbook.

HIGHLIGHTS AND REFLECTION

Perhaps the most striking insight from my elective experience was witnessing the health and care of patients in the context of their own lives. It was a privilege to go into people's homes, recognising how their personal circumstances and social situation may influence their access to physical and mental health. Treating patients in temporary accommodation, hostels and contingency asylum accommodation was a stark demonstration of how the social determinants of health are influenced by government decisions and budgets.

Not just a contextual factor of health, the environment has a significant logistical impact on the patient's clinical assessment and subsequent management. Limited access or difficult egress could delay patient care, with support from the fire brigade often required. For some patients (e.g. immobile) it was pertinent to consider how conveyance to hospital would change management and to determine whether any services could be employed at home (e.g. Physician Response Unit, GP services).

The pre-hospital placement experience has emphasised the need for whole person-centred care. I hope that having this holistic awareness will make me a better, more empathetic clinician.

Joint Response Unit

London's JRU supplements clinical care at peak times (weekend evenings and nights) with paramedics from the LAS Tactical Response Unit carrying an additional radio to liaise directly with the Met police. I enjoyed listening into the police open channels and found driving on blue lights through Central London, in convoy with an IRO and several unmarked police cars, particularly exhilarating!

During shift, we responded to more frequent drug and alcohol related incidents and assaults. Outside of the hospital's relatively safe environment, I felt more exposed when treating patients with more volatile behaviour. I can better appreciate the paramedic's responsibility to safely diffuse a situation, clearly communicating with patients, bystanders and other emergency services/security teams. I was able to compare and reflect on my own confidence and proficiency in verbal de-escalation in preparation for work as a resident doctor.

London Fire Brigade

During a FRU shift, we were assigned to an incident, arriving as the first medics on scene at a 6-pump fire in the basement of a block of flats. Upon arrival a windscreen report was relayed to control followed by an ETHANE report after handover with the fire service incident commander. Major incident triage categories were used to prioritise patients. Observing the coordinated response of multiple emergency personnel, demonstrated the importance of operational planning and interdisciplinary collaboration. The use of cognitive aids, such as an incident logbook, were used to reduce cognitive load, helping to prioritise tasks and prevent omissions of important safety steps. Filling in my own incident card in a noisy, crowded, chaotic environment highlighted the benefit of using structured tools (e.g. ETHANE table) to improve thinking under pressure and communication efficiency. Moving forwards, I will not neglect the use of algorithms and trust guidelines during acute situations in hospital.

London Air Ambulance

I completed 2 shifts with the LAA on their rapid response vehicles. Before being dispatched, I was introduced to some of the specialist kit carried by the HEMS team, simulated advanced skills e.g. subclavian lines, and received a tour of the helipad (nothing beats the view from the Royal London!). Time on base was also spent observing training simulations. Debriefs provided interesting learning points from more experienced PHEM clinicians.

During shifts, I became aware of the peaks and troughs in activity. I noticed how taskings towards the end of a quiet shift could present physical and cognitive challenges. This emphasised the importance of optimising human factors and developing strategies to re-focus thereby sustaining a professional mindset. By comparison, busier shifts may result in decision making saturation. Making use of the wider team (including the on-call consultant) can provide reassurance and aid decision making capabilities.

Attending jobs on scene highlighted some of the additional skills brought by a HEMS team, beyond advanced diagnostics and interventions. Informed by the evidence-base and clinical governance, I noticed the team anticipating how a patient's clinical situation may evolve and preparing contingencies for such scenarios. Simulation and extensive experience of time-critical, resource-

limited, and environmentally challenging scenarios helped the team to establish clear priorities whilst maintaining situational awareness.

Moving forwards, I will strive to improve my non-technical skills including communication and task prioritisation as well as reflecting on my own teamworking abilities as both a leader and 'follower'. When managing acutely unwell patients, I will aim to put steps in place to ease the handover to definitive/ ongoing care.

HART

During my 12-hour shift with HART, we were deployed twice but stood down en route (curse of the observer!). London has 2 HART bases dividing the region into East/ West with a subsequent longer response time to scene. Often the first responders can assess the scene of an incident and relay information to control to determine which specialist services are required. Whilst on base, the team guided me through their vehicles, specialist kit and PPE. Having tried on the 21kg breathing apparatus and gas-tight suit, I could envisage the physical, cognitive and psychological challenge of some of HART's taskings. I left in awe of the team's impressive skill set and operational knowledge.

CONCLUSION

Looking back, I am extremely grateful that the facilitated elective experience has provided me with a broad overview of pre-hospital care, beyond that of HEMS and critical care. Working in more austere environments has improved my clinical reasoning and confidence when approaching acutely unwell patients. Time on shift has enriched my understanding of the patient journey and reinforced the relationship between socioeconomic and health. This placement experience has re-affirmed my career ambitions of emergency medicine and pre-hospital emergency medicine. I return to my final year of medical school re-invigorated, looking forward to working in a changeable and evolving field.

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